Course Number: SOWO 505
Course Title: Human Development in Context II: Adulthood
Semester and Year: Spring 2009
Time and Location: Fridays 9:00 to 11:50am
Instructor: Deborah Barrett, PhD, MSW
Office Phone: 919-843-5818
Email Address: dbarrett@unc.edu
Office Hours: Room 417; Friday 12 – 2pm or by appointment

Course Web Site: http://blackboard.unc.edu

Course Description
This course reviews typical and divergent adult development in context, surveys major theoretical frameworks, and highlights the impact of social injustices on adult development.

Course Objectives
At the conclusion of this course, students will be able to:
1. Analyze and evaluate major theoretical frameworks (e.g., bioecological, psychosocial, life span, life course, risk and resilience, person-in-environment, systems) for examining adult development in context;
2. Describe the development of individuals from early adulthood to old age, as well as divergent developmental trajectories that may occur in response to a range of socio-cultural-historical influences, personal decisions, biopsychosocial problems and social injustices (e.g., illness, disability, deprivation, discrimination);
3. Explain the impact of gender, sexual orientation, culture/heritage, spirituality, race-ethnicity, and socioeconomic status on typical and divergent trajectories of adult development;
4. Articulate how the family serves as the primary social context for adult development, including the implications of variations in family structure, development, and process in both the family of origin and the family of choice.
5. Recognize and describe major health and mental health disorders and the comorbidity among these disorders that occurs during adulthood;
6. Articulate key ethical issues for social workers related to adult health and mental health (e.g., access to treatment based on diagnosis, health disparities, end of life decisions)

Expanded Description
This course provides students with an overview of typical and divergent adult developmental trajectories, including how biological, psychological, spiritual, interpersonal, family, community, socio-cultural, historical, and economic factors shape these trajectories. In this course, families
are considered a primary social context for adult development. The course surveys major theoretical frameworks for explaining typical and divergent adult development in environmental context. Additionally, the course will emphasize risk and protective factors and resiliency as well as the impact of social injustices, deprivation, and discrimination on adult and family development, functioning, and health.

**Readings**

**Required Text**

**Articles and book chapters:** You are responsible for the articles and chapters listed under required reading. Further readings are included for those seeking additional information.

**Web Sites:** You will be investigating health and mental health topics through a variety of Web resources.

**Assignments**

1. **Class Participation.** Students are expected to participate in class discussion. Full credit is given to students who have attended all classes and who have demonstrated engagement with the material (based on their quality rather than quantity of participation in class discussion).

2. **Health Disparities Presentation (Health Disorder in Context) – Group Project**
   Students will form in groups of four or five and present on a particular health or mental health disorder or environmental condition that differentially affects the experiences of a specific subpopulation (e.g., persons of a particular race, ethnicity, gender, age, or sexual orientation). Presentations will be scheduled during classes on atypical development that best fit your topic and should be between 20-25 minutes (including discussion). The instructor will provide a sign-up sheet to facilitate this process and ensure that topics span the adult life course.

   Your task is to analyze the research literature on a particular disorder or environmental condition in which there is significant disparity by race, culture, age, gender, or other salient categories. There is much evidence of disparities among subgroups in the United States in the causes, diagnosis, treatment, and outcomes for particular disorders as well as the distribution of environmental conditions that affect wellbeing. According to the National Institutes of Medicine’s 2002 Report on the Unequal Treatment Confronting Racial and Ethnic Disparities in Health Care, persons of racial and ethnic minorities receive inferior medical diagnoses and treatment compared with their Caucasian counterparts. The 1999 Mental Health Report by the Surgeon General reveals that disparities are even greater for those with mental illness. Topic examples include the disproportionately high rates of obesity among low-SES women, poorer outcomes among women of cardiovascular disease and diabetes, the
under-diagnosis of HIV/AIDS among heterosexual males, the disproportionally high rates of arrest and incarceration for African American males; the relatively high incidence of major depressive disorder among middle aged adults; and the differing diagnosis patterns of schizophrenia in African Americans compared to other groups.

Use your creativity to convey health/mental health disparities and their significance. For example, you may decide to provide the class with case vignettes to analyze, administer a “quiz” to test (and enhance) our knowledge, present information on a poster or as part of a slide show, or through demonstrative role plays, pedagogical games, or experimental exercises. Each group is required meet with the instructor at least two weeks prior to their scheduled date and must have their topic approved by the week preceding their presentation.

Each group is required to convey the following in a clear manner:

1. The etiology, symptomatology and prevalence of the disorder or condition within the specific subpopulation.
2. The meaning and significance of the disorder or condition to those within the specific subpopulation. (Many Western, DSM interpretations of disorders and conditions are not shared by all cultures. For example, the ancient Hawaiian culture believed that excess body weight signified royalty, and persons in many cultures believe that people with epilepsy are touched by the gods.)
3. Individual, family, or community traits or conditions that affect the incidence and/or course of the disorder. (For example, gun violence in low-SES urban neighborhoods may prevent community members from going outdoors to play or exercise; the resultant sedentary lifestyle may lead to obesity in children and adults.)
4. The impact of the disorder or condition and its sequelae on individuals, their family and community, if relevant. (For example, how has the incarceration of a significant portion of the male African American population in some urban neighborhoods affected life in these communities?)
5. Specific recommendations for social worker assessment and intervention with individuals and families affected by the disorder or condition.
6. Specific recommendations for macro assessment and intervention, including policy changes that affect the outcome or incidence of the condition or disorder, with an eye on issues of discrimination, inequality, and social justice.

The way that your group addresses these is up to your group. Given the time limit, you may decide to demonstrate one of these components using an experimental exercise and then provide the remaining information in a clear and concise handout. In preparing for your presentation, use current literature from professional journals. Each group must submit an APA-style reference list of scholarly articles to the instructor on the day of the presentation. You may also supplement this information with additional resources and sources.

3. Health Disparities Presentation (Health Disorder in Context) – Individual Paper
Each student will also submit a scholarly paper that concisely presents the piece that you researched for your group project. For example, if your group presented on depression among the elderly, your may focus on epidemiological issues, factors of risk and resiliency,
or recommendations for assessment and intervention. As part of your group process, you will
decide how to divide the topics covered. Your paper will reflect your contribution. The paper
is due on the same day of the group presentation. **Two page limit (plus references).**

4. **Critical Thinking Papers**
Students will complete two (out of four) critical thinking papers during the semester. These
papers build on the critical thinking papers from HBSE, Part I. For each paper, students will
apply course material to analyze a case study, including explicit reference and incorporation
of readings from the classes covered. Instructors will provide more detailed description of
these assignments. Each paper will be limited to 2 pages (12pt font), not including the case
description. APA format is required with one exception – please omit cover sheet.

1. **Class 4-6 Early Adulthood Development** (Due by the _beginning_ of class 6)
2. **Class 7-9 Middle Adulthood Development** (Due by the _beginning_ of class 9)
3. **Class 10-12 Older Adulthood Development** (Due by the _beginning_ of class 12)
4. **Class 13 Death and Bereavement** (Due by the _beginning_ of class 13)

5. **Older Adult Life Review (Counts as Final Exam)**
This assignment provides the opportunity for students to analyze and evaluate theories and
information about human development to understand the developmental over the life course
of an older adult. The first part of this assignment is to interview an older adult to learn about
his or her life-span development. In this life review, students are to ask the older adult to
reflect on the most significant actions and developmental milestones that have shaped his or
her life. The second part involves using a theoretical perspective and factual information
from the course to explain the individual’s development within relevant contexts. Your
written assessment should include how the person’s life has been shaped by diversity (race,
ethnicity, rurality, gender/sexual orientation, disability, and social class); health and mental
health issues; family, cultural, and community context; and the roles that risk and resilience
played in the person’s life trajectory. **Due by the morning before the last day of class.**

**APA and Written Assignments**
The School of Social Work faculty has adopted APA style as the preferred format for papers and
publications. The best reference is the Publication Manual of the American Psychological
Association, Fifth Edition (2001) that is available at most bookstores. The following web sites
provide additional information:
http://juno.concordia.ca/help/howto/apa.php (general information about documentation using
APA style)

(http://ssw.unc.edu/currentStudent/index.html) also contains basic APA information and a
section on how to avoid misuse of the words and ideas of others in your written work. Students
are strongly encouraged to review the section on plagiarism carefully. All instances of academic
dishonesty will result in disciplinary measures pre-established by the School of Social Work and
the University.
**Honor Code**
The Student Honor Code is always in effect in this course. The Instrument of Student Judicial Governance (http://instrument.unc.edu/) requires that you vouch for your compliance on all your written work. You must write the following pledge in full on each document title page: “I have neither given nor received any unauthorized assistance on this assignment.” Sign and date your statement.

**Policy on Accommodations for Students with Disabilities**
Students with disabilities that affect their participation in the course must notify the instructor if they wish to have accommodations in instructional format, examination format, etc. The instructor will work with the Office of Disabilities and the student to make appropriate accommodations.

**Grades**
The School of Social Work uses an evaluation system of Honors (H), Pass (P), Low Pass (L), and Fail (F). For this class, the numerical value of an H ranges from 94 - 100; a P is 80 - 93; an L is 70 - 79. A grade of P is considered entirely satisfactory. On a traditional grading scale, a P would range from B- to A-. The grade of Honors signifies that the work is clearly excellent in all respects. A student receiving nine or more Low Passing credits is ineligible to continue in graduate school. The final grading breakdown is:

<table>
<thead>
<tr>
<th>Assignment Percentage</th>
<th>Total 100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class Participation</td>
<td>10%</td>
</tr>
<tr>
<td>Health Disparities Presentation (group)</td>
<td>25%</td>
</tr>
<tr>
<td>Health Disparities Paper (individual)</td>
<td>20%</td>
</tr>
<tr>
<td>Critical Thinking Papers (2 at 10% each)</td>
<td>20%</td>
</tr>
<tr>
<td>Older Adult Life Review</td>
<td>25%</td>
</tr>
</tbody>
</table>

**Attendance and Participation**
Attendance at all class sessions is expected; it is important to be on time so as not to disrupt class. We will cover a great deal of information in each class. If you will not be able to attend a class, let the instructor know as soon as possible. It is also your responsibility to obtain handouts, information about class content, and information about announcements, etc., from your classmates. Students with more than two absences will receive an “L” unless they have made prior arrangements with the instructor. In order to fully participate in and benefit from each class session, students must complete required readings and come to class prepared to discuss them.

**Late Papers**
Late papers are strongly discouraged. To obtain permission to submit a paper after the deadline, the student must seek approval from the instructor before the beginning of class on the day that the product is due. If permission for late submission is not granted before breaking a deadline, the grade will automatically be reduced 10%, and another 10% reduction will occur each day, including weekends. In case of an emergency, a late paper may be accepted without penalty at the discretion of the instructor. Avoid having last minute computer failures prevent you from
turning papers in on time. Plan ahead! Keep backups and don’t rely on having computers, printers, servers, and email programs working perfectly a half-hour before class.

**Cell Phone Policy**
Cell phones are a disruption to the learning process. Students are expected to turn off their cell phones during class.

---

**Schedule and Course Outline**

---

**Week 1 / January 16 / Introduction: Adult Development in Context**

**Topics:**
- Bridging child/adolescent development to young adult/adult/older adult development
- Life course theory of development
- Bioecological systems theory for adult and family development
- Diverse family forms in adulthood
- Risk and resilience in adulthood

**Required Readings:**

**Recommended:**


---

**Week 2 / January 23 / Typical and Atypical Adult and Family Development**

**Topics:**
- Contextualizing adult and family development within the context of the family including considerations of illness, disability, deprivation, discrimination
- Video: Depression: Out of the Shadow [http://www.pbs.org/wgbh/takeonestep/depression/](http://www.pbs.org/wgbh/takeonestep/depression/) Chapter 5: Trauma, Stress, Depression (nine minutes)

**Required Readings:**

**Recommended:**


---

**Week 3 / January 30 / Influence of health and wellbeing on adult development**

**Topics:**

- Use of DSM framework within a social work practice context
- Frameworks for understanding health/mental health disorders in adulthood including bioecological systems, life course perspective, biopsychosocial, risk and resilience, stress and coping
- Focus on the interactions between health disorders and mental health disorders
- **The DSM: Inventing Mental Illness** (10 minutes)

**Required Readings:**


Recommended:

---

**Week 4 / February 6 / Early Adulthood: Typical Development**

**Topics:**
- Physical, cognitive, emotional and social development in young adulthood
- Issues in emerging adulthood: identity, beginning work/career, developing intimate relationships, forming family
- Video in Class: Young adulthood: the winding road from late teens through the twenties (YouTube video, six minutes)

**Required Readings:**
1. Hutchison, E. Chapter 7: Young Adulthood.

**Recommended:**

---

**Week 5 / February 13 / Early Adulthood: Atypical Development**

**Topics:**
- HIV/AIDS
- Risk-Taking Behaviors
- Violence
- Substance Abuse (including alcohol misuse and binge drinking)
- Video in Class: *Behavioral Compulsions & Causes of Drug Addiction Video PSA* (YouTube) 32 minutes

**Required Readings:**

1. Corcoran & Walsh, Ch. 11, Substance Use Disorders, pp. 304-348.

**Recommended:**


---

**Week 6 / February 20 / Early Adulthood: Atypical Development**

**Topics:**
- Schizophrenia
- DSM-IV Case Videos in Class: Schizophrenia

**Required Readings:**

1. Corcoran & Walsh, Ch. 14, Schizophrenia and Other Psychotic Disorders, pp. 412-447.
2. Schizophrenia community website: [http://www.schizophrenia.com](http://www.schizophrenia.com)
3. Poland, J. (2004). Bias and schizophrenia. In P. Caplan & L. Cosgrove (Eds.), *Bias in psychiatric diagnosis* (pp. 149-161). NY: Jason Aronson. [Blackboard]

**Due Date for Critical Thinking Paper #1**
Recommended:
Poland, J. (2004). Bias and schizophrenia. In P. Caplan & L. Cosgrove (Eds.), Bias in psychiatric diagnosis (pp. 149-161). NY: Jason Aronson.

Week 7 / February 27 / Middle Adulthood: Typical and Atypical Development

Topics:
- Physical, cognitive, emotional and social development in middle adulthood
- Caregiving in middle adulthood, including considerations of parenting children and caring for aging parents
- Divorce and other family transitions of middle adulthood
- Key health disorders, including cancer, diabetes, obesity
- Injury and disability
- Health disparities

Required Readings:
1. Hutchison, E. Chapter 8: Middle Adulthood.
5. Heart Disease - http://www.cdc.gov/heartdisease

Recommended readings
Week 8 / March 6 / Middle Adulthood: Atypical Development

Topics:
- Depression
- Bipolar Disorders
- Suicidality
- Dual Disorders
- DSM-IV Case Videos in Class: Depression and Bipolar Disorders

Required Readings:
1. Corcoran & Walsh, Ch. 10, Depression, pp. 261-303.
2. Corcoran & Walsh, Ch. 13, Bipolar Disorder, pp. 381-411.
4. Depression, Mental Health America http://www.mentalhealthamerica.net/go/depression
7. Mental Health America: Dual Diagnosis: Fact Sheet http://www.nmha.org/index.cfm?objectid=C7DF9405-1372-4D20-C89D7BD2CD1CA1B9

Recommended:
Video on Depression: Out of the Shadow http://www.pbs.org/wgbh/takeonestep/depression/
Chapter 4: Postpartum Depression, and Chapter 6: Common Depression

NO CLASS / March 13 / SPRING BREAK 😊

Week 9 / March 20 / Middle Adulthood: Atypical Development

Meet in Auditorium for Guest Speaker on Domestic violence from UNC Hospitals Beacon Child and Family Program http://www.med.unc.edu/beacon/
Topics:
- Post Traumatic Stress Disorder (PTSD)
- Anxiety Disorders
- Traumatic experiences in adulthood (e.g., partner violence, disasters), with attention to family and community trauma
- DSM-IV Case Videos in Class: Anxiety Disorders

Required Readings:
1. Corcoran & Walsh, Ch. 7, Postraumatic Stress Disorder, pp. 164-190.
2. Corcoran & Walsh, Ch. 8, Anxiety Disorders, pp. 191-230.

**Due Date for Critical Thinking Paper #2**

*Recommended:*
Video: The Soldiers Heart [http://www.pbs.org/wgbh/pages/frontline/shows/heart](http://www.pbs.org/wgbh/pages/frontline/shows/heart) (60 minutes)

**Week 10 / March 27 / Older Adulthood: Typical Development**

Topics:
- Physical, cognitive, emotional and social development in late adulthood
• Families in later life
• Transitions, losses and gains in older adulthood, including work, family, and friends
• Video in Class on the new science of aging

Required Readings:
1. Hutchison, E. Chapter 9: Late Adulthood
2. Hutchison, E. Chapter 10: Very Late Adulthood
3. AARP Web Site. [http://www.aarp.org](http://www.aarp.org) Explore the themes and messages in site. Read at least one article on brain development. (Use “search” function.)

Recommended:

---

**Week 11 / Friday April 3 / Older Adulthood: Atypical Development**

Topics:
• Cognitive disorders, including dementia
• Overview of how major mental health disorders manifest in older adulthood, including depression, schizophrenia, substance abuse disorders, suicidality, and eating disorders
• Video: *Complaints of a Dutiful Daughter*. (1995, by Deborah Hoffman.)

Required readings:
1. Corcoran & Walsh, Ch. 16, Cognitive Disorders, pp. 479.

Due Date for Critical Thinking Paper #3

Recommended:

---

**NO CLASS / April 10 / Good Friday**

---

**Week 12 / Friday, April 17 / Older Adulthood: Atypical Development**
Meet in Auditorium for Guest Speaker, Cornelia Poer, MSW, LCSW, Duke Geriatric Evaluation and Treatment Clinic

Topics:
- Heart/cardiovascular disease and stroke
- Health and physical disability in older adulthood
- Caregiving in older adulthood

Readings:

Week 13 / Friday, April 24 / Death and Dying

Topics:
- Loss of partner
- Death and bereavement
- Death in individual life cycle and family life cycle

Readings:
1. Berk, Ch. 19: Death, dying, and bereavement, pp. 634-663. [Blackboard]

Due Date for Critical Thinking Paper #4

Due Date for Older Adult Paper (Counts as Final Exam)

Recommended:
**Additional Readings for Super-Motivated Students**

Recommended:


