

**THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
SCHOOL OF SOCIAL WORK**



COURSE NUMBER: SOWO 505.002
COURSE TITLE: Human Development in Context II: Adulthood
SEMESTER/YEAR: Spring 2021
TIME AND LOCATION: Fridays from 9:00-11:50 a.m. (log into Zoom at 9:30)
Zoom link: <https://zoom.us/j/98084806596>
INSTRUCTOR: Laurie Selz Campbell, MSW, CPRP
Clinical Associate Professor
MOBILE PHONE: 919-641-7141
EMAIL ADDRESS: lauriesc@unc.edu
OFFICE HOURS: Friday 12:00 – 1:00 or by appointment

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 co-morbidity 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 emphasizes 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.

TEXTS & READINGS:

Hutchison, E. D. (Ed.). (2017). *Essentials of human behavior: Integrating person, environment, and the life course* (2nd ed.). Los Angeles, CA: Sage. (same text as used in SOWO 500)

DSM 5 via UNC Libraries (no need to purchase the DSM):

<https://dsm.psychiatryonline.org/doi/book/10.1176/appi.books.9780890425596>

Additional reading: Required articles, chapters, and web links will be available on Sakai. Reading marked “supplemental” are relevant but optional.

TEACHING METHODS AND EXPECTATIONS:

The following are guidelines related to how we can best foster a culture of learning and engagement.

Structure:

Class will be conducted via Zoom (for synchronous activities) and Sakai (for asynchronous activities). The balance will vary over the weeks, but basically, you can expect the following:

1. We will typically log into Zoom at **9:30 on Friday mornings**, and will limit our zooming to no more than 2 hours per scheduled class session (with a break in the middle). During this time, we will focus on discussion and small group activities. I promise to avoid long lectures – rather, I will share slides beforehand (sometimes with accompanying written or voice-over notes) and invite you to review them before class. Then, when we meet synchronously, I can take just a few minutes to emphasize the really important points/concepts, and discuss, clarify, and answer questions before jumping into small group or activity-based learning.
2. Along with synchronous activities, we’ll occasionally have asynchronous activities that you will complete during the week or on Friday morning before we log into Zoom.

The Zoom Environment:

The Zoom environment poses unique challenges (as well as opportunities!) for learning. Of course we will adapt and troubleshoot over time, but here are a few guidelines for how to engage in ways that are accessible, productive, and community-building:

1. When it’s at all possible to be present on camera, please do so ... we’re trying to replicate human-to-human interaction, and, while it’s no substitute for personal contact, the Zoom space at least allows us to respond to one another’s faces and visual presence! Please also know that I appreciate that this isn’t always feasible, for any number of personal, environmental, or logistical reasons – if you do need to turn off your camera for a time, just send me/us a quick message in the chat to let us know.
2. The chat is a great way to provide support and reinforcement to one another, but it can also become a distraction, especially for folks who have challenges with multi-tasking. As a general guideline, think about the chat as a way to (a) express support for one another, and/or (b) let me know things like “(name) was trying to say something, you might not have noticed” (as a facilitator, I *definitely* appreciate this!). There may also be

times that I'll ask you to do something like "type one word into the chat that describes your reaction to this article (or video, etc.)." Generally, though, if you have a substantive question or comment to share during a discussion, the preference would be to share those verbally rather than in the chat.

The Pandemic Context:

In addition to the Zoom environment, the pandemic poses unique and likely unprecedented challenges to all of us as learners. There may be challenges related to our (and our loved ones') health/mental health; challenges related to economic security; challenges related to having many people, with competing needs, together in one space; challenges related to the pain of witnessing the further destruction of our communal safety nets and watching folks who are already the most vulnerable bearing the brunt of that. Please know that my default stance on all of this is one of kindness, adaptation, and respect for all of these various struggles. ***I know that you wouldn't be here at the School if you weren't profoundly motivated to be the best healers and change agents possible, and my intent will be to work with each of you with flexibility and care to accomplish just that.***

The Learning Culture:

My philosophy is that we **all** (including me) come to class as both teachers and learners. In light of this, I ask that we all commit wholeheartedly to engaging with one another according to our social work values – dignity, respect, compassion, and cultural humility. In practice, this might mean:

- Articulating our own views to the best of our ability in the moment
- Remembering that we each come with our own histories and personal experiences; therefore, seeking to understand and appreciate these perspectives before forming judgements
- Owning (and seeking to understand) the impact of our statements and language, even if that impact was not our intent – and engaging in authentic apology (discussed last semester in SOWO 501) when needed
- Being open to having our perceptions questioned, and remaining curious about our own reactions – for example, "what is this evoking for me? How have I learned to know what I think I know relative to this topic?"
- Doing our best to stay present and to be cognizant of our own individual power and role in creating the kind of community to which we aspire.

ASSIGNMENTS:

There are 3 assignments over the course of the semester, each worth 30 points, described here:

Health Disparities Presentation

Due: Various

In groups of ~3-4 students, you will create a presentation on a health disparity of your choosing. Presentations should last no more than 30-40 minutes (including discussion). Begin by choosing a **health condition** (e.g., diabetes, cancer, schizophrenia) or **environmental condition** (e.g. exposure to community violence or environmental toxins), and a **subgroup of adults** (e.g., persons of a particular race, ethnicity, socioeconomic class, sexual orientation, gender or gender identity, age, religion, or location) who are uniquely or disproportionately affected. Then, use your creativity to develop a way to provide information to your colleagues on the following:

1. The **etiology** (roots or cause), **symptomatology, demographics, and prevalence** of the condition within the group. It's helpful to cite comparative data – how does the condition manifest in your chosen group in comparison to the population as a whole?
2. The **meaning and significance** of the condition to those within the group. For example, some conditions or symptoms have different meanings according to culture. In ancient Hawaii, it was believed that excess body weight signified royalty; in sub-Saharan Africa, it has been believed that HIV is caused by a spell. In addition, many health disparities reflect/symbolize generations-long experiences of discrimination and oppression.
3. **Individual, familial, community-level, cultural, environmental, or socioeconomic factors shaping the disparity.** For example, gun violence in neighborhoods may prevent children from playing outdoors, and thus may contribute to poorer health; in some cultures, it is shameful to discuss personal struggles outside of the family, and this may pose a barrier to seeking help.
4. An overview of the **impact of structural/institutional factors.** Incorporate concepts from any of the following course readings in your discussion:
 - Feagin & Bennefield (2014): Systemic racism & U.S. health care.
 - Jones et al. (2019): Life course approaches to the causes of health disparities.
 - Metzl, & Roberts (2014): Structural competency meets structural racism: Race, politics, and the structure of medical knowledge.
 - Phelan & Link (2015): Is racism a fundamental cause of inequalities in health?
5. The **impact of the disorder or condition on (a) development and (b) well-being**, including impacts on individuals, families, and communities. For example, the disproportionate incarceration of African American males profoundly impacts intimate relationships, family life, education and employment outcomes, housing, and many other dimensions of well-being. **Please include at least 1-2 first-person narratives when discussing impacts** – in other words, what is the experience of individuals who are most directly affected by the disparity, in their own words? These accounts can take the form of (brief) video clips, and/or quotes from TED talks, interviews, articles, or blogs.
6. **Recommendations for individual/family intervention** with your chosen group. What factors are critical for the social worker to bear in mind? Are there documented best practices? If so, briefly describe these.
7. **Recommendations for community intervention** including advocacy for policies and practices with an eye toward equity and social justice. Are there documented community or policy-level interventions that have been successful? If so, briefly describe these.
8. **Recommendations for how social workers might support grassroots mutual aid efforts.** Are there mutual aid initiatives in which the affected community has engaged? If so, how might social workers responsibly and humbly engage with and support these efforts?

Given the time limitations, you will have to decide which pieces to focus on during the presentation itself, and which to cover with supplemental materials. For example, you might focus primarily on

one or two components in your actual presentation (activities and/or slides) and then provide the remaining information in a clear and concise handout.

Please submit all materials electronically so that I can post them for your peers. In terms of information presented on slides, it's good practice to include citations when needed (just as you would in a paper). Please also submit an APA-style reference list of resources used – this can be a separate word document OR can just be listed on the final slides. In preparing for your presentation, use current literature (i.e. within the past 8-10 years) from professional journals.

Important note: For this assignment, please know that every person in your group doesn't need to present verbally! There is plenty of behind-the-scenes work in a presentation like this – doing background research, creating slides and/or interactive material. Feel free to create a process that plays to the strengths of each of your team members. Part of the prep work for the project will include providing a summary of tasks to be completed, and who is taking the lead on each one.

Scoring Rubric for Health Disparities Presentation

Component	Points
Etiology, symptomatology, demographics, and prevalence	3
Meaning and significance	3
Individual, familial, community-level, cultural, environmental, or socioeconomic factors shaping the disparity	4
Discussion of structural/institutional factors	4
Impacts on development & well-being of individuals, families, communities, including first-person narratives	5
Recommendations for assessment/intervention at individual/family levels	3
Recommendations for macro/community intervention, policy change	3
Recommendations for support of grassroots/mutual aid efforts	3
Overall quality of presentation – engagement, professionalism, clarity	2
Total points	30

Critical Thinking Exercise

Due March 26

In this exercise, you will apply course material to the analysis of a case study of an adult (to be provided). You will complete a template/worksheet in which you analyze the case, incorporating course readings into your discussion. The detailed template will be provided, but in brief, will include the following elements:

1. **Developmental stage** in the context of socially constructed expectations and associated tasks. Discussion of (a) how the developmental stage might impact the individual's current challenges, and (b) how these current challenges might, in turn, impact development.
2. **Risk and protective factors.**
3. Impacts of **family system, culture, community**
4. Impacts of **socioeconomic, institutional, and historical contexts.**

5. **Potential DSM 5 diagnosis** (to the best of your knowledge with information provided), including information showing how you arrived at this diagnosis, and noting any areas in which you have insufficient information.
6. A **brief conclusion** in which you reflect on what might be important to consider as a social worker who encounters this individual.

Helpful notes: Here are a few tips that might be helpful in developing a high-quality piece:

- It will be helpful to draw a genogram and eco-map as you prepare your template, as well as a timeline of events. You do not need to submit these; rather, use them to identify the relationships and contexts that serve as sources of risk and resilience, and the time frames that will figure into your diagnosis.
- In approaching the diagnosis, narrow your focus to 2-3 that seem to best reflect what is occurring, and then look in more detail within these to select the best option.
- Even though this is not a paper, please include citations where needed in your responses, and include a reference list at the end.

Scoring Rubric for Critical Thinking Exercise

Component	Points
Discussion of developmental stage & impact of current challenges	6
Risk and protective factors: List and explanation where needed	4
Impacts of family system, cultural, and community contexts	6
Impacts of socioeconomic, institutional, and historical contexts	6
Potential DSM diagnosis and substantiation	4
Reflection on important considerations for social worker	4
Total	30

Older Adult Life Review **Due April 17**

Note: *If you are participating in the interprofessional experience, this paper is not required. Instead, you will write a brief reflection on that experience, and, time permitting, will share with peers on the last day of class.*

People usually engage in a process called life review as they enter the later years of life. This involves organizing memories and reflecting on significant actions and milestones that have shaped one's life. Through this process, people gain a deeper understanding of themselves and the world around them. This assignment provides the opportunity to apply theories and information about human development to the life course of an older adult.

The **first part** of this assignment is to interview an older adult (~ 65 + years). Your informant could be a relative, friend, acquaintance, or client (if you are interviewing a client, you must receive permission from your field instructor and must remove any identifying information). Prior to beginning the interview, describe the assignment to your informant, tell him/her that only your instructor will be reading your summary and that you will not include his/her name.

NOTE: *This is a great learning experience if the person is willing to share. Do not interview a person who is reluctant or depressed. We are not trying to push anyone into self-disclosure.*

The questions below are included to help structure your interview; feel free to change the order or wording, or to add questions of your own. It is helpful to write out your questions so that you can keep the interview on track. At the same time, maintain flexibility to learn from your informant should they offer information outside of the interview questions.

- Tell me about what your life is like. How would you describe a typical day?
- Tell me about the most important people in your life.
- What were the most significant events in your life?
- What would you consider to be your greatest accomplishment?
- How has your sense of self (who you are) changed over the years?
- What brings you satisfaction? Would you share one of the highlights of your life?
- Which period in your life was the most enjoyable? The most challenging?
- What challenges have you faced? How have you coped? What have you learned?
- Looking back at your life, what would you do differently?
- How was your life influenced by societal or cultural events?

The **second part** of the assignment involves synthesizing your interview. ***We will work together as a class to figure out some choices in how the synthesis will be formatted – while a paper is fine, we can also think about some creative alternatives such as a thoroughly-annotated photo montage.*** Whatever the format, your synthesis should contain the following:

1. Brief description of the person, your relationship, the setting, and emotional climate.
2. Significant events that shaped the person’s life
3. Risk and protective factors impacting development
4. Impacts of such issues as race/ethnicity, sexual orientation, gender identity, disability, religion, SES, and others of relevance, including the individual’s perception as well as *your own* using your lens as a social worker.
5. Life course analysis, including the impact on development of the person’s social location in terms of family, community, place, and history
6. Your learning from the life review – expectations, surprises, perspectives

Scoring Rubric for Older Adult Life Review

Component	Points
Description of individual interviewed, relationship, setting	3
Review of significant life events	5
Risk & protective factors impacting development	5
Examination of issues related to diversity & their impact, reflecting the individual’s perception as well as your own	5
Life course analysis	6
Reflection on learning	3
Quality of writing &/or other expressive modality	3
Total:	30

SCORING & GRADING:

Points will be assigned as follows:

Engagement	10%
Health Disparities Paper	30%
Critical Thinking Paper	30%
Older Adult Life Review	<u>30%</u>
Total	100%

Grades will be assigned as follows:

H:	94 and above
P:	93-74
L:	73-70
F:	69 and below

EXPECTATIONS FOR WRITTEN ASSIGNMENTS AND WRITING SUPPORT:

Clear, cogent writing is an essential skill for social work professionals. Unless otherwise discussed, please use APA 7th format for written work.

Writing support is available to all students through the School's Writing Support Team; they can help you strengthen your writing skills by sharing strategies for organizing information, presenting a cohesive argument, ensuring clear communication, and mastering APA style. Writing Support offers a *learning opportunity* for students but does not merely copy edit student papers. Writing support is available in-person, by e-mail, or by phone. E-mail a requested appointment day and time to SOSWwritingsupport@gmail.com. In addition, see the Writing Resources and References page on the School's website (under the Current Students tab: <https://ssw.unc.edu/students/writing>).

POLICY ON INCOMPLETES AND LATE ASSIGNMENTS:

Assignments are due at the **beginning** of class on the day noted. Please notify me at least a day beforehand if you would like to request an extension on an assignment. My typical policy is to deduct 5% of the available points for each day late (that is, if you haven't requested an extension). I will weigh the advisability of this policy with the particular circumstances that we are confronting this semester. In rare situations, it is possible to receive an Incomplete at the end of the semester. In this case, we will develop a contract outlining the specifics of when the remaining course materials will be submitted.

POLICY ON ACADEMIC DISHONESTY:

I assume that all students follow the UNC Honor Code. Please ensure that the Honor Code statement "I have neither given nor received any unauthorized assistance in completing this assignment", with your signature, is on all assignments turned in. In keeping with the Honor Code, if reason exists to believe that academic dishonesty has occurred, a referral will be made to the Office of the Student Attorney General for investigation and further action as required. Please refer to the *APA Style Guide*, the *SSW Manual*, and the *SSW Writing Guide* for information on attribution of quotes, plagiarism, and the appropriate use of assistance in preparing assignments.

ACCESSIBILITY AND RESOURCES SERVICES:

The School of Social Work aims to create an educational environment that supports the learning needs of all students. The University of North Carolina – Chapel Hill facilitates the implementation of reasonable accommodations, including resources and services, for students with disabilities, chronic medical conditions, a temporary disability, or pregnancy complications resulting in

difficulties with accessing learning opportunities. The Accessibility Resources and Service (ARS) Office at UNC has been established to coordinate all accommodations. If you might need accommodations at any point during the semester, please contact ARS prior to the beginning of the semester or as early in the semester as possible so that they can assist you; this process takes time. You can visit their website at <http://accessibility.unc.edu>, and contact ARS by email: accessibility@unc.edu or phone at 919-962-8300. The accommodations process starts with ARS and helps instruct Faculty at the School of Social Work on how best to proceed. As a School, we are committed to working with ARS and students to implement needed accommodations for all of our students. In addition to seeking ARS supports, please also reach out to your instructor to communicate how best your needs can be met once you have begun the ARS process.

A NOTE ON COURSE CONTENT:

All participants in this class should be aware that we will be discussing topics such as harassment, violence, bias, and discrimination. Certain readings and discussions may be difficult for those who have been impacted by these types of conduct. Any person who has experienced discrimination, harassment, interpersonal (relationship) violence, sexual assault, sexual exploitation, or stalking is encouraged to seek resources as needed on campus or in the community. You can seek assistance from confidential resources such as the Gender Violence Services Coordinator in the Carolina Women's Center at (919) 962-1343 or Counseling and Psychological Services (CAPS) in Campus Health Services at (919) 966-3658. You can also contact the Equal Opportunity and Compliance Office at (919) 966-3576 to report an incident and/or seek interim protective measures. Additional resources are available at safe.unc.edu.

POLICY ON DISCRIMINATION, HARASSMENT, AND VIOLENCE:

Acts of discrimination, harassment, interpersonal (relationship) violence, sexual violence, sexual exploitation, stalking, and related retaliation are prohibited at UNC-Chapel Hill. If you have experienced these types of conduct, you are encouraged to report the incident and seek resources on campus or in the community. Please contact the Director of Title IX Compliance / Title IX Coordinator (Adrienne Allison, adrienne.allison@unc.edu), Report and Response Coordinators (Ew Quimbaya-Winship, eqw@unc.edu; Rebecca Gibson, rmgibson@unc.edu; Kathryn Winn kmwinn@unc.edu), Counseling and Psychological Services (CAPS) (confidential) in Campus Health Services at (919) 966-3658, or the Gender Violence Services Coordinators (confidential) (Cassidy Johnson, cassidyjohnson@unc.edu; Holly Lovern, holly.lovern@unc.edu) to discuss your specific needs. Additional resources are available at safe.unc.edu.

STATEMENT OF BASIC NEEDS:

Any student who has difficulty getting enough to eat every day, lacks a safe place to live or faces unjust deportation is living with hardship that may make it difficult to excel in this course. If any of this is true for you, you are urged to contact the Dean of Students for support <https://odos.unc.edu/> or call (919) 966-4042. Please notify me if you are comfortable in doing so, and I'll help however I can. For information about public resources in the Chapel Hill-Carrboro area visit: <http://thecef.force.com>. The University of North Carolina maintains a food pantry, the Carolina Cupboard, where students and other members of the campus community can get free food if they need it. For more information visit: <http://carolinacupboard.web.unc.edu/> or call CarolinaCupboard@gmail.com.

COMMUNITY STANDARDS IN OUR COURSE AND MASK USE:

This spring semester, while we are in the midst of a global pandemic, all enrolled students are required to wear a mask covering your mouth and nose at all times in our classroom. This requirement is to protect our educational community -- your classmates and me -- as we learn

together. If you choose not to wear a mask, or wear it improperly, I will ask you to leave immediately, and I will submit a report to the [Office of Student Conduct](#). At that point you will be disenrolled from this course for the protection of our educational community. Students who have an authorized accommodation from Accessibility Resources and Service have an exception. For additional information, see <https://carolinatogether.unc.edu/university-guidelines-for-facemasks/>.

COURSE OUTLINE

Week 1 /January 15/Introduction: Adult Development in Theoretical Context

Topics:

- Bridging child/adolescent development to adult development
- Bioecological systems and life course theories of development
- Diverse family forms in adulthood
- Risk and resilience in adulthood
- Development as influenced by context -- illness, disability, deprivation, discrimination

Background reading as needed:

Gitterman, A. & Sideriadis, I.A. (2014). Social work with vulnerable and resilient populations. In A. Gitterman (Ed.), *Handbook of social work practice with vulnerable and resilient populations* (3rd ed.) (pp. 1-30). New York, New York: Columbia University Press. **(Note: this chapter provides some broad demographic data – feel free to skim, focusing on areas of interest)**

Walsh, F. (2012). The new normal: Diversity and complexity in 21st-century Families. In F. Walsh (Ed.) *Normal family processes: Growing diversity and complexity* (4th ed.) (pp. 2-26). New York, NY: Guilford Press. **(Note: reviews many of the concepts discussed in SOWO 500 – feel free to skim, focusing on areas of interest)**

Week 2 /January 22/ Perspectives on Health & Mental Health in Adult Development

Topics:

- Use of the DSM framework within a social work practice context
- Frameworks for understanding health/mental health disorders in adulthood including bioecological systems, life course, biopsychosocial, risk and resilience, stress and coping
- Introduction to health disparities and health/mental health disorders

Required reading:

American Psychiatric Association (2013). *DSM-5 introduction*. Retrieved from <https://doi-org.libproxy.lib.unc.edu/10.1176/appi.books.9780890425596>.

Feagin, J., & Bennefield, Z. (2014). Systemic racism & U.S. health care. *Social Science & Medicine*, 103, 7-14.

Hutchison E.D. (2011). Life course theory. In R. Levesque (Ed.), *Encyclopedia of Adolescence*. New York, NY: Springer.

Jones, N. L., Gilman, S. E., Cheng, T. L., Drury, S. S., Hill, C. V., & Geronimus, A. T. (2019). Life course approaches to the causes of health disparities. *American Journal of Public Health*, 109(S1), S48–S55. <https://doi.org/10.2105/AJPH.2018.304738>

Metzl, J. M., & Roberts, D. E. (2014). Structural competency meets structural racism: Race, politics, and the structure of medical knowledge. *American Medical Association Journal of Ethics*, 16(9), 674-690.

Supplemental reading:

Watters, E. (2010). The Americanization of mental illness. *New York Times Magazine*. Retrieved from <http://www.nytimes.com/2010/01/10/magazine/10psyche-t.html?pagewanted=all>

Week 3 /January 29/ Early Adulthood and Depressive/Bipolar Disorders

Topics:

- Physical, cognitive, emotional and social development in young adulthood
- Emerging adulthood: identity, beginning work/career, intimate relationships, family

- Depressive and Bipolar disorders; suicidality

Required reading:

Hutchison, Chapter 15- Young and Middle Adulthood.

DSM 5 – Review diagnostic criteria for Bipolar/Related and Depressive/Related Disorders

In addition, please choose ONE of the following examining the construct of emerging adulthood across identities:

Austin, A. (2016). “There I am”: A grounded theory study of young adults navigating a transgender or gender nonconforming identity within a context of oppression and invisibility. *Sex Roles*, 75, 215-230.

Hope, E. C., Hoggard, L. S., & Thomas, A. (2015). Emerging into adulthood in the face of racial discrimination: Physiological, psychological, and sociopolitical consequences for African American youth. *Translational Issues in Psychological Science*, 1(4), 342-351.

Stein, G. L., Cavanaugh, A. M., Castro-Schilo, L., Mejia, Y., & Plunkett, S. W. (2019). Making my family proud: The unique contribution of familism pride to the psychological adjustment of Latinx emerging adults. *Cultural Diversity and Ethnic Minority Psychology*, 25(2), 188–198.

<https://doi-org.libproxy.lib.unc.edu/10.1037/cdp0000223>

Supplemental reading:

Kennedy, N., Boydell, J. Van Os, J. & Murray, R.M. (2004). Ethnic differences in the presentation of bipolar disorder: Results from an epidemiological study. *Journal of Affective Disorders*, 83, 161-168.

Mental Health America (n.d.). *Co-occurring disorders information*. Retrieved from

<http://www.mentalhealthamerica.net/index.cfm?objectid=C7DF94C1-1372-4D20-C8FE4E509C20471B>

National Institutes of Health (2014). Review the overview of depression

<http://www.nimh.nih.gov/health/publications/depression-listing.shtml> and review any of the sub-populations of interest to you (e.g. college students, postpartum, others)

National Institute of Mental Health [NIMH]. 2014. Bipolar in Adults.

<http://www.nimh.nih.gov/health/publications/depression-listing.shtml>

Week 4 /February 5/Early Adulthood and Psychotic Disorders

All classes will meet together - Laurie will teach on psychosis and mental health recovery.

Topics:

- Schizophrenia and other psychotic disorders
- Brief overview of mental health recovery

Required reading:

DSM 5 – Schizophrenia Spectrum (Read Diagnostic Criteria)

Deegan, P. (1996). Recovery as a journey of the heart. *Psychiatric Rehabilitation Journal*, 19(3), 91-97.

McCarthy-Jones, S. (2017). The concept of schizophrenia is coming to an end: Here’s why. *The Conversation*. Retrieved from <https://theconversation.com/the-concept-of-schizophrenia-is-coming-to-an-end-heres-why-82775> (***Reviews some emergent thinking about psychosis***).

Metzl, J. M. (2012). Mainstream anxieties about race in antipsychotic drug ads. *American Medical Association Journal of Ethics*, 14(6), 494-502. (***Note: we read this article last semester in SOWO 501 – it’s listed here as a reminder/review***)

Schwartz, R. C. & Blankenship, D. M. (2014). Racial disparities in psychotic disorder diagnosis: A review of empirical literature. *World Psychiatry*, 4(4), 133-140.

Supplemental reading:

Schizophrenia community website: <http://www.schizophrenia.com>. This comprehensive website has sections for consumers, family, friends and professionals. The site offers education, practical knowledge and discussion boards as well as basic and scholarly information.

Week 5 /February 12/ Early Adulthood, Substance Abuse, Harm Reduction, and HIV

All classes will meet together - A panel will discuss their experiences working in the fields of HIV, substance use, and harm reduction

Topics:

- Physical, cognitive, emotional and social development in young adulthood
- Risk-taking behaviors
- Substance use disorders
- HIV/AIDS

Required reading:

Hutchison, Chapter 15- Young and Middle Adulthood.

APA (2013). Substance-related and addictive disorders (Brief Fact Sheet).

CDC (n.d.). *HIV in the United States: At a glance*. Retrieved from

<https://www.cdc.gov/hiv/statistics/overview/ata glance.html>

Platt, A. (2014). Substance use disorders: A review of the DSM-5. *Journal of Alcohol and Drug Dependence*, 2(3), 113. doi:10.4172/2329-6488.1000e113

Linsk, N. L. (2011). Commentary: Thirty years into the HIV Epidemic: Social work perspectives and prospects. *Journal of HIV/AIDS & Social Services*, 10, 218–229. doi: 10.1080/15381501.2011.598714

Supplemental reading:

Fisher, C.B., Fried, A.L., Desmond, M., Macapagal, K., & Mustanski, B. (2017). Facilitators and barriers to participation in PrEP HIV prevention trials involving transgender male and female adolescents and emerging adults. *AIDS Education & Prevention*, 29(3), 205-217.

Sussman, S. & Arnett, J.J. (2014). Emerging adulthood: Developmental period facilitative of the addictions. *Evaluation & the Health Professions*, 37 (2), 147-155.

NASW (2012). *HIV/AIDS Spectrum Project*. Retrieved from

http://www.socialworkers.org/practice/hiv_aids/nhaspolicytopracticeupdate2012.pdf

Week 6 /February 19/Middle Adulthood, Health, and Family Processes

Health disparities presentation from Group 1

Topics:

- Physical, cognitive, emotional and social development in middle adulthood
- Caregiving in middle adulthood
- Divorce and other family transitions of middle adulthood
- Key health disorders, including cancer, diabetes, obesity (and related disparities)

Required reading:

Auslander, W. & Freedenthal, S. (2012). Adherence and mental health issues in chronic disease: Diabetes, heart disease, and HIV/AIDS. In S. Gehlert & T.A. Browne (Eds.) *Handbook of health social work* (2nd ed.) (pp. 525-556). Hoboken, NJ: John Wiley & Sons, Inc. (***skim for broad themes, focusing on populations/issues of interest to you***)

Explore the following websites:

- Diabetes - <http://www.diabetes.org> Review “Diabetes Basics” on this website.
- Heart Disease - <http://www.cdc.gov/heartdisease> . This website has excellent basic information about heart disease and also has “Maps and Statistics” which reviews prevalence rates among various demographic groupings in the U.S.
- National Cancer Institute - <http://www.cancer.gov> This website is loaded with excellent information. Review the basic information under “Cancer Topics”.
- Obesity- <http://www.cdc.gov/obesity/data/adult.html> Read “Adult Obesity Facts”

In addition, please choose ONE of the following examining issues of culture, race, and gender identity influencing health/mental health in middle adulthood:

Griffith, D. M., Metzl, J. M., & Gunter, K. (2011). Considering intersections of race and gender in interventions that address US men's health disparities. *Public Health, 125*(7), 417-423.

Pharr, J. R., Francis, C. D., Terry, C., & Clark, M. C. (2014). Culture, caregiving, and health: Exploring the influence of culture on family caregiver experiences. *ISRN Otolaryngology, 1*-8.

Witten, T. (2003). Life course analysis -- the courage to search for something more: Middle adulthood issues in the transgender and intersex community. *Journal of Human Behavior in The Social Environment, 8*(2/3), 189-224.

Week 7 /February 26/Middle Adulthood, Anxiety, and Trauma Disorders

Health disparities presentation from Group 2

Topics:

- Trauma and Post-Traumatic Stress Disorder (PTSD)
- Anxiety Disorders

Required reading:

Anxiety Disorders, NIMH /NIH <http://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>

Ruglass, L. M., & Kendall-Tackett, K. (2014). *Psychology of trauma 101*. New York, NY: Springer Publishing Company (Read chapters 3 & 4)

In addition, please choose ONE of the following examining intersections among race, racism, and trauma:

Katz, R. S., Willis, H., & Joseph, J. J. (2014). Economic inequality, racism and trauma: Growing up in racist combat zones and living in racist prisons. *Journal of Pan African Studies, 7*(6), 25-59.

Lowe, S. M., Okubo, Y., & Reilly, M. F. (2012). A qualitative inquiry into racism, trauma, and coping: Implications for supporting victims of racism. *Professional Psychology: Research and Practice, 43*(3), 190-198. doi:10.1037/a0026501

Week 8/March 5/Middle Adulthood and Intimate Partner Violence

All classes will meet together - A panel will discuss their experiences working in the field of interpersonal violence

Topics:

- Intimate partner violence and community violence in adulthood

Required readings:

Cannon, C., & Buttell, F. (2015). Illusion of inclusion: The failure of the gender paradigm to account for intimate partner violence in LGBT relationships. *Partner Abuse, 6*(1), 65-77.

- Macy, R.J., Ermentrout, D.M. & Johns, N.B. (2011). Physical and behavioral healthcare of partner and sexual violence survivors. In C. M. Renzetti, J. Edleson, & R. K. Bergen (Eds.) *Violence against women sourcebook* (Vol. 2) (pp. 289-308). Thousand Oaks, CA: Sage.
- Thaller, J., Messing, J. T., & Carlson, B. E. (2014). Intimate partner abuse. In A. Gitterman (Ed.), *Handbook of social work practice with vulnerable and resilient populations* (3rd ed.) (pp. 392-414). New York, New York: Columbia University Press.

Supplemental readings:

- Rios, A. (2017). 'Crisis gets served before anything else': Structural constraints on integrating LGBT consciousness-raising into antiviolence work. *Annals of Anthropological Practice*, 41(1), 20-34.

March 12: No Class – Wellness Day

Week 9 /March 19/Older Adulthood

Health disparities presentations from Group 3

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

Required reading:

Hutchison, Chapter 16: Late Adulthood.

Lyons, A., Alba, B., Heywood, W., Fileborn, B., Minichiello, V., Barrett, C., Hinchliff, S., Malta, S., & Dow, B. (2018). Experiences of ageism and the mental health of older adults. *Aging & Mental Health*, 22(11), 1456–1464. <https://doi-org.libproxy.lib.unc.edu/10.1080/13607863.2017.1364347>

In addition, please choose ONE of the following examining concepts and characterizations of “successful aging”:

- Baker, T. A., Buchanan, N. T., Mingo, C. A., Roker, R., & Brown, C. S. (2015). Reconceptualizing successful aging among Black women and the relevance of the strong Black woman archetype. *Gerontologist*, 55(1), 51-57.
- Fabbre, V. D. (2015). Gender transitions in later life: A queer perspective on successful aging. *Gerontologist*, 55(1), 144-153.
- Katz, S., & Calasanti, T. (2015). Critical perspectives on successful aging: Does it “appeal more than it illuminates”? *Gerontologist*, 55(1), 26-33.

Week 10/ March 26/ Older Adulthood and Health Issues

Critical Thinking Exercise Due

Topics:

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

Required reading:

Allen, J. O. (2016). Ageism as a risk factor for chronic disease. *Gerontologist*, 56(4), 610-614.

White, A., Philogene, G., Fine, L., & Sinha, S. (2009). Social support and self-reported health status of older adults in the United States. *American Journal of Public Health*, 99(10), 1872-1878.

Stroke Fact Sheet:

http://www.stroke.org/site/DocServer/STROKE_101_Fact_Sheet.pdf?docID=4541

Supplemental reading:

Diwan, S., Balaswamy, S. & Lee, S.E. (2012). Social work with older adults in health-care settings. In S. Gehlert & T.A. Browne (Eds.) *Handbook of health social work* (2nd ed.) (pp. 392-425). Hoboken, NJ: John Wiley & Sons, Inc.

April 2 – No Class: Wellness Day

Week 11 / April 9 / Older Adulthood and Mental Health

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

Required reading:

Alzheimer's - <http://www.nia.nih.gov/alzheimers/topics/alzheimers-basics> Read through this basic fact sheet about Alzheimer's disease from the National Institute on Aging.

Suicide and Older Adults (NYTs blog): <http://newoldage.blogs.nytimes.com/2013/08/07/high-suicide-rates-among-the-elderly/?r=0>

Watch video The Four D's of Suicide Risk in Older Adults:

<https://www.youtube.com/watch?v=QcBzrY1WofM>

Yarns, B. C., Abrams, J. M., Meeks, T. W., & Sewell, D. D. (2016). The mental health of older LGBT adults. *Current Opinions in Psychiatry*, 18 (60), 1-11.

Supplemental reading:

Mahoney, D.F., Cloutterbuck, J. Neary, S. & Shan, L. (2005). African American, Chinese, and Latino family caregivers' impressions of the onset and diagnosis of dementia: Cross-cultural similarities and differences. *The Gerontologist*, 45(6), 783-792.

Week 12/April 16/Death, Dying, & Bereavement

All classes will meet together- - A panel will discuss their experiences working with older adults

Topics:

- Death and bereavement
- Death in individual life cycle and family life cycle

Required reading:

Berk, L.E. (2007). *Development through the lifespan*. (4th ed.) (pp. 634-663). Boston, MA: Allyn & Bacon.

Hooyman, N.R., & Kramer, B. J. (2006). Resilience and meaning making. In *Living through loss: Interventions across the life span* (pp. 63-86). New York, NY: Columbia University Press.

Strada, E. (2009). Grief, demoralization, and depression: Diagnostic challenges and treatment modalities. *Primary Psychiatry*, 16(5), 49-55.

Supplemental reading:

Herbert, R., Schulz, R., Copeland, V&, Arnold, R. (2009). Preparing family caregivers for death and bereavement: Insights from caregivers of terminally ill patients. *Journal of Pain & Symptom Management*, 37, 3-12.

Laurie, A., & Neimeyer, R.A. (2008). African-Americans in bereavement: Grief as a function of ethnicity. *Omega*, 57(2), 173-193.

Lobar, S. L., Youngblut, J. M., & Brooten, D. (2006). Cross-cultural beliefs, ceremonies, and rituals surrounding death of a loved one. *Pediatric Nursing*, 32(1), 44-50.

Sanders, S., Ott, C., Kelber, S. & Noonan, P. (2008). The experience of high levels of grief in caregivers of persons with Alzheimer's disease and related dementia. *Death Studies*, 32, 495-523.

Week 13/April 23/Course Wrap-Up

Older Adult Life Review Due

Topics:

- Course Wrap-Up
- Integrating Course Learning
- Lessons learned from Older Life Review