**Catalogue Description**
Based on the assumption that all families have the potential for repair and growth, the family-centered practice course presents a client-centered framework for therapeutic and preventive work with couples and families who are distressed, vulnerable, or at risk.

**Course Description**
This course builds on the direct practice foundation courses of SWKG 533 and SWKG 553. It provides students with advanced direct practice knowledge and skills to work with populations who are distressed, vulnerable, or at risk in the context of families. The concepts of family centered practice will be applied to a variety of social work settings and fields of practice. National and international implications of family-centered policies and practices will be examined. Principles of family centered practice include respect, empathic listening, a strengths perspective, suspension of judgment, sharing power, and partnership. Skills of the family-centered practitioner include striving for cultural curiosity, believing in the resourcefulness of the family regardless of circumstances, working in partnership, and engaging in an empowering process. Each student will examine his/her strengths, challenges and the ethical dimensions of conducting family-centered practice.

**Course Rationale**
Family-centered practice is an approach to service delivery that grew out of family preservation attempts in the mid-seventies to prevent out-of-home placements of minors. Since then, family-centered services have expanded from a particular type of service to an overall philosophy for the delivery of services with implications for the larger social context. The approach has been extended to service delivery to families across child welfare, mental health, juvenile justice, medical settings, and early intervention services. There is high consensus that family-centered practices are consistent with the principles and values that characterize advanced generalist social work.

**Content Areas**
1. The meaning and application of the principles of family centered practice.
2. Family group decision-making, family preservation and other models of family-centered practice.
3. Specific assessment and intervention practices helpful to families across a range of cultures, races, ages, abilities, problems, socioeconomic diverse statuses, and sexual orientations.
4. Theoretical perspectives that apply to family-centered strategies, such as solution-focused, ecological systems, family systems, and narrative therapy.
5. Barriers to implementing a family-centered approach to practice.
6. Economic, social, cultural, and political practices that support or threaten family well-being.
7. Self-knowledge for conscious and empathic application of family-centered practices

**Course Objectives**
Students will have successfully completed this course when they have demonstrated knowledge and skills to:

1. Apply family-centered values to the practice of working with families.
2. Apply appropriate models that integrate a family-centered practice approach to working with families.
3. Utilize strategies and skills of collaboration in identifying strengths and potential resources of individual, family, and informal support systems to mobilize toward the presenting situation.
4. Demonstrate skills in applying family assessment models for understanding family networks and internal dynamics.
5. Demonstrate advanced skills in researching/writing.
6. Apply family-centered practice principles to social work practice settings such as mental health, child welfare, addictions, etc.
7. Use the NASW Code of Ethics as a guide for decision making in work with families.
8. Practice a continuous self-reflective stance.

**Methodology**
This course will include lecture, film, role-playing, presentation, discussion and feedback from fellow students and the instructor.

**Classroom Guidelines**
This course is designed as an advanced level class. This places considerable responsibility for learning upon students. Ideally, the principles of family-centered practice will be mirrored in the classroom environment, that is, reciprocity, open communication, mutual trust and respect, shared responsibility and cooperation. The development of a safe context within which to test values, skills and knowledge is shared by everyone through respect and courtesy and by contributing as a partner in learning exercises. It is entirely necessary to attend class in order to build and support our learning environment with your participation.

*Indra’s Net*
*From the Big Veda*

There is an endless net of threads throughout the universe..........  
At every crossing of the threads there is an individual.  
And every individual is a crystal bead.  
And every crystal bead reflects  
not only the light from every  
other crystal in the net  
but also every other reflection  
throughout the entire universe.
Assignments

1. **Researched family-centered program summary and presentation (20 points)** Toward the end of the quarter, each person will briefly (15 - 20 minutes) present a family-centered program in your chosen area of practice that is exciting to you, that fits family centered practice principles and the evidence based classification system at the end of the syllabus. Included in this assignment is a summary of your findings described below.

   For the **program summary** (written document) describe: What is family-centered about this program? What is the fit to family centered principles? What is the fit to the Pragmatic Perspectives in Petr? Why is this particular evidence-based practice important to the work with children? What does it do better than a traditional approach, i.e., why was it developed in the first place? What are the barriers in the field to implementing a more family-centered approach? How has this program you’re presenting been evaluated and what are the results? What was the attraction to you personally or professionally about this program? This program can be one that is developed in the USA or internationally. **Please include an outline of your presentation, a response to the above questions (3 pages) , a reference page along with a brief summary (1 page) of the primary article that best describes the program you chose.**

   For the **presentation**: Students will prepare an outline for each member of the entire class that includes a summary of the above questions and how to access more information about it. In the presentation, be certain to cover a minimum of three key points that fit with class content on family centered practice and would be of interest to your peers.

   **References:** A **minimum** of 6 current references, APA format from reputable internet sites or peer-reviewed journals. Minimum means the lowest or least amount. At least one must be from a peer-reviewed journal that supports the program you are presenting. If you have found something exciting, it would be expected that you would discover many articles that support the premise of your project or supports your ideas.

   Use the following web sites to select an evidence based or promising practice:
   - [http://www.colorado.edu/cspv/blueprints/matrix/overview.html](http://www.colorado.edu/cspv/blueprints/matrix/overview.html)
   - [http://www.cdc.gov/ncipc/dvp/bestpractices.htm](http://www.cdc.gov/ncipc/dvp/bestpractices.htm)
   - [www.modelprograms.samhsa.gov](http://www.modelprograms.samhsa.gov)

2. **Peer Network** (15 points) Peer networks share a passion around topical idea, skill or process. Peer networks are more than celebrations of common interest. They focus on constructive aspects of a practice, new tools, developments in the field…. those that work and when it doesn’t, a critical evaluation of why not. Participation happens because the network provides value. Those who participate actively in the peer network frequently turn to each other for solutions or to create a more thorough understanding of a concept application. Because peer networks share a common interest, they can share ideas and questions with others who really understand.

   Each student will select a group that will function as a **Peer Network** for learning during this course (no more than 4 to a group). At specific times during the quarter, **Peer Networks** will convene to discuss readings and handouts. Students will share facilitation responsibilities that enrich the discussion. Each group will share responsibility in appointing someone to lead the discussion and a recorder to document the important points and how it applies to the six principles and would support family-centered practice. **Student administered evaluation of the Peer Network value and contribution to learning will be the source for grading. The evaluation tool will be distributed on the Network convening date.**

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3. **Field Exercises. (15 points)** Students will select one of the field exercises listed below. The purpose of these exercises is to concretely apply the material we have studied in the texts. Applies to course objectives: 1, 2, 3, 4, 6 & 7.

**This is an opportunity to be creative in the exercise and in the handout for class. Pick any one of the following: Please do not select one that you have already done previously for another class.**

This is an exercise to expand your learning around family centered principles.

- ☑ **Family-Centered Play exercise.** Describe a family-centered play exercise for families that you could use in your field practicum or future social work practice. Be prepared to use classmates to demonstrate the exercise along with discussion regarding how it supports the principles of family centered practice. To accompany your presentation bring a 2-3 page document for handout which includes the goals of the exercise, how the principles of family centered practice are applied, practitioner directions for the exercise including under what circumstances this exercise might be helpful and any cautions.

- ☑ **Inservice training for staff or community partners.** Many times practitioners in the field are asked to train their colleagues on developments in the field. This is an opportunity to develop a learning module for current or future use in supporting a unit, agency or organizational culture in working with children and families using family centered principles as a base. Develop an exercise that would lead the class in a participative experiential exercise (that means no lecture) which supports their understanding of family centered principle(s). To accompany your presentation bring a 2-3 page paper for handout that includes learning goals of the exercise and how this fits with the principle(s) of family centered practice, instructor/facilitator directions, and the outcome you are trying to achieve.

- ☑ **Create your own application of the class learning material.** You may find some part of the reading material that could have a direct application to your practicum setting. If you have ideas, talk to your instructor about creating your own “Field Exercise.”

4. **Written Exam. (25 points).** An exam on the readings and the material discussed in class will be given on the Petr text – only those chapters assigned in the syllabus.

5. **Response Paper. (25 points)** 4-5 page written response to the Fadiman text, “The spirit catches you and you fall down.” The purpose of this paper is to thoughtfully reflect on what might be different if the principles and spirit of family centered practice were applied to this situation, and to discuss the barriers that kept such principles from being applied. (double spaced, 10 font, times new roman or something similar)

Organize your paper around the 6 Principles of Partnership as discussed in class. Under each principle, reflect on 1) to what extent was this principle applied? 2) what might have been different if that principle had been applied (by the doctors, medical professionals, bureaucrats, other players), 3) what were the barriers that prevented this principle from being applied/ or what supported this principle in being applied?

Write a concluding paragraph on the meaning of this text to you and how you could apply your learning to your social work practice.

**Grades.** Grades will be determined using the following points:

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<thead>
<tr>
<th>Component</th>
<th>Points</th>
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<tbody>
<tr>
<td>Project presentation</td>
<td>20</td>
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<tr>
<td>Field exercise</td>
<td>15</td>
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<tr>
<td>Peer Network</td>
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<tr>
<td>Exam on Readings</td>
<td>25</td>
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<tr>
<td>Fadiman Response paper</td>
<td>25</td>
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<td><strong>Total</strong></td>
<td>100</td>
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Grading: A cumulative 3.0 GPA is necessary to maintain “good standing” in graduate school. A 3.0 grade is considered adequate graduate level work. A 4.0 indicates superior or outstanding work. A 3.5 grade is considered strong work.

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<thead>
<tr>
<th>Percentage</th>
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<tr>
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<td>96-97</td>
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<td>62-63</td>
<td>1.6</td>
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Note on Plagiarism

"Plagiarism (from the Latin word for kidnapper”) is the presentation of someone else’s ideas or words as your own. You plagiarize deliberately if you copy a sentence from a book or articles or material found on the internet and pass it off as your writing, if you summarize or paraphrase someone else’s ideas without acknowledging your debt, or if you buy or borrow a term paper to hand in as your own. You plagiarize accidentally if you carelessly forget quotation marks around another writer’s words or mistakenly omit a source citation for another’s idea because you are unaware of the need to acknowledge the idea. Whether deliberate or accidental, plagiarism is a serious and often punishable offense (H. Ramsey Fowler, Little, Brown Handbook, 3rd Edition, Boston: Little, 1986, p. 570)."

Plagerism is considered a serious academic offense by EWU. Penalties are detailed in the Student Conduct Code, and may be assessed by a University panel or the Instructor of the course. Penalties for a first offense of plagiarism in various Departments at EWU have included automatic failure of the course and/or failure of the paper. This instructor will implement one of those options should plagiarism occur.

Note on Student Appeal Process

If problems concerning class, grades, expectations, or the learning environment are experienced by students, the student should first discuss the situation with the instructor. If the student is not satisfied with the result of this conference, the student should appeal to the Graduate Director of the MSW Program. From there, the appeal follows the process outlined in the MSW Graduate Handbook.

Required Texts


Recommended Text


Recommended Websites

National Child Welfare Resource Center for Family Centered Practice and Permanency Planning is a collaboration with Child Welfare League of America and the National Indian Child Welfare Association. This site is committed to increasing and capacity and resources of child welfare agencies to integrate family-centered practices into the child welfare system and to promote permanency for youth and children in out of home care.

Site: [www.nrcfcppp.org](http://www.nrcfcppp.org).

National Child Welfare Resource Center for Organizational Improvement. The Center’s work improves management and operations, bolsters organizational capacity and promotes service integration, resulting in improved outcomes for children and families.

Site: [www.nrcoi.org](http://www.nrcoi.org)

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National Center on Substance Abuse and Child Welfare works to improve cross-system collaboration among State and Tribal agencies that serve families who are affected by substance use disorders and are also involved in child welfare and family judicial systems.
Site:  www.ncsacw.samhsa.gov

National Center for Cultural Competence the mission of the NCCC is to increase the capacity of health and mental health programs to design, implement, and evaluate culturally and linguistically competent service delivery systems. Site: http://gucchd.georgetown.edu/nccc

Child Welfare Information Gateway promotes the safety, permanency, and well-being of children and families by connecting child welfare, adoption and related professionals as well as concerned citizens to timely, essential information. A service of the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, we provide access to print and electronic publications, websites, and online databases covering a wide range of topics from prevention to permanency, including child welfare, child abuse and neglect, adoption, search and reunion, and much more. http://www.childwelfare.gov/aboutus.cfm

The California Evidence-Based Clearinghouse for Child Welfare (CEBC) website is designed to: Serve as an online connection for child welfare professionals, staff of public and private organizations, academic institutions, and others who are committed to serving children and families. Provide up-to-date information on evidence-based child welfare practices. Facilitate the utilization of evidence-based practices as a method of achieving improved outcomes of safety, permanency and well-being for children and families involved in the California public child welfare system. http://www.cachildwelfareclearinghouse.org/

The School Mental Health Project (SMHP) was created in 1986 to pursue theory, research, practice and training related to addressing mental health and psychosocial concerns through school-based interventions. To these ends, SMHP works closely with school districts, local and state agencies, special initiatives, and organizations and colleagues across the country. In 1995 the project established its national Center for Mental Health in Schools as part of the federal mental health in schools program.
http://smhp.psych.ucla.edu/

The Technical Assistance Partnership for Child and Family Mental Health (TA Partnership) operates under contract with the federal Center for Mental Health Services to provide technical assistance to system of care communities funded by the Comprehensive Community Mental Health Services for Children and Their Families Program. Through this partnership, we model the family-professional relationship that is an essential value in our work. Families must share a leadership role in planning, implementing, and evaluating systems of care in their community. We provide a staff of family members and professionals with extensive practice experience, grounded in an organization with vast research experience.
http://www.tapartnership.org/soc.asp

The National Center for Children in Poverty (NCCP) is the nation’s leading public policy center dedicated to promoting the economic security, health, and well-being of America’s low-income families and children. Using research to inform policy and practice, NCCP seeks to advance family-oriented solutions and the strategic use of public resources at the state and national levels to ensure positive outcomes for the next generation.
Our vision is:
Families that are economically secure
Strong, nurturing families
Healthy child development
http://www.nccp.org/about.html
Course Outline

Jan. 10

Introduction
Course Objectives, Resources
The six principles of Family-Centered Practice
Eight Pragmatic Perspectives in Social Work with children and their families.
Application of principles to the classroom
Formation of Peer Networks

Jan. 17

Principle: Everyone Desires Respect
Readings: Ch 1, 2 & 3 in Petr

Class Activity: Peer Network

Jan. 24

Principle: Everyone Needs to Be Heard
Empathic listening and going beyond
Pragmatic Perspective 1: Combating Adultcentrism – Chpt. 4 in Petr

Jan. 31

Principle: Everyone Has Strengths
Resources, social support & family functioning
Useful strength based assessment tools
Pragmatic Perspective 2: Family Centered Practice – Chpt. 5 in Petr

Feb. 7

Principle: Judgments Can Wait
Pragmatic Perspective 3: Strengths Perspective – Chpt 6 in Petr

***Response paper on Fadiman due
Discussion of Fadiman text

Class Activity: Peer Network

Feb. 14

Principle: Partners Share Power
Cultural Competence
The Road to Evidence: The Intersection of Evidence based Practices and Cultural Competence in Children’s Mental Health
Pragmatic Perspective 4: Respect for Diversity and Difference – Chpt. 7 in Petr

Class Activity: Peer Network

Feb. 21

Test on Petr
Family Group Conferencing

Feb. 28

Principle: Partnership Is A Process
Pragmatic Perspective 5: Least Restrictive Alternative – Chpt 8 in Petr

Field Exercise Presentation due
March 7  Pragmatic Perspective 6: Ecological Perspective – Chpt 9 in Petr
Peer Network on Achieving Outcomes and Family Centered Practice
Field Exercise Presentation due

March 14 Pragmatic Perspective 8: Achieving Outcomes – Chpt 11 in Petr
Innovative Programs in Family Centered Practice (15 minutes each)
Class evaluation

March 21 Finals Week - No Class

Bibliography
(curriculum). Raleigh, NC: N.C. Division of Social Services.
Ed.) Boston: Allyn and Bacon.
Aldine De Gruyter.
Massachusetts: Brookline Books.
Bridging perspectives. Sage Publications.
intervention for high-risk adolescents. Journal of Marital and Family Therapy, 26, 265-279.
Columbia University Press
therapy. New York: W.W. Norton.
National Center on Family Group Decision Making. (2003) Promising results, potential new directions:
Humane.
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human
VA.: Council on Social Work Education.
The classification system uses criteria regarding a practice’s clinical and/or empirical support, documentation, acceptance within the field, and potential for harm to assign a summary classification score. A lower score indicates a greater level of support for the practice protocol. The summary categories are:

1. Well Supported – Effective Practice
   - There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
   - The practice has a book, manual, and/or other available writings that specify components of the service and describes how to administer it.
   - Multiple Site Replication: At least two rigorous randomized controlled trials (RCT’s) in different usual care or practice settings have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature.
   - In at least two of the RCT’s meeting criteria for “C” above, the practice has shown to have a sustained effect at least one year beyond the end of treatment, with no evidence that the effect is lost after this time.
   - Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.
   - If multiple outcome studies have been conducted, the overall weight of the evidence supports the effectiveness of the practice.

2. Supported – Efficacious Practice
   - There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
   - The practice has a book, manual, and/or other available writings that specifies the components of the practice protocol and describes how to administer it.
   - At least two rigorous randomized controlled trials (RCTs) in highly controlled settings (e.g., university laboratory) have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature.
   - In at least two of the RCT’s meeting criteria for “C” above, the practice has shown to have a sustained effect at least one year beyond the end of treatment, with no evidence that the effect is lost after this time.
   - Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.
   - If multiple outcome studies have been conducted, the overall weight of evidence supports the efficacy of the practice.
3. Promising Practice

- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- The practice has a book, manual, and/or other available writings that specifies the components of the practice protocol and describe how to administer it.
- At least one study utilizing some form of control (e.g., untreated group, placebo group, matched wait list) has established the practice’s efficacy over the placebo, or found it to be comparable to or better than an appropriate comparison practice. The study has been reported in published, peer-reviewed literature.
- If multiple outcome studies have been conducted, the overall weight of evidence supports the efficacy of the practice.