



ADVANCING GERONTOLOGICAL SOCIAL WORK EDUCATION



M. JOANNA MELLOR • JOANN IVRY
EDITORS

Advancing Gerontological Social Work Education

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Advancing Gerontological Social Work Education, edited by M. Joanna Mellor, DSW and Joann Ivry, PhD (Vol. 39, No. 1/2, 2002). *Examines the current status of geriatric/gerontological education; offers models for curriculum development within the classroom and the practice arena.*

Gerontological Social Work Practice: Issues, Challenges, and Potential, edited by Enid Opal Cox, DSW, Elizabeth S. Kelchner, MSW, ACSW, and Rosemary Chapin, PhD, MSW (Vol. 36, No. 3/4, 2001). *This book gives you an essential overview of the role, status, and potential of gerontological social work in aging societies around the world. Drawing on the expertise of leaders in the field, it identifies key policy and practice issues and suggests directions for the future. Here you'll find important perspectives on home health care, mental health, elder abuse, older workers' issues, and death and dying, as well as an examination of the policy and practice issues of utmost concern to social workers dealing with the elderly.*

Social Work Practice with the Asian American Elderly, edited by Namkee G. Choi, PhD (Vol. 36, No. 1/2, 2001). *“Encompasses the richness of diversity among Asian Americans by including articles on Vietnamese, Japanese, Chinese, Taiwanese, Asian Indian, and Korean Americans.”* (Nancy R. Hooyman, PhD, MSW, Professor and Dean Emeritus, University of Washington School of Social Work, Seattle)

Grandparents as Carers of Children with Disabilities: Facing the Challenges, edited by Philip McCallion, PhD, ACSW, and Matthew Janicki, PhD (Vol. 33, No. 3, 2000). *Here is the first comprehensive consideration of the unique needs and experiences of grandparents caring for children with developmental disabilities. The vital information found here will assist practitioners, administrators, and policymakers to include the needs of this special population in the planning and delivery of services, and it will help grandparents in this situation to better care for themselves as well as for the children in their charge.*

Latino Elders and the Twenty-First Century: Issues and Challenges for Culturally Competent Research and Practice, edited by Melvin Delgado, PhD (Vol. 30, No. 1/2, 1998). *Explores the challenges that gerontological social work will encounter as it attempts to meet the needs of the growing number of Latino elders utilizing culturally competent principles.*

Dignity and Old Age, edited by Rose Dobrof, DSW, and Harry R. Moody, PhD (Vol. 29, No. 2/3, 1998). *“Challenges us to uphold the right to age with dignity, which is embedded in the heart and soul of every man and woman.”* (H. James Towey, President, Commission on Aging with Dignity, Tallahassee, FL)

Intergenerational Approaches in Aging: Implications for Education, Policy and Practice, edited by Kevin Brabazon, MPA, and Robert Disch, MA (Vol. 28, No. 1/2/3, 1997). *“Provides a wealth*

of concrete examples of areas in which intergenerational perspectives and knowledge are needed." (Robert C. Atchley, PhD, Director, Scribbs Gerontology Center, Miami University)

Social Work Response to the White House Conference on Aging: From Issues to Actions, edited by Constance Corley Saltz, PhD, LCSW (Vol. 27, No. 3, 1997). "Provides a framework for the discussion of issues relevant to social work values and practice, including productive aging, quality of life, the psychological needs of older persons, and family issues." (Jordan I. Kosberg, PhD, Professor and PhD Program Coordinator, School of Social Work, Florida International University, North Miami, FL)

Special Aging Populations and Systems Linkages, edited by M. Joanna Mellor, DSW (Vol. 25, No. 1/2, 1996). "An invaluable tool for anyone working with older persons with special needs." (Irene Gutheil, DSW, Associate Professor, Graduate School of Social Service, Fordham University)

New Developments in Home Care Services for the Elderly: Innovations in Policy, Program, and Practice, edited by Lenard W. Kaye, DSW (Vol. 24, No. 3/4, 1995). "An excellent compilation. . . . Especially pertinent to the functions of administrators, supervisors, and case managers in home care. . . . Highly recommended for every home care agency and a must for administrators and middle managers." (Geriatric Nursing Book Review)

Geriatric Social Work Education, edited by M. Joanna Mellor, DSW, and Renee Solomon, DSW (Vol. 18, No. 3/4, 1992). "Serves as a foundation upon which educators and fieldwork instructors can build courses that incorporate more aging content." (SciTech Book News)

Vision and Aging: Issues in Social Work Practice, edited by Nancy D. Weber, MSW (Vol. 17, No. 3/4, 1992). "For those involved in vision rehabilitation programs, the book provides practical information and should stimulate readers to revise their present programs of care." (Journal of Vision Rehabilitation)

Health Care of the Aged: Needs, Policies, and Services, edited by Abraham Monk, PhD (Vol. 15, No. 3/4, 1990). "The chapters reflect firsthand experience and are competent and informative. Readers . . . will find the book rewarding and useful. The text is timely, appropriate, and well-presented." (Health & Social Work)

Twenty-Five Years of the Life Review: Theoretical and Practical Considerations, edited by Robert Disch, MA (Vol. 12, No. 3/4, 1989). This practical and thought-provoking book examines the history and concept of the life review.

Gerontological Social Work: International Perspectives, edited by Merl C. Hokenstad, Jr., PhD, and Katherine A. Kendall, PhD (Vol. 12, No. 1/2, 1988). "Makes a very useful contribution in examining the changing role of the social work profession in serving the elderly." (Journal of the International Federation on Ageing)

Gerontological Social Work Practice with Families: A Guide to Practice Issues and Service Delivery, edited by Rose Dobrof, DSW (Vol. 10, No. 1/2, 1987). An in-depth examination of the importance of family relationships within the context of social work practice with the elderly.

Ethnicity and Gerontological Social Work, edited by Rose Dobrof, DSW (Vol. 9, No. 4, 1987). "Addresses the issues of ethnicity with great sensitivity. Most of the topics addressed here are rarely addressed in other literature." (Dr. Milada Disman, Department of Behavioral Science, University of Toronto)

Social Work and Alzheimer's Disease, edited by Rose Dobrof, DSW (Vol. 9, No. 2, 1986). "New and innovative social work roles with Alzheimer's victims and their families in both hospital and non-hospital settings." (Continuing Education Update)

Gerontological Social Work Practice in the Community, edited by George S. Getzel, DSW and M. Joanna Mellor, DSW (Vol. 8, No. 3/4, 1985). "A wealth of information for all practitioners who deal with the elderly. An excellent reference for faculty, administrators, clinicians, and graduate students in nursing and other service professions who work with the elderly." (American Journal of Care for the Aging)

Gerontological Social Work in Home Health Care, edited by Rose Dobrof, DSW (Vol. 7, No. 4, 1984). "A useful window onto the home health care scene in terms of current forms of service provided to the elderly and the direction of social work practice in this field today." (*PRIDE Institute Journal*)

The Uses of Reminiscence: New Ways of Working with Older Adults, edited by Marc Kaminsky (Vol. 7, No. 1/2, 1984). "Rich in ideas for anyone working with life review groups." (*Guidepost*)

A Healthy Old Age: A Sourcebook for Health Promotion with Older Adults, edited by Stephanie FallCreek, MSW, and Molly K. Mettler, MSW (Vol. 6, No. 2/3, 1984). "An outstanding text on the 'how-tos' of health promotion for elderly persons." (*Physical Therapy*)

Gerontological Social Work Practice in Long-Term Care, edited by George S. Getzel, DSW, and M. Joanna Mellor, DSW (Vol. 5, No. 1/2, 1983). "Veteran practitioners and graduate social work students will find the book insightful and a valuable prescriptive guide to the do's and don'ts of practice in their daily work." (*The Gerontologist*)

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ABOUT THE EDITORS

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Foreword

Advancing Gerontological Social Work Education is, in my judgement, a badly needed and most welcome Special Issue of *The Journal of Gerontological Social Work*. There have been a number of articles recently in the popular media and in the journals of gerontology, geriatrics, and social work, and also in reports issued by governmental agencies providing persuasive evidence of the continuing shortage of social workers choosing careers in the field of aging. Indeed professionals in geriatrics and gerontology talk about a shortage so great that they use words like “crisis,” particularly when their focus is on the years after 2011, when the “Leading Edge” of the Baby Boom generation reaches age 65.

As I write this, on my desk are my notes from a conference I attended just this morning. The speaker was Kenneth L. Davis, MD of the Mount Sinai School of Medicine, and one of the most distinguished medical educators and researchers in the country. Dr. Davis was talking about treatment approaches to Alzheimer’s Disease, and he pointed out that, as I am certain the readers of this *Journal* know, the estimate is that there are four million Americans who are afflicted with Alzheimer’s Disease now, with the prevalence expected to be 5.8 million in 2010, and 14.3 million by 2050, when the youngest of the Baby Boom cohort will be in their mid 80s.

I cite these prevalence statistics, because in community-based social agencies, in Alzheimer’s Association chapters, in hospitals and nursing homes and other long-term care facilities, social workers are key members of the multi-professional teams providing direct service for people who have Alzheimer’s and their families. Equally important, social workers are engaged in advocacy efforts, and in public policy analysis and formulation. Unless there is substantial progress in the search for effective treatment strategies, thousands of social workers will continue to be needed in agencies and organizations serving people with Alzheimer’s and their families.

The same kind of analysis could be made in other fields of practice and involving other social problems and other needs of older families. Consider, for

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example, grandparents caring for the children in their families, or think about the community mental health centers and programs, which, in most areas of the country, constitute a domain in which most of the professionals are social workers, and older individuals and families constitute an important and growing group of clients and patients.

I doubt that I need to belabor this point further. The need for professionally trained social workers, knowledgeable about older people and their families, skilled in meeting the needs of these people, and committed to careers in aging is a need which will become even more urgent in the coming decades of the 21st century. Publication of this, a volume on the education of social workers to meet these needs is exquisitely timed, I think, and Dr.'s Mellor and Ivry and the authors of the papers included in this volume have done a superb job. Each chapter is worth a careful read—and re-read.

Rose Dobrof
April, 2002

Introduction

I never cease to be proud of the variety of articles that are submitted to our Editorial Board for consideration for publication in the *Journal*. Proud, not so much in my role as Editor of the *Journal*, as in my role as a professionally educated social worker of more than 50 years standing. The pride I feel is in the *number* and *variety* of settings—hospitals, long-term care facilities, home care agencies, hospices, senior centers, public agencies, “think tanks,” schools of social work and other academic institutions—in which social workers are fulfilling the mission of the profession. That is, to work toward the betterment of the human condition, and to help individuals and communities in this struggle. The pride I feel is also in my reading of the articles which are submitted to the *Journal*. So many of the articles reflect the importance and the quality of work, members of our profession are doing.

The articles in this volume, as is so often the case, reflect this variety of settings and of problems social workers address, and also reflect the excellence of the work of the members of our profession. Don’t misunderstand: I know of hospitals which are abolishing their departments of social work, or reducing the number of staff in the departments. I know of senior centers staffed entirely by intelligent, well-intentioned, but untrained staff, and I know of home care agencies in which the size of the worker’s caseload precludes the ability of the worker to provide sustained, responsive, high quality service.

Yet the bleakness of this picture of reductions in service and cut-backs in staff is leavened in many instances in which agency board and staff join together to save and improve the quality of the social work service the agency provides. I am heartened also by the number and quality of the men and women who are applying for admission to our Schools of Social Work, and, of course, by the support of foundations, most notably the John A. Hartford Foundation, for programs designed to recruit qualified applicants to the Schools, and to improve the quality of the education provided in both classroom and field.

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So I write, in my usual fashion, with optimism about the future, and also with a request to our readers, particularly those who staff the service agencies in the aging network. We have a Section of the *Journal* called "From the World of Practice," and in too many issues that section does not appear, because no submissions to it have been approved for publication. I do wish more of you who are practitioners would submit reports of your work: such reports do not require Literature Searches or extensive footnoting or references to the literature or recondite statistical analyses. Rather, what we are interested in are reports of your own work with older individuals, their families, their communities. What techniques and strategies worked for you? Even, what were your failures, and can you account for the lack of success?

If you scan the last several years of *Journals*, you will see, I think, why I make this plea. Academics, obeying the "Publish or Perish" injunction of our world, are the most frequent authors of articles in the *Journal*, and as valuable as I think the works of the academics are, how I wish they could be balanced by reports from you in the field. How about it?

Rose Dobrof
Editor

SECTION I. GERIATRICS AND GERONTOLOGY IN SOCIAL WORK EDUCATION

Introduction to Section I

M. Joanna Mellor, DSW
Joann Ivry, PhD

The four articles in this introductory section describe the growth and development of gerontological/geriatric¹ social work education, stress the importance of interdisciplinary teamwork, and provide strategies to increase student interest in gerontological social work practice. A common theme is the existence of an aging society necessitating an increased pool of well-trained gerontological social workers and the inevitable demands this has on professional education. Indeed, this theme is repeated throughout the journal volume, as each contributor identifies the demographic imperative as the overarching rationale and foundation for our concerns and hopes for gerontological social work education.

Professors Greene and Galambos offer a useful historical perspective on the development of gerontological social work education, tracing its ongoing struggle to find a place in the already crowded social work curriculum. They review the well-known tension in social work education between foundation and advanced knowledge and skills and describe the confusion between concentration and specialization. Greene and Galambos bring us to the present sit-

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uation with a discussion of the CSWE/SAGE-SW Competencies Project, which identifies knowledge and skills for foundation and concentration educational levels. As Greene and Galambos correctly argue, integrating the competencies into the new CSWE Educational Policy and Accreditation Standards would greatly advance the cause of gerontological social work education.

Rosen, Zlotnick and Singer further the discussion of the SAGE-SW project. They exhort professional social work educators to prepare social work practitioners for the anticipated demographic explosion of the aged population. In this article, they provide a compelling case and guidelines for curriculum change. They recommend without qualification that all social work education should offer instruction in aging-related content. Through infusion or integration of aging content into the foundation curriculum, all social workers could be guaranteed at least basic competency in geriatrics and gerontology. The authors strongly argue that there must be "parity" for geriatrics/gerontology with other curriculum domains throughout the foundation educational year. In the advanced year, concentration/specialization in the field of aging would provide students the opportunity to deepen their knowledge and develop greater expertise. Although obstacles exist to the implementation of these guidelines, infusion, integration and specialization would ensure that the social work profession is accepting its responsibility and obligation to prepare social work practitioners for the social realities of the future.

Damron-Rodriguez and Corley underscore the importance of interdisciplinary teamwork as essential to the success of gerontological social work practice. They argue that content on interdisciplinary teams must be included as part of the standard curriculum in gerontological social work. They contend the multiple social and health care needs of frail older people require a well-managed interdisciplinary approach to treatment. Damron-Rodriguez and Corley present and review the components of a model, which form the educational basis for interdisciplinary team training. Through an understanding of organizational context, team structure, team process and team outcomes, social workers will be better able to function as interdisciplinary team members.

Unfortunately, gerontological social work continues to be an overlooked field of practice in social work education and has a poor track record in attracting students. Paramount among our activities, therefore, should be the development of strategies to bring more social work students into the gerontology field. Although gerontology is not viewed by students as glamorous a field as mental health or children's services, Kropf is on target when she states that it is urgent that the field of aging be presented as "important, challenging and rewarding." She focuses on the barriers to successful recruitment of students into the field of aging and on the need to implement aggressive and creative strategies to rectify this problem. Educators, field supervisors and practitioners will

find Kropf's discussion of programmatic and collaborative approaches helpful in developing ways to bring more students into our field, enabling social work to participate and contribute in formulating and implementing a compassionate response to the care of the aged in our society.

NOTE

1. The use of the adjectives gerontological and geriatric has become muddled in recent years. In general, gerontological is used when speaking of work with older persons in relation to social environments and needs, while geriatric is employed within the medical model, describing work with older persons in health care settings. These definitional boundaries no longer suffice. It is understood that health and social needs are different but closely intertwined factors in the well-being of an older person. Gerontological care includes geriatric elements and geriatric care encompasses gerontological aspects. The purist use of gerontological/geriatric is cumbersome so, until an acceptable combining term is coined, either nomenclature in this publication is to be understood in the broader sense.

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Chapter 1

Social Work's Pursuit of a Common Professional Framework: Have We Reached a Milestone?

Roberta Greene, PhD, ACSW
Colleen Galambos, DSW

SUMMARY. This article examines pivotal events within the social work profession that have attempted to codify social work and gerontology curriculum. Key dilemmas in developing a common base of social work practice are identified. Similar debates that have occurred within gerontology curriculum are discussed along with recent developments in

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the advancement of gerontology content within the social work curriculum. The Council on Social Work Education's (CSWE) SAGE-SW competencies are discussed and applied to the CSWE's Education and Policy Standards. Practice applications and future directions are offered. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2002 by The Haworth Press, Inc. All rights reserved.]*

KEYWORDS. Aging competencies, generalist education, specialization, educational policy standards

This article explores the John A. Hartford Foundation funded CSWE/SAGE-SW Gerontological Social Work Competencies project and its potential influence on social work education. It describes preceding pivotal events in the profession's history that have made similar attempts to codify social work and gerontology curriculum, and asks the question: Has social work reached a milestone in establishing specializations on a generalist base? The competencies are applied to CSWE's Educational Policy and Accreditation Standards, and future directions for the project and the profession are explored. This project comes at a time when the Council on Social Work Education (CSWE) has adopted a new curriculum policy statement and the National Association of Social Workers (NASW) has developed a specialty section on aging.

COMMON BASE OF SOCIAL WORK PRACTICE

The history of social work education is characterized by a search for a conceptual definition of practice, and by the struggle to develop knowledge to support methods consistent with its professional purpose(s) (Austin, 1986; Bartlett, 1970). The interest in a holistic curriculum to guide schools of social work began as early as the 1920s when Mary Richmond, whose work was supported by the Sage Foundation, raised the central question, "Does the profession deal with social reform or technically specialized methods of casework? Scientific content or practice wisdom" (Richmond, 1930)? In fact, historical accounts are replete with such curriculum questions and task forces to address what Austin (1986) termed the professional "balance between unity and diversity" (p. 44).

Key milestones in the movement toward a common social work framework have included the 1923 through 1927 Milford Conference, which convened

practitioners and educators who developed a single model for social work practice; the 1951 Hollis-Taylor study (supported by the Carnegie Foundation), which recommended that professional social work education be represented by a single combined organization, inspiring the creation of CSWE; and the curriculum study by Boehm (1959) which resulted in increased attention to the holistic nature of the curriculum and the educational objectives desirable for all social work students (Dinerman, 1984). The Boehm study also concluded that curriculum should remain broad enough to encompass work in all settings; use of all practice methods, research, ethics, and values; and field education.

However, social work training began with specialized tracks for various fields of practice: family casework, social group work, medical social work, school social work, psychiatric social work, and so forth. How would specialized practice objectives accommodate a generalist base (Brieland, 1987)? During the 1970s and 1980s, there were several major attempts to answer this question: The NASW sponsored two conferences, which resulted in the publication of *Social Work Conceptual Frameworks* (1977, 1981). The first conference publication examined social work objectives, activities, sanctions, knowledge, and skills as they applied to practice. The second conference explored specific fields of practice including the family, community mental health, schools, industry, and aging.

Progress toward defining the nature of specialization was also made during a NASW/CSWE task force in 1979, which suggested that a specialization be related to

a population with a common condition to be altered, competence and skill within social work to serve the population, and conditions complex enough to involve a substantial body of knowledge translatable into effective interventions. (Brieland, 1981, p. 82)

The attention to a generalist foundation social work curriculum and the attempt to develop specialized fields of practice has continued (Briar, 1981; Brieland, 1995). The most recent codification is the CSWE Educational Policy and Accreditation Standards approved by the board in June 2001. The document mandates that

The baccalaureate and master's levels of social work education are anchored in the purposes of the social work profession and promote the knowledge, values, and skills of the profession. Baccalaureate social work education programs prepare graduates for generalist professional practice. Master's social work education programs prepare graduates for advanced professional practice in an area of concentration. The bacca-

laureate and master's levels of educational preparation are differentiated according to (a) conceptualization and design, (b) content, (c) program objectives, and (d) depth, breadth, and specificity of knowledge and skills. Frameworks and perspectives for concentration include fields of practice, problem areas, intervention methods, and practice contexts and perspectives.

That is, foundation curriculum prepares students for generalist, foundation practice, while graduates of a master's social work program are prepared to be advanced practitioners who apply the knowledge and skills in an area of concentration. However, some educators believe the number of specializations continues to proliferate and the lack of definition of what constitutes a concentration threatens the unity of the profession. There remains an inner tension about social work's scope of practice—with little agreement about whether concentrations should be organized by method, field of practice, problem area, population group, methodological function, geographic area, size of target, specific treatment modalities, or advanced generalist (Hopps & Collins, 1995). The need for a definition as to what constitutes a specialization is essential if the profession is going to meet the challenge "to certify the competence of its members in society" (Bartlett, 1970, p. 53).

CORE PRINCIPLES AND GERONTOLOGY CURRICULUM

This foundation/specialization debate has also occurred within gerontology curriculum discussions. The education of professionals is increasingly understood as documenting that graduates have acquired a theoretical base and set of competencies (Curry & Wergin, 1993). Such evaluation and credentialing guarantees the public that the professional has the knowledge, skills, and personal attributes necessary to deliver competent effective service (McGaghie, 1993). However, the concern "about the organization and integrity of academic programs in gerontology" (Johnson et al., 1980) mirrors the lack of clarity about what defines social work fields of practice (Greene, 1989; Johnson, 1980; Klein, 1998; Wendt, Perterson, & Douglas, 1993).

Concern over the limited number of well-educated professionals has also prompted various projects to define essential learning for practitioners in the field of aging. In the late sixties and early seventies the need for more growth of formal education and training programs was recognized, primarily within universities and colleges. The major concern of these initiatives was to expand training, research, and services in gerontology. During this time period, the U. S. Department of Health and Human Services Administration on Aging (AOA) funded 58 programs that focused on the training of practitioners. Curriculum

priorities in these programs emphasized administration, management, community coordination, planning, community organization, and community development. These curriculum areas were emphasized in anticipation of an expansion of programs under the provisions of the Older Americans Act (Tibbitts, 1970). There was a particular need to prepare practitioners to assume roles as administrators for long-term care facilities, community organizers to develop services at the community level, managers to direct multi-service senior centers, federal and state administrators to prepare for the expansion of services, specialists in aging, and teachers with specializations in aging. Professional social work education responded and seven social work programs participated in the long-term training programs funded by the AOA. Five programs provided MSW degrees in community planning and development (University of Chicago, Michigan State University/Wayne State University, San Diego State College, and the University of Washington). Brandeis University focused on a program of applied social gerontology and offered the MSW, DSW, and PhD degrees. The University of Wisconsin offered the MSW with an emphasis on the social work generalist (Tibbitts, 1970).

Also during this era the National Institute of Child Health and Human Development (NICHD) Adult Development and Aging Branch funded 26 programs with an emphasis on preparing the gerontological researcher (Duncan, 1970). Social work education had less participation in this program, with only the University of Wisconsin being offered a funded program, and the University of Chicago having provisions for social work participation in its Adult Development and Aging program.

A third initiative during this era was the National Institute of Mental Health Training Programs in Aging. Fourteen of the 16 training grants were awarded to programs in social work (Boston University, University of California, University of Connecticut, Florida State University, Howard University, University of Iowa, University of Michigan, University of Missouri, New York University, University of Pennsylvania, University of Pittsburgh, University of Tennessee, Western Reserve, and University of Wisconsin). Core curriculum in these programs emphasized the generalist perspective in casework, community organization, or group work fields, and included courses in social welfare policy and services, human behavior and the social environment, and social work methods. Content on aging was included in all of these courses, and field placements emphasized work with older persons (Anderson & Blank, 1970).

Another earlier initiative was the Foundation Project conducted in 1980 by the Association of Gerontologists in Higher Education (AGHE) and the

Gerontological Society (GS), which examined the gerontology knowledge deemed necessary for practitioners (Johnson et al., 1980). The project focused on three areas of inquiry:

1. What are the components of a basic core of knowledge for people working in aging?
2. What is the knowledge essential for clusters of professions related to the biomedical sciences, human services, social and physical environment?
3. What is the knowledge essential for four professional fields: clinical psychology, nursing, nutrition, and social work?

A Delphi panel was chosen to answer these questions. The conceptual frameworks that established the parameters of the four clusters included a focus on person-in-environment interactions and a concern with biopsychosocial phenomena. The panel concluded that there is multi-disciplinary core knowledge in gerontology, and there are specific career knowledge clusters that are particular to professional curricula.

The core knowledge and cluster of topics found in the AGHE/GSA study have remained remarkably consistent with the findings of other projects over the past decades. The essential items for social work included:

- Psychology of aging (normal changes)
- Mental health & illness, e.g., depression, senility
- Marital and family relationships
- Demography of aging, e.g., age structure of society and trends
- Health care and services
- Public policy for the aged
- Economics of aging
- Legislation concerning aged, e.g., Medicare, retirement law, SSI
- Attitudes toward the aging
- Understanding aging as normal experience
- Interdisciplinary collaboration
- Planning, program development

In 1993, AOA sponsored a project to develop clearer program conceptualizations and educational outcomes for gerontological content (Wendt, Peterson, & Douglass, 1993). Participants envisioned a similar approach to the AGHE/GSA Delphi panel—a graduate professional track in gerontology with specific professional techniques. For example, all professionals should be conversant with a person-environment approach. In addition, practitioners should be able to describe biopsychosocial concepts of aging and apply that under-

standing to specific situations. Assessment procedures and intervention strategies were intended to maintain functional capacity and optimal levels of adaptation throughout life. The task force concluded that “professional education is rooted in a concern for the welfare of people and for the application of knowledge to solve problems on their behalf” (Wendt, Peterson, & Douglass, p. 5).

In that vein, several professional organizations have developed guidelines for instructing members of their disciplines (Barusch, Greene, & Connelly, 1990; Greene, Barusch, & Connelly, 1990). The CSWE has been the recipient of several grants from the Administration on Aging (AOA) to develop a curriculum. For example, Robert Schneider and colleagues (1984a, 1984b, 1989) compiled curriculum materials for BSW and MSW students; while Roberta Greene (1989) developed the curriculum, *Continuing education for gerontological careers*. This curriculum was based on a study that asked practitioners and employers what they thought should be included in a gerontological curriculum. The project distilled their findings into ten learning modules encompassing

1. Selected biological aspects of aging: Dementia, psychopharmacology,
2. Multifaceted gerontological assessment: Learning to evaluate the elderly client's functional capacities,
3. Intergenerational family dynamics: family development, individualization and separation,
4. Values and ethical issues on working with the aged and their families,
5. Enhancing support networks,
6. The long-term care continuum: Community living and institutionalization,
7. Cross-cultural communication with diverse ethnic and minority elderly,
8. Group processes in work with the aged,
9. Sexuality in later life, and
10. Social policy and change and the elderly: Advocacy and empowerment. (Greene, 1989)

As part of its mission to provide leadership to improve the training, distribution, utilization, and quality of personnel required to staff the nation's health care system, the Geriatrics and Allied Health Branch of the Bureau of Health Professions of the Health Resources and Services Administration (HRSA) sponsored a National Forum on Geriatric Education and Training in the spring of 1995. In response to this initiative, a series of papers were developed by identified leaders in geriatrics and health care. Referred to as the White Papers (Klein, 1995), the emphasis was on systems of care, interdisciplinary education, and the allied health profession's response to geriatric education. The

findings revealed that most health profession's faculty are not prepared to teach geriatrics and gerontology; curricula at undergraduate and graduate levels of education do not include aging content; and there is little emphasis on discipline-specific research (Klein, 1995). The HRSA white paper on social work advocated for a biopsychosocial perspective, a family systems context, and a lifespan and diversity approach. The white paper also recommended that "comprehensive standards for the integration of aging curricula into all accredited schools of social work be established and adopted" (Ibid, p. 239). How can this recommendation for comprehensive standards be put into action? What will be the instrument of change?

THE COUNCIL ON SOCIAL WORK EDUCATION SAGE SOCIAL WORK PROJECT

With the baby-boomer generation approaching old age, and as the need for geriatric social workers dramatically increases, the John A. Hartford Foundation of New York City has committed itself to developing a sustained, focused, and centralized effort to strengthen the social work profession's response to the growing aging population (CSWE/SAGE-SW, 2001). To that end, The Hartford Foundation began a geriatric social work initiative, and in 1999 funded the CSWE/SAGE-SW Competencies Project. How was this project different from its predecessors?

The CSWE/SAGE-SW Competencies Project survey included sixty-five well-researched items specific to geriatric social work gleaned from earlier studies related to three domains: (1) knowledge about elderly people and their families, (2) professional skills, and (3) professional practice. The extensive literature review and discussion by an expert panel guided the survey development (CSWE/SAGE-SW, 2000).

Another important aspect of the survey was that the sample included 2,400 social work practitioners and academics. These were social workers both with and without aging interest. This sample composition was intended to obtain information on a wide range of opinion about what is needed in social work practice. Furthermore, for the first time in such a survey, respondents were asked to define which competencies *all* social workers needed to know about gerontology and which constituted *specialized* knowledge for advanced practitioners. In the analysis, the level of specialization needed was assessed through mean scores, with those closer to "1" being a competency for all, and those near "2" or higher for those with more advanced or specialized education. Ideally, these competencies can be integrated into the foundation content as indicated in Table 1. The data indicate that competencies with mean scores closer to 1 are more

TABLE 1. Integrating CSWE/SAGE-SW Gerontological Social Work Competencies with the CSWE Educational Policy and Accreditation Standards

IV. FOUNDATION CURRICULUM CONTENT

All social work programs provide foundation content in the areas specified below. Content areas may be combined and delivered with a variety of instructional technologies. Content is relevant to the mission, goals, and objectives of the program and to the purposes, values, and ethics of the social work profession.

A. Values and Ethics

Social work education programs integrate content about values and principles of ethical decision making as presented in the National Association of Social Workers Code of Ethics. The educational experience provides students with the opportunity to be aware of personal values; develop, demonstrate, and promote the values of the profession; and analyze ethical dilemmas and the ways in which these affect practice, services, and clients.

Aging Competencies

- 4. *The diversity of elders' attitudes toward the acceptance of help. (M = 1.43)*
- 10. *The effect of generational experiences (e.g., the Depression, WWII, Vietnam War) on the values of older adults. (M = 1.72)*
- 50. *Assess one's own values and biases regarding aging, death and dying. (M = 1.08)*
- 51. *Educate self to dispel the major myths about aging. (M = 1.08)*
- 52. *Accept, respect, and recognize the right and need of older adults to make their own choices and decisions about their lives within the context of the law and safety concerns. (M = 1.10)*
- 54. *Identify ethical and professional boundary issues that commonly arise in work with older adults and their caregivers, such as client self-determination, end-of-life decisions, family conflicts, and guardianship. (M = 1.36)*
- 55. *Evaluate safety issues and degree of risk for self and older clients. (M = 1.46)*

B. Diversity

Social work programs integrate content that promotes understanding, affirmation, and respect for people from diverse backgrounds. The content emphasizes the interlocking and complex nature of culture and personal identity. It ensures that social services meet the needs of groups served and are culturally relevant. Programs educate students to recognize diversity within and between groups that may influence assessment, planning, intervention, and research. Students learn how to define, design, and implement strategies for effective practice with persons from diverse backgrounds.

Aging Competencies

- 2. *The diversity of attitudes toward aging, mental illness and family roles. (M = 1.29)*
- 4. *The diversity of elder's attitudes toward the acceptance of help. (M = 1.43)*
- 8. *The relation of diversity to variations in the aging process (e.g., gender, race, culture, economic status, ethnicity, and sexual orientation). (M = 1.58)*
- 12. *The impact of aging policy and services on minority group members. (M = 1.78)*
- 13. *The impact of aging policy and services on women. (M = 1.79)*
- 53. *Respect and address cultural, spiritual, and ethnic needs and beliefs of older adults and family members. (M = 1.24)*

C. Populations-at-Risk and Social and Economic Justice

Social work education programs integrate content on populations-at-risk, examining the factors that contribute to and constitute being at risk. Programs educate students to identify how group membership influences access to resources and present content on the dynamics of such risk factors and responsive and productive strategies to redress them. Programs integrate social and economic justice content grounded in an understanding of distributive justice, human and civil rights, and the global interconnections of oppression. Programs provide content related to implementing strategies to combat discrimination, oppression, and economic deprivation and to promote social and economic justice. Programs prepare students to advocate for nondiscriminatory social and economic systems.