



SPECIALIZED PRACTICE CURRICULAR GUIDE *for*

GERO SOCIAL WORK PRACTICE

2015 EPAS Curricular Guide Resource Series

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**2015 EPAS Curricular Guide
Resource Series**

Council on Social Work Education
Alexandria, Virginia

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The competency descriptions and resources found in this guide are not mandated by the CSWE Commission on Accreditation, and programs are not required to use them for the purposes of accreditation. They are offered only as examples and are intended to serve as resources for programs in developing their areas of specialized practice.

Foreword

We are pleased to present the *Specialized Practice Curricular Guide for Gero Social Work Practice*, the first in a series of guides to extend the nine generalist level competencies of the Council on Social Work Education (CSWE) Educational Policy and Accreditation Standards (EPAS) to specialized practice. Our hope is that this will be an invaluable resource to faculty and field instructors who are educating students to work effectively with older adults and their constituencies (e.g., their informal and formal support systems). We also believe that these materials will be helpful for advancing other areas of social work education by providing high-quality teaching resources from the field of aging.

BACKGROUND AND PROCESS

In 2009 CSWE published the *Advanced Gero Social Work Practice Guide*, which built on a decade of gerontological competency-based social work education supported by the John A. Hartford Geriatric Social Work Initiative (GSWI). Two national gerontological curricular initiatives—the CSWE National Center for Gerontological Social Work Education (Gero-Ed Center) and the Hartford Practicum Partnership Program in Aging Education (HPPAE)—provided leadership for the development of gerontological competence in relationship to the 2008 EPAS.

The 2009 *Advanced Gero Social Work Practice Guide* provided a starting point for this current guide recommending specialized content based on the 2015 EPAS. A defining feature of the 2015 EPAS is its holistic view of competence; that is, behaviors are observable actions that demonstrate an

integration of competence informed by knowledge, values, skills, and cognitive and affective processes that comprise each competency for specialized practice.

A two-phase process, as described in following paragraphs, took place over a 5-month period in 2016. The aim was to adapt and extend the nine competencies from the 2015 EPAS at the generalist level for specialized practice with and on behalf of older adults and their constituencies.

Phase 1—National Meeting

To ensure an inclusive and transparent process, a meeting was held at the CSWE offices in Alexandria, VA, that was open to all social work faculty nationally, to obtain their input on how to extend the nine social work competencies to specialized gero social work competencies. Approximately 40 participants met in assigned work groups around each of the nine competencies to brainstorm how to expand on the current description of competencies to include the relevant specialized knowledge, values, skills, and cognitive and affective processes for practice with and on behalf of older adults and their constituencies. Once the dimensions were identified and described, each group categorized behaviors that represent observable components that integrate dimensions of the competencies. Each group member then reviewed the competency concepts identified by other small groups and noted what they perceived to be the top five key competency descriptions.

Phase 2—Work Group Proceedings

Immediately following the large meeting, a work group of six faculty leaders in gero social work met with CSWE staff members to review the input received and identify the relevant content for each competency and gaps for further discussion. They developed draft competency descriptions, which were circulated to participants from the larger meeting for their feedback. Participants from the large meeting were also asked to submit teaching resources (e.g., readings, class exercises, media, and assignments) that support the attainment of the gero competencies. When no in-class exercises or assignments could be found, work group members developed new ones. After carefully reviewing and rating these curricular resources for quality, work-group members developed a curricular map to link teaching resources with

each competency and associated knowledge, values, skills, and cognitive and affective processes.

UNDERLYING ASSUMPTIONS AND INITIATIVES

Our work was informed by the following assumptions that cross-cut each competency description:

- The imperative of addressing social determinants of health and well-being, as well as structural inequities facing older adults by race, gender, ethnicity, immigration status, sexual orientation, social class, functional ability, and religion
- The value of social work education addressing older individuals, as well as those with whom their lives are linked, such as family caregivers for older adults with functional impairment
- Recognition of the strengths, resilience, and contributions of older adults to families, communities, and society, in addition to challenges
- The infusion of cultural humility—an interpersonal stance that is other-oriented in relation to aspects of cultural identity that are most important to the person—across each competence. Self-awareness and learning from others are central affective processes.
- The importance of competence across different levels of intervention (e.g., individual, family, community, organization) and the interconnections of local to global
- The significance of interprofessional collaboration for practice with and on behalf of older adults and their constituencies

Several national initiatives further guided our work:

- The Grand Challenges for Social Work (<http://aaswsw.org/grand-challenges-initiative>)
- The Geriatric Social Work Competency Scale II: The scale was developed in 2008 by the CSWE Gero-Ed Center and the Hartford Partnership Program in Aging Education (<http://www.cswe.org/File.aspx?id=25445>). Faculty members and field educators may choose

to link these specialized geriatric competencies with each of the nine Gero Social Work Competencies for practice with and on behalf of older adults and their constituencies. This is congruent with the EPAS guideline that programs may add competencies that are consistent with their mission and goals and respond to their context and other educational priorities.

- Curricular resources developed by faculty participants in GSWI curricular projects from 2001 to 2016. These resources, which are available on the Gero-Ed Center website (www.gero-edcenter.org), are frequently linked to the appropriate competencies. These materials reflect the participation of more than 300 social work education programs that participated in the GSWI curriculum projects and have furthered the development of specialized practice with older adults and their constituencies.

CONCLUSION

The curriculum content and resources outlined in this guide are intended as resources for programs to use in conceptualizing specialized practice in aging and infusing aging within their curricula. For each competency, guide users can access and select from the suggested resources, including full descriptions of in-class exercises and assignments, by clicking on the associated URL.

In preparing this guide, we recognize that the majority of gerontological competencies can be addressed in multiple courses and linked to more than one of the nine social work competencies. Thus, what is covered in this *curricular mapping* is only an example of content and measurement of competencies, not all of what could be covered in even one full course. These materials also do not fully address all areas or subgroups within gerontological social work practice, such as end-of-life care, interventions with immigrant elders, or practice with individuals with cognitive limitations. Moreover, we acknowledge that some curricular resources, particularly in-class exercises and assignments, can be used to support the attainment of more than one competency. Additionally, some in-class exercises can be modified to be relevant assignments and vice versa.

As with any curricular guide, some redundancies, gaps, and areas for further development are inevitable. The intent of this and other guides for areas of specialized practice is to provide a beginning map or framework for social work education programs to develop their own to ensure that their graduates acquire competencies for specialized gerontological practice within EPAS curriculum design. We encourage faculty members and field educators to bring a critical eye and to modify resources as needed to be congruent with their programs' missions, contexts, and specialized curricular structures. Despite any limitations of this guide, we believe it supports the overall goal of ensuring that we prepare future social workers to engage in practice that enhances the well-being of aging individuals, families, communities, and societies.

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Preface

COMPETENCY-BASED EDUCATION

In 2008 CSWE adopted a competency-based education framework for its EPAS. Competency-based education rests on a shared view of the nature of competence in professional practice. Social work competence is the ability to integrate and apply social work knowledge, values, and skills to practice situations in a purposeful, intentional, and professional manner to promote human and community well-being. EPAS recognizes a holistic view of competence; that is, the demonstration of competence is informed by knowledge, values, skills, and cognitive and affective processes that include the social worker's critical thinking, affective reactions, and exercise of judgment in regard to unique practice situations. Overall professional competence is multi-dimensional and composed of interrelated competencies. An individual social worker's competence is seen as developmental and dynamic, changing over time in relation to continuous learning (CSWE, 2015, p. 6).

Competency-based education is an outcomes-oriented approach to curriculum design. The goal of the outcomes approach is to ensure that students are able to demonstrate the integration and application of the competencies in practice. In EPAS, social work practice competence consists of nine interrelated competencies and component behaviors that are comprised of knowledge, values, skills, and cognitive and affective processes.

Using a curriculum design that begins with the outcomes, expressed as the expected competencies, programs develop the substantive content, pedagogical approach, and educational activities that provide learning opportunities for students to demonstrate the competencies (CSWE, 2015, p. 6).

SOCIAL WORK COMPETENCIES

The 2015 EPAS stipulates nine competencies for the social work profession. These competencies apply to both generalist and specialized practice. The nine Social Work Competencies are listed in the 2015 EPAS on pp. 7–9. Each of the nine social work competencies is followed by a paragraph that describes the dimensions (*knowledge, values, skills, and cognitive and affective processes*) that comprise the competency at the generalist level of practice. This paragraph informs the content that should be reflected in the generalist social work curriculum and represents the underlying content and processes that inform the behaviors.

The bullet points under the paragraph descriptions in the EPAS are a set of behaviors that integrate the dimensions that comprise the competency and represent observable components of each competency. The dimensions of the competency inform the behaviors.

SPECIALIZED PRACTICE

Specialized practice builds on generalist practice as described in EP 2.0 of the 2015 EPAS, adapting and extending the Social Work Competencies for practice with a specific population, problem area, method of intervention, perspective or approach to practice. Specialized practice augments and extends social work knowledge, values, and skills to engage, assess, intervene, and evaluate within an area of specialization. Specialized practitioners advocate with and on behalf of clients and constituencies in their area of specialized practice. Specialized practitioners synthesize and employ a broad range of interdisciplinary and multidisciplinary knowledge and skills based on scientific inquiry and best practices, and consistent with social work values. Specialized practitioners engage in and conduct research to inform and improve practice, policy, and service delivery.

The master's program in social work prepares students for specialized practice. Programs identify the specialized knowledge, values, skills, cognitive and affective processes, and behaviors that extend and enhance the nine Social Work Competencies and prepare students for practice in the area of specialization (CSWE, 2015, p. 12).

FRAMEWORK FOR THE GUIDE

The CSWE Commission on Educational Policy (COEP) developed a framework for the development of curricular guides for areas of specialized practice. The task force followed the guidelines for creating gerontological competencies and curricular resources that reflect accreditation standards for master's programs, listed here:

- 1) Identification of an area of specialized practice for a specific population, problem area, method of intervention, perspective or approach to practice in social work (EP M2.1)
- 2) Discussion of how the area of specialized practice builds on generalist practice as described in EP 2.0 (AS M2.1.1)
- 3) Identification of the specialized knowledge, values, skills, cognitive and affective processes, and behaviors that extend and enhance the nine Social Work Competencies and prepare students for practice in the area of specialization identified (EP M2.1 and AS M 2.1.3).
- 4) Suggested curriculum content and resources (e.g. readings, multimedia and online resources, modules, assignments, experiential exercises, class and field activities) for each of the nine social work competencies and any additional competencies identified. The curriculum content and resources identified in this guide are not required by accreditation standards and are meant to serve as an optional guide to programs on how to conceptualize gerontological social work practice with the nine social work competencies identified in the 2015 EPAS.
- 5) Identification of the competency dimension(s) (knowledge, values, skills, and cognitive & affective processes) associated with the course content for each competency.

ORGANIZATION OF THE GUIDE

Congruent with the 2015 EPAS and framework developed by COEP, specialized practice in aging builds on generalist practice but augments and extends social work knowledge, values, and skills to engage, assess, intervene, and evaluate within this area of specialization. Accordingly, for each of the

competencies identified in each of the following chapters, there is a paragraph description of the dimensions—gerontological knowledge, values, skills, and cognitive and affective processes—that comprise the competency and prepare students for gerontological social work practice. This is followed by a set of three to four behaviors to be attained by practitioners in aging who are working with and on behalf of older adults and their constituencies. Readings; in-class exercises; media and assignments; and whether they address knowledge, values, skills, or cognitive and affective processes are identified for each of the competencies. Descriptions of shorter selected assignments and in-class exercises for each competency are shown in the curricular map; longer activities or additional details are given in appendices for each chapter.

REFERENCE

Council on Social Work Education. (2015). *Educational policy and accreditation standards*. Retrieved from <http://www.cswe.org/File.aspx?id=81660>.



Competency 1

Demonstrate Ethical and Professional Behavior

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Practitioners in aging respect the worth, dignity, and integrity of all older people and advocate for their self-determination, access to services, and ethical application of technology. They recognize ethical issues in practice and distinguish frameworks for decision-making that support older adults' needs and rights. To ensure ethical practice, they use self-reflection, self-regulation, and supervision, consultation, and lifelong learning to address how their attitudes and biases about aging and older adults may influence their personal and professional values and behaviors. Gerontological social workers recognize the dynamics of self-determination and the continuum of decision-making support. Practitioners in aging serve as leaders to ensure ethical practice with older adults and their care networks.

COMPETENCY BEHAVIORS

Practitioners in aging with, and on behalf of, older adults and their constituencies:

- Demonstrate awareness of aging-related personal and professional values through self-reflection and self-regulation.
- Select and incorporate ethical decision-making frameworks that integrate social work values.
- Practice in a culturally competent manner that demonstrates recognition of and ability to utilize the principles included in the NASW

Code of Ethics, evidence-based knowledge, and relevant legal and policy-related information.

- Recognizing social structural social inequities, advocate within the health and social service communities and as members of interprofessional teams on behalf of older adults and their families.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
Baines, B. (2006). <i>Ethical will: Putting your values on paper</i> . Cambridge, MA: Perseus Publishing.	Knowledge Values
Two reference books that can serve as a foundation for ethical discussions and applications: Dolgoff, R., Loewenberg, F. M., & Harrington, D. (2012). <i>Ethical decisions for social work practice</i> (9th ed.). Belmont, CA: Thomson Brooks/Cole. (Chapters 3 & 4 on guidelines for ethical decision-making are relevant.) Strom-Gottfried, K. (2015). <i>Straight talk about professional ethics</i> . Chicago, IL: Lyceum Books.	Knowledge Values Skills
National Association of Social Workers (NASW). (2008). <i>Code of ethics</i> . Washington, DC: NASW. Available at http://www.naswdc.org	Knowledge Values Skills Cognitive and Affective Processes
Wallace, C. L. (2015). Caring for Kathy: Where to draw the line. <i>Journal of Social Work in End-of-Life and Palliative Care</i> , 11(3-4), 205-207. doi:10.1080/15524256.2015.1107803	Values Skills

(continued)

Readings (continued)

Resource	Competency Dimension
Hooyman, N. R., & Kiyak, H. A. (2011). <i>Social gerontology: A multidisciplinary perspective</i> (9th ed.). Boston, MA: Pearson. (Chapter 13: Death, Dying, Bereavement, and Widowhood; specifically, the section on death with dignity and active/passive euthanasia)	Knowledge Values
<i>Ethical Dilemmas in Discharge Planning With Older Adults</i> teaching module Available at http://www.cswe.org/CentersInitiatives/CurriculumResources/MAC/GIG/Arizona/37517.aspx	Knowledge Values Skills

In-Class Exercises

Resource	Competency Dimension
Sexuality & Aging: Students watch the film <i>Still Doing It</i> , then follow up with class discussion of Henry Rayhon's case Cost: \$35.95 from http://www.stilldoingit.com/buy.html	Knowledge Cognitive and Affective Processes
Life Roles Exercise: Changes in Roles as We Age. This assignment enables students to envision the changes and loss of roles that occur with aging. Too often we define ourselves by what we are, by our roles in life: wife, husband, son, daughter, accountant, professor, etc. Have students write down on separate pieces of paper 10 life roles that they participate in at the moment (for example, student, supervisor, sister/brother, mother/father, friend, etc.). Ask them to discard the pieces of paper until only one or two roles are left. Have them discuss what it felt like to watch some of their roles disappearing or no longer being relevant. Available at http://www.cswe.org/CentersInitiatives/GeroEdCenter/EducationalResources.aspx	Skills Cognitive and Affective Processes

(continued)

In-Class Exercises (continued)

Resource	Competency Dimension
<p>Ethical Dilemma and Family Caregiving: Using the PowerPoint presentation, <i>Ethical Dilemmas in Discharge Planning With Older Adults Teaching Module</i>, students will form groups to review “The Case of Mrs. D.” and develop a plan of action.</p> <p>PowerPoint presentation available at http://www.cswe.org/CentersInitiatives/CurriculumResources/MAC/GIG/Arizona/37517.aspx</p> <p>See Appendix 1A</p>	<p>Values</p> <p>Skills</p>
<p>Case Studies: Each case study and other in-class exercises can be used to encourage students to examine and reflect on issues related to their own values and ethics regarding aging, care and treatment options for older adults, and interprofessional practice.</p> <p><i>Case Study for Practice With Abusers of Alcohol and Other Substances: Albert Morgan’s Story</i> available at http://www.cswe.org/CentersInitiatives/GeroEdCenter/EducationalResources/TeachingInfusion/Fordham/32085.aspx</p> <p><i>Case Studies on Ethical Issues in Community-Based Care</i> Available at http://www.cswe.org/default.aspx?id=18973</p> <p><i>Maria Santiago Case Study: Issues Related to Employment and Substance Abuse</i>—teaching module available at http://www.cswe.org/CentersInitiatives/GeroEdCenter/EducationalResources/TeachingInfusion/Fordham/32099.aspx</p> <p><i>Mrs. Cooper</i> case study available on POGOe webGEM IPE Values and Ethics for Interprofessional Practice (2015); Available at https://player.instruct.eu/player/app/cardtop2.html?docid=1461244767416. Note: Video is free of cost, but faculty and students must register to access.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p>

Media	
Resource	Competency Dimension
<p>Aging With Dignity. (2015). <i>The Five Wishes Tool</i>. Available at http://www.agingwithdignity.org/five-wishes.php</p> <p>Aging With Dignity. (2015). Advanced Directives and End-of-Life Decision Making: The Five Wishes. (PowerPoint presentation). Available at http://www.cswe.org/CentersInitiatives/CurriculumResources/MAC/GIG/Arizona/37522.aspx</p>	<p>Values</p> <p>Cognitive and affective processes</p>
<p>Navasky, M., & O'Connor, K. (13 November 2012). <i>Frontline: The suicide plan</i>. (Documentary).</p> <p>Available at http://www.pbs.org/g/wgbh/pages/frontline/suicide-plan/?utm_source=Prosper_List&utm_medium=Email&utm_term=Newsletter_C&utm_content=news_note_article_2_readmore&utm_campaign=Best_of_September-13_C</p> <p>Cost: \$19.95 from http://teacher.shop.pbs.org/search/index.jsp?kwCatId=&kw=the%20suicide%20plan&origkw=The+suicide+plan&sr=1</p>	<p>Knowledge</p> <p>Values</p> <p>Cognitive and affective processes</p>
<p>Portal of Geriatrics Online Education. (2014). <i>Ethics and spiritual care at the end of life</i>. Available as follows:</p> <p>Video 1: https://www.pogoe.org/content/9978</p> <p>Video 2: https://www.pogoe.org/content/9979</p> <p>Video 3: https://www.pogoe.org/content/9977</p> <p>Video 4: https://www.pogoe.org/content/9980</p> <p><i>Note:</i> Videos are free but faculty and students must register to access.</p>	<p>Knowledge</p> <p>Values</p>

Assignments	
Resource	Competency Dimension
<p>Mentoring Project: The purpose is to introduce students to an older person with whom they will share life experiences.</p> <p>Students are matched with an older adult mentor (expert in aging), and are to meet with their mentor twice during the semester and to discuss their mentor's management of life challenges and changes with aging and reflect on major learning, lessons learned, and unanticipated insights. Based on their time together, students will write 2-3 page reflections on the mentoring experience. This paper must include three references (such as mentors, speakers, class articles, and readings) including relevant documentation of sources. As an in-class activity, a community round table discussion can occur by inviting all the mentors to join the class.</p> <p>Available at http://www.cswe.org/CentersInitiatives/GeroEdCenter/EducationalResources/TeachingInfusion/Fordham/32085.aspx</p>	<p>Knowledge</p> <p>Skills</p> <p>Cognitive and affective processes</p>
<p>Ethical Will Assignment (accompanies Baines reading): Students are required to write their own ethical will.</p> <p>Baines, B. K. (2002). <i>Ethical Wills: Putting Your Values on Paper</i>. Cambridge, MA: Perseus Publishing.</p> <p>To practice with individuals who are dying or working through grief, it is essential that social workers reflect on their own deaths. This reflection will take place through the writing of an ethical will. Different from a financial will or a living will, an ethical will is a letter composed to family and/or friends (or anyone important in your life) leaving behind a legacy. The final letter will be guided by questions and/or topics from a packet on ethical wills to be distributed on the second night of class. The questions are designed to stimulate thought and allow the student to conduct a life review. More details about writing the final document will be provided in class, and the instructor will provide examples of completed ethical wills to be used to direct the writing of the final document. Ethical wills are personal documents; therefore, no page length is required.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p>

(continued)

Assignments (continued)

Resource	Competency Dimension
<p>Ethical Issues in End-of-Life Paper</p> <p>This assignment enables students to examine and reflect on difficult end-of-life decisions and the ethical issues that will present themselves when providing care to terminally ill individuals and their family members.</p> <p>Purpose of Assignment—Palliative care and hospice social workers regularly face ethical issues in their daily practice. Due to public health improvements and advances in medicine, people now live longer than ever before. Often the result is that individuals who would have died a natural death are faced with difficult end-of-life decisions, as are their family members when the individuals can no longer make decisions for themselves. It is important that social workers gain a deeper understanding of the ethical issues that will present themselves when providing care to terminally ill individuals and their family members.</p> <p>Assignment Instructions—Undergraduate students are required to write a 6-page minimum to 8-page maximum paper and graduate students an 8-page minimum to 10-page maximum paper with these sections:</p> <ul style="list-style-type: none"> ● <i>Introduction:</i> Include a brief discussion concerning the ethical issue, information on why the issue is important, and relevance to social work practice. ● <i>Literature Review:</i> Review the literature on the issue and discuss pros and cons, social injustice in the context of oppression, economic deprivation, or discrimination. ● <i>Personal Stance on Issue:</i> Discuss your stance on the issue and the values and beliefs you hold that lead you to take this position. ● <i>Potential Impact on Social Work Practice:</i> Discuss your position on how the issue may affect your policy work or your practice with older adults and family members. ● <i>Conclusion:</i> Synthesize rather than simply summarize and refer back to the main theme presented in the Introduction; briefly summarize main points, note any new insights, and discuss implications for social work practice. <p>Further information is available at http://www.cswe.org/default.aspx?id=18973</p>	<p>Knowledge</p> <p>Skills</p> <p>Cognitive and affective processes</p>

(continued)

Assignments (continued)

Resource	Competency Dimension
<p>Long-term Care Agency/Facility Social Work Interview & Paper</p> <p>The student will interview a social worker of a long-term care (LTC) agency or facility regarding diverse issues presented by clients or residents to gain an understanding of the roles and contributions of social workers in an LTC setting, the ethical and practice challenges they face, and how they are addressed.</p> <p>In your interview, address the following:</p> <ol style="list-style-type: none"> 1. Background information on the LTC agency or facility 2. Social worker's perspectives on the following: <ul style="list-style-type: none"> ● The social worker's current role in relation to clients/residents and family members/caregivers ● Whether the social worker feels she or he should play a different role and, if so, what that role should be ● The social worker's role in assessing and evaluating the client/resident's needs and those of the family and other caregivers ● The social worker's current role in relation to fellow team members ● Any practice and ethical challenges faced by the social worker in relation to working with clients/residents, families, and fellow team members ● The role of culture, social justice, and diversity in assessment, evaluation, and meeting the client/resident/family's needs <p>In 5 to 6 pages, present your findings under the following sections:</p> <ul style="list-style-type: none"> ● Background information ● Social worker's role ● Social worker as team member ● Practice and ethical challenges ● Your response to what you have learned <p>Available at http://www.cswe.org/CentersInitiatives/GeroEdCenter/EducationalResources.aspx</p>	<p>Knowledge</p> <p>Skills</p> <p>Cognitive and affective processes</p>

APPENDIX 1A: ETHICAL DILEMMAS IN FAMILY CAREGIVING

As a class, review the PowerPoint presentation, Ethical Dilemmas in Discharge Planning with Older Adults Teaching Module available at <http://www.cswe.org/CentersInitiatives/CurriculumResources/MAC/GIG/Arizona/37517.aspx>

After a review and discussion of the presentation, have students gather in groups and develop a plan of action regarding the following scenario.

The Case of Mrs. D.

Mrs. D is an 84-year-old retired librarian who suffered from transient ischemic attacks (temporary interruptions of blood to her brain) for several years and then had a stroke last year. The stroke left her with complete paralysis of her dominant arm and leg. Rehabilitation has had limited success; her disabilities are considered permanent. As a result, Mrs. D entered a skilled nursing facility (SNF), where she receives assistance with activities of daily living (ambulation, eating, and personal hygiene). Because her disabilities are significant and persistent, Mrs. D is unlikely to be able to move to a step-down facility or return to her own home.

Mrs. D's son and his wife live in the same town. They visit her frequently, chatting and dining with her. On occasion Mrs. D has been able to leave the SNF and visit them in their home for Sunday dinner, short family outings, etc. Mrs. D's son has been very supportive during her rehabilitation and long-term care. When the SNF staff has difficulty coaxing Mrs. D. to cooperate with therapy, her son successfully nudges her into accepting their advice. He has been a conscientious and concerned partner with the staff in ensuring that his mother receives the best of care.

Throughout her stay Mrs. D has remained alert and competent, though she has become increasingly irritable, demanding, and defiant. She frequently refuses her medications; has torn out an IV line inserted to rehydrate her after a bout of diarrhea; refuses to eat on the meal schedule of the SNF; and refuses to get out of bed, use the toilet, brush her teeth, or get dressed (although she is capable of all of these activities with assistance). At the same time, she complains that the staff "either treats me like an idiot or a baby." She abhors "being told rather than asked what to do." Over the last several weeks Mrs. D has become intractably uncooperative. She rejects all new interventions

because “no one asked me about this,” “it won’t get me home anyway,” or, simply, “I don’t want to.”

Although uncooperative, Mrs. D shows no sign of incapacity. When she chooses to discuss her care, she demonstrates appreciation of the importance of her medications and physical and occupational therapy. But all too frequently her son arrives to discover his mother arguing with or berating the staff. Originally proud of his mother’s spunk and independence, her son has begun to realize (as have the SNF staff) that Mrs. D’s noncompliance with medications, feeding, and treatment regimens is beginning to affect her health. She is losing weight, experiencing frequent elevations in blood pressure, and has suffered two urinary tract infections thought to result from dehydration. Her response to these observations is indifference: “If I die, I die.”

Mrs. D’s advance directive names her son as her surrogate decision maker; but other than during her hospital stay after her stroke, he has never had to act as her surrogate. However, yesterday as he was leaving, the SNF administrator approached him to discuss his mother’s care. The administrator asked him to give permission to insert a feeding tube to enable the staff to provide adequate nutrition and hydration, as well as to administer Mrs. D’s medications without having to do battle each time one is due. She also informed him that Mrs. D’s doctor would like to begin an antipsychotic, in hopes that this drug would restore Mrs. D’s previous enthusiasm for life and eliminate her irritability and other unpleasant, obstructive behaviors. She added that when the doctor mentioned this to Mrs. D, she explicitly refused the drug, indicating “my mind is just fine.”

Mrs. D’s son is troubled that he, rather than his mother, is being asked to make these decisions. He protests that his mother is still competent and, though often uncooperative, is capable of making treatment decisions. The administrator agrees, but observes that “catching” Mrs. D during her episodic cooperative moments is inordinately difficult, while her need for treatment is continuous. In the administrator’s estimation, having her son make decisions for Mrs. D would be much more efficient and effective in improving her health.

Mrs. D’s son does not know what to do and says that his mother

is still able to decide these things for herself and she wants to do so; she’s made that clear to me over and over. She is especially unhappy

with any decision that is made without consulting her. Don't we still need to get her permission for these sorts of serious treatments?

The administrator agrees that "in principle" Mrs. D should make these choices, but notes that unless someone decides—and soon—to institute these treatments, Mrs. D is likely to be beyond help. She adds that waiting for Mrs. D to deteriorate into incapacity before providing necessary care seems irresponsible. Mrs. D's son agrees but is still reluctant to usurp his mother's decisional authority.

The son approaches the social worker and asks for advice about what to do. What should the social worker do? Evaluate this case using one of the decision-making modes discussed.

For your discussion, consider

- a) which factors should be included the assessment of this patient,
- b) which ethical principles are challenged in this case,
- c) the alternative courses of action that could be taken,
- d) the recommended course of action, and
- e) what are Mrs. D's rights?



Competency 2

Engage Diversity and Difference in Practice

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Practitioners in aging understand the impact of discrimination and oppression on older adults and their caregivers, and identify the intersectionality of age with multiple characteristics of diversity and structural inequities throughout the life course. Gerontological social workers practice cultural humility and effectively work with diverse, older adults and their caregivers, groups, and communities.

COMPETENCY BEHAVIORS

Practitioners in aging with, and on behalf of, older adults and their constituencies:

- Appraise their own values related to diversity in aging.
- Analyze how diversity and oppression impact older adults and families.
- Address the cultural and spiritual histories, values, and beliefs of older adults and their families.
- Defend the impact of structural inequalities and the value of diversity among older adults as part of their roles on interprofessional teams and in organizations and communities.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
Butler, S., Wardamasky, S., & Brennan-Ing, M. (2012). Older women caring for older women: The rewards and challenges of the home care aide job. <i>Journal of Women & Aging, 24</i> (3), 194–215.	Knowledge Values Cognitive and Affective Processes
Buys, L., Aird, R., & Miller, E. (2012). Active ageing among older adults with lifelong intellectual disabilities: The role of familial and nonfamilial social networks. <i>Families in Society: The Journal of Contemporary Social Services, 93</i> (1), 55–64.	Knowledge
Fredriksen-Goldsen, K. I., Hoy-Ellis, C. P., Goldsen, J., Emlert, C. A., & Hooyman, N. R. (2014). Creating a vision for the future: Key competencies and strategies for culturally competent practice with LGBT older adults in the health and human services. <i>Journal of Gerontological Social Work, 57</i> , 80–107.	Knowledge Values Skills
Ko, J., Jang, Y., Park, N., Rhew, S., & Chiriboga, D. (2014). Neighborhood effects on the self-rated health of older adults from four racial/ethnic groups. <i>Social Work in Public Health, 29</i> (2), 89–99.	Knowledge
Kolb, P. J. (2014). <i>Understanding aging and diversity: Theories and concepts</i> . Abingdon, Oxon: Routledge.	Knowledge Values
Roh, S., Brown-Rice, K., Lee, K., Lee, Y., Lawler, M., & Martin, J. (2015). Stressors, coping resources, and depressive symptoms among rural American Indian older adults. <i>Social Work in Public Health, 30</i> (4), 345–359.	Knowledge

<i>In-Class Exercises</i>	
Resource	Competency Dimension
<p>Lesbian, Gay, Bisexual, or Transgender (LGBT) Older Adults Teaching Module</p> <p>Available at http://www.cswe.org/CentersInitiatives/GeroEdCenter.aspx</p> <p>The instructor provides content from this module on the challenges facing older LGBT persons as well as their strengths and resilience in the face of adversity and reviews the professional competencies for working with this population.</p> <p>Three cases can be used as class exercises: Case of Ellen, Case of Charles, Case of Elizabeth</p> <p>See Appendix 2A</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p>
<p>Field Trip to an Organization</p> <p>As a class, visit an organization that serves diverse elders such as a Jewish Community Center or an LGBT Center. Have a social worker or related professional as well as older consumers engage with students and discuss issues affecting this population and best practice for working with them.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>Conducting a Spiritual Assessment</p> <p>Have students form pairs and practice conducting a spiritual assessment.</p> <p>The definition of a spiritual assessment and listing of the FICA Spiritual History Tool, the HOPE Questions for Spiritual Assessment, and an Open Invite Mnemonic can be found at http://www.aafp.org/afp/2012/0915/p546.html</p> <p>Another description of a spiritual assessment and a spiritual genogram can be found at http://www.nacsw.org/Download/CSW/SpiritualAssess.pdf</p>	<p>Values</p> <p>Skills</p>

<i>Media</i>	
Resource	Competency Dimension
<p>Maddux, S. (2010). <i>GenSilent</i>. Available at http://gensilent.com</p> <p>This documentary interviews six older LGBT persons about their fears about accessing formal care as a sexual or gender minority.</p> <p>Discussion topics are available on the Gen Silent website.</p>	<p>Knowledge</p> <p>Values</p> <p>Cognitive and Affective Processes</p>
<p>CSWE Gero-Ed Center. (2010). <i>Supporting Diversity</i>. Available at http://www.cswe.org/CentersInitiatives/GeroEdCenter/EducationalResources/80376/42071/42093.aspx</p> <p>This teaching video highlights and problem-solves conflicts arising from diversity in the classroom.</p>	<p>Knowledge</p> <p>Values</p>
<p>NYC Elder Abuse Center. (2014). <i>Elder Abuse Dramatization and Diversity Response</i>. Available at http://nyceac.com/quick-clips/</p> <p>This site provides a 90-second dramatization of an elder abuse case. A “diversity” clip provides commentary on the case and issues of diversity by experts in the field.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>Jordan, J., & Ascher, S. (2011). <i>Raising Renee</i>. Available at http://westcityfilms.com/raising_renee/</p> <p>This film chronicles an African American artist’s struggle to care for her sister with mental disabilities after her mother’s death.</p>	<p>Knowledge</p> <p>Values</p> <p>Cognitive and Affective Processes</p>
<p>Romer, Y. G. (2012). <i>Mrs. Judo: Be Strong, Be Gentle, Be Beautiful</i>. Available at http://www.mrsjudomovie.com</p> <p>This film documents an Asian woman’s life and journey to become the first female to achieve a 10th degree black belt in judo.</p>	<p>Knowledge</p> <p>Values</p> <p>Cognitive and Affective Processes</p>

Resource	Competency Dimension
<p>TED Conferences, LLC. (2015). <i>Lily Tomlin and Jane Fonda</i>. Available at https://www.ted.com/talks/jane_fonda_and_lily_tomlin_a_hilarious_celebration_of_lifelong_female_friendship</p> <p>This video offers a conversation between two lifelong female friends that explores the importance of these relationships and perspectives on feminism and longevity.</p>	<p>Values</p> <p>Cognitive and Affective Processes</p>

Assignments

Resource	Competency Dimension
<p>Factsheet on Elders of Color</p> <p>This assignment will allow students to research an older minority group and share what they have learned with their classmates.</p> <p>See Appendix 2B</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p>
<p>Ethnogeriatrics Group Assignment</p> <p>Available at http://www.cswe.org/CentersInitiatives/GeroEdCenter/EducationalResources/TeachingInfusion.aspx</p> <p>Students engage in a semester-long assignment focusing on ethnogeriatrics, which is the intersection of ethnicity, aging, and health, and includes health care for older adults from diverse ethnic populations.</p> <p>Description and instructions can be found by searching for the assignment title at the link provided.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p>
<p>Family History Paper</p> <p>Students develop a questionnaire and interview two women age 65 or older in their own family or among friends, neighbors, or colleagues if their extended family does not include two older women. Drawing on interviewees' responses, students incorporate their own history and compose a family history paper.</p> <p>See Appendix 2C</p>	<p>Knowledge</p> <p>Values</p> <p>Cognitive and Affective Processes</p>

APPENDIX 2A: LESBIAN, GAY, BISEXUAL, OR TRANSGENDER (LGBT) OLDER ADULTS TEACHING MODULE

The Case of Ellen

Ellen is a 62-year-old Caucasian female who is retired and holds an associate's degree in business. In the recent past she served as the primary caregiver for her friend Judy. She uses the term *friend* as she has used it most of her life and explains that "partner is more of an '80s and '90s word." Judy suffered from a number of heart and vascular conditions for which Ellen provided care "on and off for her for 25 years." During that time, Ellen remembers constantly running to the emergency room in the middle of the night while trying to maintain her full-time job. She states, "I had an office job during the day and a nursing job at night;" she did not receive any help from Judy's family and did not feel comfortable talking to co-workers about having a significant other who was ill. In terms of her interactions with medical professionals, Ellen felt that these professionals were always looking around for Judy's "husband, sister, or mother." In attempts to be recognized by the doctors, Ellen would say things like, "I'm her best friend" or "she lives with me." Judy always avoided setting up advanced directives, and Ellen claims that she herself has always been far too independent to have joint property or bank accounts.

After one hospital stay, Judy recovered at her daughter's home. It was then decided that Judy needed 24-hour care and that it was best for Judy to remain at her daughter's home. The move was "tough" on Ellen, and she claims that she got through it with the help of her friends (a female couple). Although sexual orientation was an "untouchable" subject in her family, Ellen's sister recognized that she was suffering the loss of her friend of 25 years. Following the relocation of Judy, it took Ellen a year to get back on her feet and feel comfortable in her home again without Judy's presence. She also got "tired of being a third wheel" in her group of friends and often felt lonely and isolated. She began to see a therapist and describes the therapist as a "strong point" in her transition from the caregiving role. Initially, she admits that she had a lot of "squeamishness" about going to a therapist and thought "there is nothing wrong with my mind." With the encouragement of her therapist, she

“got a life” and learned about the gay community. She is now in a relationship with a woman 10 years her junior, is taking much better care of herself, and is a “much happier person.” She visits Judy occasionally, but often finds it upsetting because Ellen finds that, “she is just not taking care of herself.”

QUESTIONS FOR DISCUSSION

- What are the common issues faced by Ellen and other caregivers?
- What are the special issues faced in caregiving by Ellen and other LGBT caregivers?
- What can social workers and other professionals as well as organizations do to support LGBT caregivers?

Source: Hash, K. M., & Rogers, A. (2013). Clinical practice with older LGBT clients: Overcoming lifelong stigma through strength and resilience. *Clinical Social Work Journal, 41*(3), 249–257.

The Case of Charles

Charles is a 74-year-old African American transgender person. Charles was born a female but identifies as a male. He does not refer to himself as a transsexual and is nonoperative, meaning he has not undergone surgery to alter any biological sex characteristics. He reports that from an early age he felt he was “trapped” in the wrong body and would often sneak into his brother’s closet and secretly try on his clothes and underwear. He would also lock the bathroom door and practice urinating while standing up. His parents thought he was just a “tomboy” and would start acting more like a girl during his teenage years. They insisted on putting him in dresses, despite his persistent resistance. During puberty Charles became very depressed. The physical changes were a constant reminder of the inconsistency between his developing female body and his male gender identity. He contemplated suicide but could not bring himself to attempt it because of his religious upbringing and beliefs.

After graduating from high school, Charles moved to a larger city to start a new life where he could finally live as a man. He legally changed his name and began to dress as a male full-time. His family knew of these changes but still referred to him by his birth name and biological sex. Even though he has never consistently taken hormones, he says he can “pass” as a man in most

situations, is happy, and feels comfortable in his own skin. After being outed by co-workers in his job at a factory, he found work in gay and lesbian bars and bookstores. Although the wages were low, he felt accepted and at home in these settings and made many longtime friends. He dated several women and “even lived with a few” before meeting his “girlfriend,” Gina, of 22 years. The couple currently lives in a subsidized apartment complex and often has difficulty paying bills.

Charles confesses that his relationship with Gina has always been “fiery” and that their fights become physical at times. Lately their arguments have become more frequent and are escalating in terms of violence on the part of Gina. He has told Gina that it may be better if they lived apart, and he even applied for his own apartment in the same building. Each time he brings this up, she threatens to tell the whole apartment building that he is really a woman. This concerns him because since they have been together he has had decreasing contact with friends and family. He has heard about a local LGBT organization that specializes in providing services to older members of the community. When Gina leaves to shop for groceries, Charles calls the organization to discuss alternative housing options.

QUESTIONS FOR DISCUSSION

- What are the issues in aging faced by Charles and other LGBT individuals?
- In what ways are Charles and other older transgender persons at even greater risk for poor treatment by loved ones and professionals?
- If you were the social worker at the LGBT organization, what would you say to Charles when he calls?

Source: Hash, K. M., & Rogers, A. (2013). Clinical practice with older LGBT clients: Overcoming lifelong stigma through strength and resilience. *Clinical Social Work Journal, 41*(3), 249–257.

The Case of Elizabeth

Elizabeth is a 60-year-old African American female. She is employed as a nurse at a large for-profit nursing home facility in a small community in the southeastern United States. She has been with the organization for almost 10

years and is considered compassionate and reliable by the nursing home staff. Although she appears to be single, it is rumored among the facility that her “roommate” and she “are queer together.”

In the past few months she has called in sick on several occasions and has used the majority of her vacation leave. Lately, she also appears exhausted and stressed on the job. Jane, a social worker in the nursing home, approaches Elizabeth and mentions her concern that she appears very stressed and asks whether there is anything she would like to talk about. Elizabeth reveals that she is dealing with a very difficult personal situation; specifically, her partner of 15 years, Teresa, is experiencing serious health problems. These problems have required that Elizabeth travel with Teresa to several medical appointments and provide hands-on care at home.

Although Teresa’s mother and sister have been helping out, they are not comfortable with the same-sex relationship, and their interactions are often strained. Elizabeth shares her concern with the social worker that she is the “sole breadwinner” of the household and does not want to risk losing her job by taking so much time off. She is tired of hiding the situation and of “burning up” all of her vacation time. She also feels drained from having to “build excuses” for why she must take time off, such as “I have personal business to take care of” or “My best friend is ill and her mother needs someone to help take care of her.” She shares with the social worker her inclination to explain her difficult circumstances to her other co-workers and the administration, but she fears that her relationship will not be accepted and her situation will not be supported.

QUESTIONS FOR DISCUSSION

- What are the distinctive issues faced by Elizabeth and members of this population in society and in the workplace?
- If Elizabeth decides to come out in the workplace, what are some of the attitudes and behaviors that may surface among her co-workers or administrators?
- How can the agency and its staff support Elizabeth as well as other LGBT employees?

- What can be done at the macro policy levels (state, federal) to support LGBT person in the workplace? What can you do at your own university, field agency, or place of employment?

Source: Hash, K. M. (2006). Building excuses in the workplace. In L. Messigner & D. F. Morrow (Eds.), *Case studies on sexual orientation and gender expression in social work practice* (pp. 95–96). New York, NY: Columbia University Press.

APPENDIX 2B: FACTSHEET ON ELDERS OF COLOR

This assignment allows students to research an older population of color and share what they have learned with their classmates. The result will be a fact-sheet to distribute to classmates.

First, choose one of the following groups of elders of color:

- African-American
- American Indian and Alaskan Native
- Asian, Hawaiian, and Pacific Islander
- Latino

Ask the students to address the following questions about this group. Some answers may refer to the population in general, including older and younger persons. Please specify older adults within this population when that applies.

- What is the definition of this population according to the U.S. Census?
- What are key current and projected demographics for this population (total population, including mortality rates, etc.)?
- What are the leading causes of death and/or most common illnesses for this population?
- What are some health disparities that may be experienced by this group?
- What are the distinctive issues that face women in this group?

- Based on your reading, what do you think are the three most important things that students and social workers need to know to work effectively with this population?
- Based on your reading, what do you define as the most crucial service needs of this population?

To address the above issues, draw on relevant content from N. Hooyman & A. Kiyak, (2011), *Social gerontology: A multidisciplinary perspective* (9th ed.), Boston, MA: Allyn & Bacon. Chapter 14, The Resilience of Elders of Color, and Chapter 15, The Resilience of Older Women, as well as pertinent articles. Additional information can be located on the following websites:

- Minority Aging at the Administration on Aging (AOA)
http://www.aoa.acl.gov/Aging_Statistics/minority_aging/Index.aspx
- The Office of Minority Health (group profiles)
<http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=26>
- CDC Office of Minority Health
<http://www.cdc.gov/minorityhealth/index.html>

Be sure to cite sources of information and quotes when necessary (but do not overuse quotes; paraphrase instead).

Grading Criteria

- Ability to answer assignment questions
- Evidence of critical thinking
- Quality of writing including spelling, grammar, organization, and style

APPENDIX 2C: FAMILY HISTORY PAPER

Students engage in a semester-long assignment focusing on ethnogeriatrics, which is the intersection of ethnicity, aging, and health and which includes health care for older adults from diverse ethnic populations.

Students develop a questionnaire and interview two women age 65 or older in their own family. The interviews can be completed in person, over the

phone, or via e-mail. If a student does not have two older women in his or her family, a friend, neighbor, or colleague age 65 or older may be interviewed. In such instances the paper should still reflect cultural differences between generations, even though the student may not have as much information about generational issues for interviewees who are not family members. Students should consult with the instructor regarding how to modify the assignment in such cases. The instructor should work with students regarding issues of informed consent.

Instructions to Students for Writing the Paper

Drawing on interviewees' responses, incorporate your own history and compose a family history paper that addresses the following categories:

- Background information about yourself and on the two women you have chosen to interview, including your relationship to them and the generation they were born into.
- Reasons for choosing these two women and what distinctive meaning they have in your life. Would you consider either one a heroine in your life?
- Characteristics these women carry from their generation or age cohort (e.g., frugality of women raised during the Depression). Have you inherited any of these characteristics? If so, how have they affected your life?
- The family responsibilities and roles of each of the women across the life course. How and to what extent do their responsibilities and roles affect your own role within the family?
- The education and employment history of these two women and any hobbies they enjoy. (For example, in addition to caregiving or work, how else did they spend their time?)
- Difficult life experiences (e.g., an illness, a family secret, natural disaster, loss of employment, economic hardships). In your paper, reflect on any difficult life experiences you have faced and how they might have been affected by these two women.

- In the paper's conclusion, address how the lives and experiences of these two women have affected you and influenced the choices that you have made in your life?

The paper should be 5–7 double-spaced pages, have no more than 1-inch margins, and use APA format. Make sure to cite the sources of your interview, including the date of the interview and any additional sources used for this paper. You may use the name of your interviewee only if she has given you written permission to do so.



Competency 3

Advance Human Rights and Social, Economic, and Environmental Justice

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Practitioners in aging work to advance human rights and social and economic justice for older adults and their caregivers. They incorporate the historical context and the physical and social environment, including experiences of trauma and micro aggressions, which may create barriers to social, economic, and environmental justice for older adults. Practitioners in aging critically and objectively analyze how policies and programs promote or inhibit justice and use story and narrative to impact change at the micro, meso, and macro levels. As members of interprofessional teams, they engage other disciplines to recognize such contextual and environmental barriers and ensure that older adults are aware of their rights. Aware of ageism and other institutionalized biases, they practice cultural humility and address discriminatory policies, practices, and language by utilizing culturally and linguistically appropriate measures and evidence-informed services and interventions.

COMPETENCY BEHAVIORS

Practitioners in aging with, and on behalf of, older adults and their constituencies:

- Engage older adults, their caregivers, and other constituencies to become aware of their rights to available resources and how they relate to social, economic, and environmental inequities.
- Participate in system changes at all levels to promote well-being for and among older adults.

- Empower individuals and groups within local communities, including older adults themselves, to advocate for social, economic, and environmental justice for all older adults and their caregivers.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
Dilworth-Anderson, P., Pierre, G., & Hilliard, T. S. (2012). Social justice, health disparities and culture in the care of the elderly. <i>Journal of Law, Medicine and Ethics</i> , 40(1), 26–32.	Knowledge Values Cognitive Processes
Grant, J. M., Mottet, L. A., & Tanis, J. (2012). <i>Injustice at every turn: A report of the National Transgender Discrimination Survey</i> . Retrieved from http://www.transequality.org/issues/resources/national-transgender-discrimination-survey-executive-summary	Knowledge Values Cognitive Processes
International Federation of Social Work. (2012). <i>Ageing and older adults</i> . Retrieved from http://ifsw.org/policies/ageing-and-older-adults/	Knowledge Cognitive Processes
Jönson, H. (2012). We will be different! Ageism and the temporal construction of old age. <i>The Gerontologist</i> , 53(2), 198–204.	Values Skills Affective Processes
Pillemer, K., Burnes, D., Riffin, C., & Lachs, M.S. (2016). Elder abuse: Global situation, risk factors and prevention strategies. <i>The Gerontologist</i> , 56(S2), S194–S205.	Knowledge
United Nations. (2011). <i>Human rights of older persons</i> . Retrieved from https://documents-dds-ny.un.org/doc/UNDOC/GEN/N11/428/83/PDF/N1142883.pdf?OpenElement	Knowledge Cognitive Processes

<i>In-Class Exercises</i>	
Resource	Competency Dimension
<p>Local Aging Advocacy in Action: Case study and analysis of older adults' advocacy for affordable supportive housing</p> <p>See Appendix 3A</p>	<p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>Mr. Jones: A case study on elder mistreatment as a social justice issue</p> <p>See Appendix 3B</p>	<p>Knowledge</p> <p>Values</p>
<p>Isabella: A case study of mother and daughter's experiences with inequities</p> <p>See Appendix 3C</p>	<p>Skills</p> <p>Cognitive and Affective Processes</p>
<i>Media</i>	
Resource	Competency Dimension
<p>McGinnis-Dittrich, K. (2013). "Living with dignity: Social justice for older adults." Lecture at Boston College School of Social Work that presents aging as a social justice and diversity issue and addresses ageism.</p> <p>Retrieved from https://www.youtube.com/watch?v=AdAagGVJX18</p>	<p>Knowledge</p> <p>Values</p> <p>Affective Processes</p>
<p>Kaiser Family Foundation. (2014). Old and poor: America's forgotten.</p> <p>Retrieved from https://www.youtube.com/watch?v=Y9zImCUEHaA</p> <p>Clips of older adults living in poverty</p> <p>Also available at http://kff.org/medicare/video/old-and-poor-americas-forgotten/</p>	<p>Knowledge</p> <p>Values</p>
<p>National Public Radio. (2013). We shouldn't have to live like this. Retrieved from http://www.npr.org/2013/03/13/173463462/aging-homeless-face-more-health-issues-early-death</p> <p>Older homelessness as a social justice issue</p>	<p>Knowledge</p> <p>Values</p>

(continued)

Media (continued)

Resource	Competency Dimension
<p>HelpAge International. (2010). <i>Protecting the human rights of older persons</i>. Retrieved from https://www.youtube.com/watch?v=9LKLmOWHNd4</p> <p>Older adults from around the world talk about how their human rights are violated, including the right to safety and security.</p>	<p>Knowledge</p> <p>Values</p>

Assignments

Resource	Competency Dimension
<p>Case study of Elizabeth: LGBT justice</p> <p>Addresses inequities that LGBT caregivers often face in the workplace.</p> <p>See Appendix 3D</p>	<p>Knowledge</p> <p>Values</p> <p>Affective Processes</p>
<p>Empowering older adults through storytelling and photographs</p> <p>As a basis for the storytelling assignment, students first read Wang, C., & Burris, M. A. (1997). Photovoice: Concept, methodology and use for participatory needs assessment. <i>Health Education and Behavior</i>, 24(3), 369–387. Retrieved from http://heb.sagepub.com/content/24/3/369.refs.html</p> <p><i>Note:</i> Viewing the article requires a subscription for access, or the article can be purchased.</p> <p>See Appendix 3E</p>	<p>Knowledge</p> <p>Skills</p>
<p>Advocacy on behalf of marginalized elders</p> <p>As a basis for completing a paper on advocacy for marginalized populations:</p> <p>Read about advocacy for low-income LGBT older adults http://www.justiceinaging.org/wp-content/uploads/2016/06/How-Can-Legal-Services-Better-Meet-the-Needs-of-Low-Income-LGBT-Seniors.pdf and</p> <p>Watch associated advocacy video: http://www.justiceinaging.org/lgbt-older-adults/</p> <p>See Appendix 3F</p>	<p>Knowledge</p> <p>Skills</p> <p>Cognitive Processes</p>

APPENDIX 3A: LOCAL AGING ADVOCACY IN ACTION

This in-class exercise features an interview with Elizabeth Davis, LCSW, CALA, who is the executive director of Senior Housing Services, Inc., in Bergen County, New Jersey (<http://www.seniorhousingservices.org>). The interview addresses her experiences leading efforts to construct a federally subsidized senior housing apartment building in Teaneck, New Jersey. Teaneck is a relatively large suburb located within the greater New York City metropolitan area.

Ms. Davis received her MSW from Hunter College in New York City in the 1980s. One of her early positions post-MSW was with Newark Beth Israel Medical Center in Newark, New Jersey. As she assisted with discharge planning there, she became “keenly aware of the lack of supportive housing options for older adults in New Jersey.” This insight from her direct practice experience strengthened her commitment to engage in macro social work practice to help ensure that older adults have access to affordable housing with adequate health and social services.

For much of her career thus far, Ms. Davis has led the development of Bright Side Manor, which is located in Teaneck and is one of the very few assisted living facilities in New Jersey that accepts Medicaid outright. As part of her organization’s mission to expand access to affordable and supportive senior housing, she led efforts beginning in 2009 to obtain grants to construct a 65-unit, Section 202 federally subsidized housing development on 1.5 acres of land. The following audio clips feature her reflections on this project.

Visions and Goals to Develop Supportive Senior Housing

(approximately 4 minutes)

Shifting Local Contexts for Affordable Housing (approximately 4 minutes)

Challenges to Breaking Ground (approximately 24 minutes)

Motivation and Perseverance (approximately 2 minutes)

Arrange for students to listen to the audio clips before class. In-class, ask students to discuss the following:

- Advocates identify the lack of sufficient federal funding to create new affordable housing as a major impediment to addressing unmet housing needs among lower-income populations. How does this interview demonstrate that solving the problem of affordable housing is not simply a matter of having more federal funds directed to this issue? What might be the role of state policy, local government, and private commercial interests?
- What human resources were necessary to overcome the challenges that prevented the leaders from breaking ground on the construction? What value-added might social workers specifically bring to these efforts, and what skill sets from other professions are likely essential? Reflect on your answers in light of your own professional development goals for the short- and long-term future.
- Think about a community that you know well (e.g., where you grew up or where you work). What strategies would be promising for engaging local older adults in issues such as those featured in the interview? How are your strategies potentially different from your classmates' strategies in their communities?

Source: Adapted from E. Greenfield (2016), *Age-Friendly Community Initiatives*, CSWE Gero-Ed Center.

APPENDIX 3B:

MR. JONES' EMERGENCY ROOM VISIT

You are a social work intern in a regional hospital. You have been called to the emergency room by a nurse supervisor to talk with Mr. Jones, an 80-year-old widower. The nurse, when leaving to respond to another emergency, asks you to “deal with this senile patient.” Mr. Jones is sitting in a chair beside a 65-year-old man, Mr. Sloan, who brought Mr. Jones to the emergency room.

The two men have been living together for the past 16 years, since Mr. Jones became widowed. Mr. Sloan has a history of mental illness and heavy drinking and has been unable to hold a steady job for the past 10 years. Nevertheless, the two men appear to care for one another, and Mr. Sloan says that he cooks, cleans, and cares for Mr. Jones' needs. Mr. Sloan keeps repeating that

he “doesn’t know how much longer he can do this” and does not understand what is wrong with Mr. Jones.

Mr. Jones is disheveled and has visible bruises on his face and arms. You learn from a medical school resident that he is waiting to have his broken right wrist set. When you greet Mr. Jones and ask him what happened, Mr. Sloan answers for him. He says he found Mr. Jones after he had fallen off a chair when trying to change a light bulb. As Sloan describes this, Mr. Jones is silent and unresponsive. Mr. Sloan tells you that the hospital intake worker and emergency room nurse admonished Mr. Jones for climbing on a chair, saying he should know better. Mr. Sloan says that he just can’t control Mr. Jones every minute to prevent accidents from happening.

Mr. Jones looks away. He appears confused and tells you that he couldn’t find his Medicare card when the intake worker asked for it. He says he can’t remember whether he took his wallet with him when he left home, or where it might be at home.

When Mr. Jones is taken into an examining room, Mr. Sloan insists on accompanying him. Mr. Jones begins an agitated monologue that does not seem to make sense. Mr. Sloan explains to you that his behavior is typical and there is no point in talking with him. Mr. Sloan says that he will answer any questions. Mr. Jones becomes increasingly agitated and starts to cry.

While Mr. Jones is being treated, you leave to confer with the intake worker, who complains about the rash of older patients who have come to the emergency room in the last 6 months: “They should be sent to nursing homes where someone can watch after them properly. That would make my job a lot easier.”

Guidelines for Case Analysis

MR. JONES’ EMERGENCY ROOM VISIT

Using these questions as guidelines, prepare for a case conference where you, as a social work intern, will be presenting your assessment of Mr. Jones. Your field supervisor has let you decide who else should be at the meeting.

- Which other professionals have you invited to the meeting, and what was your rationale for doing so?

- What do you identify as the precipitating factors that brought Mr. Jones to the emergency room?
- What do you consider to be the presenting problem or problems?
 - What might be the causes of the presenting problem? Is the presenting problem the real problem?
 - How do our values and assumptions influence how we diagnose the problem?
- Who is/are the primary client(s), and how did you make that decision? What theoretical perspectives inform your decision?
 - What values create barriers for Mr. Jones?
 - How do staff responses to Mr. Jones reflect individual values or hospital culture?
 - What assumptions, without adequate data, have the staff made about Mr. Jones? How are these reflected in stereotypes or ageist attitudes?
 - What behaviors toward Mr. Jones have resulted from stereotypes?
- How would you conduct an assessment from a strengths perspective?
 - What resources/capacities can you identify in Mr. Jones? In the community?
 - Which community services/supports might be helpful to Mr. Jones? What types of referrals might you make?
 - Which race do you assume Mr. Jones to be? How might different cultural values be respected or ignored by the emergency room staff?
 - What are your assumptions about his sexual orientation? How might these affect the hospital's behaviors toward him?
 - Which, if any, communication issues might need to be considered?
- As the social worker, where might you start to intervene on Mr. Jones' behalf?

- Which questions would you want to consider in deciding on an intervention?
- How would you respond to the intake worker's comment? When would you choose to do so?
- What community interventions might promote better services for older adults? What interventions might be considered on a hospital-wide level to better prepare staff to work with older adults?

APPENDIX 3C:

CASE STUDY AND ROLE-PLAY: ISABELLA WRIGHT

This in-class case study and role-play identifies inequities affecting the mother and daughter/granddaughters, which is a skill central to being an effective advocate for older adults. It involves three key characters:

- 1) Isabella, a 75-year-old woman who needs assistance and feels she has been treated in an unjust manner
- 2) Sandra, Isabella's 43-year-old daughter, who also needs assistance and has experienced inequities
- 3) Cindy, the social worker

Part 1

Using the key characters' information, prior to class students read the case study and write down responses to the following:

- Identify the primary challenges facing each of the three characters and how they perceive their rights.
- Discuss how policies or programs promote or inhibit social justice for Isabella and Sandra.
- Identify resources available/denied to Isabella and Sandra.
- Describe how, if you were Cindy, the social worker, you would use this information as an advocate.

Part 2

The second section of the case study involves having students break into groups composed of the three key characters, with at least one student representing each key character in the role-play.

The student groups of three will discuss the policy- or programmatic-level inequities that come into play, their knowledge of the available resources, and how they would advocate for their key characters in the scenario. Each group should allow time for

- an introduction of the key characters to the group,
- a discussion of the social justice issues from the key characters' perspectives, and
- development of priorities for approaching the issues.

Each group will present their recommendations to the class at the conclusion of the exercise.

Isabella Wright: The Older Adult

Hello, I am Isabella. I am 75 years old and a recent widow after the death of my husband Ben, 6 months ago. I have to tell you, things have not been easy for me in this life. But I have always believed you have to take care of yourself. Even when times get rough, I do as much as I can. I might be a little unorganized sometimes, so don't ask me what day it is!

Back when Ben got really sick, we decided it was best for me to stop working so I could take care of him. I loved my job at Sears. I had worked there more than 20 years, ever since my daughter Sandra was in high school. I loved being with people and helping them find just exactly what they were looking for.

At first, Ben could still do things for himself. He had his little daily routine of things to do. He would get up and read the paper and walk down to the little breakfast diner to have some coffee and talk to all his friends there. In the afternoon we would go to doctors' appointments and do the shopping and other errands. He was still real handy around the house. As time went on, Ben got a little sicker every day, to the point where in the last year I was doing

everything for him. I have to tell you, I was getting so tired and run down, never being able to sleep the night through or have a restful meal.

Our daughter, Sandra, as busy as she was with her own life—it being a mess and all—would still try to help out as much as she could. Usually, she would come over with a meal once a week and stay with her Daddy while I went to mass or had a cup of tea with a friend. Her daughters would come and read stories to their “pa-pop” and sit near him. The smile on his face during those visits made the whole day better.

Ben’s medications and equipment were really, really expensive. Now, since he worked for the railroad he had a pretty good pension and health benefits in retirement, but they would not cover the cost of everything, even after he got Medicare when he retired. Pretty soon we were nearly completely out of money. Outside of the house, we owned an old car.

One day, one of the neighbors told me about a program that was helping one of her sisters in another state, PACE. She said they did wonderful things for both the patient and wife. Well, I asked Sandra about it, and she looked on the computer at the library and found out that PACE had a program here, Total Long-Term Care (TLC). Well, Ben called TLC and someone came out to the house to talk with us about it. We filled out the form to see if we were eligible, and we were! Everyone there was so helpful!

They told us that TLC would take care of Ben’s medication and equipment, his doctors would even give him a place to go visit and spend a few hours when he wanted. To top it off, they would come pick him up for visits or doctors’ appointments and bring him home. The social worker, Cindy, also told me that they would send someone to help clean up the house a little and take care of some of his needs on days he was at home. They helped out so much, let me tell you!

But now I’m back to watching every penny since Ben’s death. Just my arthritis medication is over a \$100 a month. I try to stay with the pills. But if I used them all like the doctor says, I’d be broke. So I break them in half or skip a day here and there to help stretch them out. Sandra has told me I should get Part D insurance for my medications, but it is just too confusing and overwhelming to me.

See, since my Ben died, Sandra has been helping me. I never even wrote a check before because Ben always did that. But now that he is gone, there

just isn't enough money for food and medicine and taxes and everything. I think Sandra is stealing from me though, because I think I should have enough money. But since I don't know much about the bank account, I can't argue much and have to do what she says.

Sandra and the girls moved in just last week. But now I think Sandra is stealing from me. She came home from shopping or work or something, I don't remember for sure right now. Well, it must have been shopping because she was going to get her shopping bags out of the trunk. I came to the door to see what she was doing. I noticed the mail was in the box by the front door. I opened one bill and it said over \$100 was due! How could it be \$100? She must not be paying the bills. So when she was buying more stuff but not paying my bills, I just had to tell her off.

See, she keeps telling me lies. I just can't take it anymore. She is just getting too big for her britches, I tell you, because she told me if I didn't like it I could leave. Right then and there I told her she needed a good spanking. Oh, the neighbors heard it alright. And they called the police for me, too. They know. I bet one of their children is stealing from them, too. But Sandra got to talk to the police first. And get this, they arrested me! How humiliating!

I spent the night in jail. I was so mad and scared. My sister, Rosella, came and got me from jail—which was Sandra's fault in the first place—and then Sandra made it so I couldn't go into my own house! That was the last straw. I fainted and was taken to the emergency room. They said I had a panic attack this morning. Somebody from social services came while I was at the jail, but I said I'd rather live with my sister than to go with them. Now my sister's husband won't let me stay there. The only thing I could think to do was call Cindy, the woman at TLC who was so helpful with Ben. She is going to meet with me and Sandra at the house this afternoon.

Sandra Wright: Isabella's Daughter

I am the only child of Ben and Isabella Wright. When I was young, my dad worked for the Burlington Northern Railroad, and his income was enough to give us a modest middle-class lifestyle. My dad was consistently away from home Monday through Friday and home only on the weekends. So my parents

decided it was a priority for my mom to be a stay-at-home mom until I entered high school.

As a child, I loved my dad and missed him so much when he was away! On the weekends, he brought happiness and gifts. Our family went on picnics, and he told stories about the trains. People even said I looked like my dad. I was so proud! While I believed my mother when she said she loved me and proved it every day by doing the cooking, laundry, and cleaning, I felt tense with my mother a lot because she was strict during the week when dad was away at work.

As a teen, there was some relief when mother went to work at Sears. I got to spend more time with friends. Fortunately, mother never found out about some of the trouble I got into! It really was just the good-natured fun I think every teenager experiences. But then I started dating Tyrrell in high school. There was a lot of pressure to get married after graduation since we were sweethearts. So we did.

Now I am 43 years old. I divorced 3 years ago. I have sole custody of my two daughters. I struggle as a single parent because their dad is unable to provide financial or emotional support. He is a compulsive gambler and incurred enormous debt when we were married. We had to file for bankruptcy a year before the divorce, and I continue to have constant financial difficulty as a result. The first 6 months after the divorce we lived with my parents. Dad insisted on it. It was really nice having the kids be with their “pa-pop.” They loved him just like I have. Plus I didn’t have to worry about money as much.

Later, the kids and I moved into our own apartment. Even though I was employed until recently, money was tight because I was limited to renting only a high rent apartment because of my poor credit. Places like that charge extra for bad credit risks like me. Dad and mother had limited income, too, but it was the medical bills that were the hardest for them. I just couldn’t ask them for anything more than what they had already done.

About 2 years ago, dad was diagnosed with lung cancer. But dad told me he had a life insurance policy. He said he was glad because he knew me and the girls would be okay even after he was gone. He liked being sure that we would be ok. He had a social worker who started helping him when he first got sick. He said the best part of the help was not being afraid of dying because

he said the insurance policy could help with taking care of the girls. We spent his last days being together as much as possible.

I've been so overwhelmed. So much is happening, and I can't keep track of everything. I am bitter, and am having old feelings again. I resented my mother's strictness as a child, and now she is being selfish again. With no job, I've had to ask for public assistance to help with caring for myself and my children. I thought the insurance policy would help, but Mother will not share the insurance money! Instead of finding work and caring for my children, I'm stuck in the middle now because Mom needs help. I get up early every day to check on her before job hunting. Actually, some days I can't even get to looking for work. And I am exhausted all the time.

Earlier this week we had to move in with Mom. I couldn't keep up with the rent. Mother needs me here more often, and she had the space. It was a tough decision for me to agree to move in, but I really didn't have many options. And I'm not all that sure of how much she really likes us living with her.

On top of all that—as if that ain't enough, dad had also asked me to help mother manage her bills after he died. Dad had always taken care of the finances, and mother isn't sure what to do now. He wanted me to have the house put in my name too because mother wasn't sure about all that either. Again, he wanted to make sure me and the girls were taken care of. Mother signed the Quit Claim Deed on the house last week, giving me sole ownership of the house. In light of all the financial stress, the decision to move in with mother seemed to make sense—isn't it my house now?

The financial stress is still there, but the emotional stress is more than ever. Even before moving in, I would take mother's Social Security and pension checks to help pay expenses. She gets her Social Security check based on her employment with Sears. That's about \$400 a month. She receives some of dad's pension from the railroad. It's real close to \$600 a month.

Mother always said she never knows exactly where the money goes. But it's been the worst this last week. I've tried to explain about property taxes and utilities. There is the phone and cable every month too. She has high car insurance because of her accidents. I wish she'd quit driving. She has friends who would be more than happy to help give her rides. She says she is often hungry and goes without her medication. I don't understand this because now that we live with her, I make sure there is always something in the refrigerator.

Her medication bottles sit on the kitchen table where they always were before. Nothing has changed.

Arguments over the money are just plain out of control. Last night we had one of the most heated arguments ever. I was so exhausted I threatened to throw mother out of the house. I didn't mean it. I really wish I hadn't said it. But I am just so confused over what dad said would be mine and what mother refuses to give.

Last night—after yet another job interview where the guy says, “We'll call you if we need you,” mother greets me at the sidewalk with another envelope and a bill. She didn't even let me get the groceries out of the trunk!

“Why haven't you paid this yet?” she demanded.

“Not now mother!” I growled. Yes, I know I wasn't helpful. But then mother got so mad she started slapping me! On the face, back and butt. At first I didn't know it was coming so she got me right on the nose. I was bleeding all over my shirt. It happened right in front of the neighbors too! They are mostly older like mother and have known me since I was a child. They called the police—who must have been right around the block because they showed up so quick. At first I was glad because I was at a loss with how to deal with mother being so out of control. But when the officer said there was a law that somebody has to be arrested in a domestic violence incident, I could have died! They arrested mother for assault!

I know this all sounds like a mess, but mother did not take her purse, keys, or anything. Now, after one night in jail, mother returned home and thinks I've changed the locks. Somebody named Cindy just called and says she wants to help because Mom called her saying she is homeless. We are going to meet with her here this afternoon!

Cindy Johnson: The Social Worker

I am a social worker with Total Long-term Care—TLC for short. We are the Program for the All Inclusive Care of the Elderly (PACE) in the metro community. I was originally assigned to work with Ben Wright, Isabella's husband who was ill with lung cancer prior to his death a few months ago. Today I had a call from Isabella, Ben's wife, asking me to help her. Isabella needs to be eligible for Medicaid, and the community-based services we can provide for me to be

able to offer her much help. So, I don't know if my ability to work with Isabella may be a bit limited.

First, I must tell you more about TLC. It is part of a nonprofit, national organization called PACE. PACE promotes quality and cost-effective care services for the frail elders who need personal attention and family support to stay living independently. We are trying to keep them out of a nursing home environment if at all possible. You can find out all the details from the National PACE Association website, <http://www.natlpacessn.org>.

In 1990 the first PACE received a Medicare/Medicaid waiver to operate the program locally. What a Medicare/Medicaid waiver does is give a program, like TLC, a monthly lump sum payment for each enrolled participant. The technical term for this lump sum payment is capitation; under a managed system of care, each head—or person—is counted. So TLC receives so much money each month for a person, but then TLC is responsible for providing all the health-care services a person needs.

For example, if a person was just on Medicare/Medicaid by itself, the person would have to make arrangements for health-care services—including co-pays and deductibles. And finding providers who accept Medicare/Medicaid assignment has become quite a challenge. If in-home services were needed, the person would have to make arrangements for that, too.

However, we at TLC can provide comprehensive services, including medical, dental, nutrition, transportation to the site, meals, in-home care and support, physical and occupational therapies, prescriptions, social services, adult day health, hospital and nursing home care, hospice services, and, yes, eye-glasses! We are able to do a lot with the Medicare/Medicaid dollars.

To be eligible for TLC services, people must be at least age 55, able to live in a community setting safely, be Medicaid eligible or have the ability to pay privately, and have specific long-term care needs. Applicants must also live within our specific geographical area.

I worked with Ben because he was eligible for our services for the last couple of years of his life. I got to know both the Wrights pretty well during that time. Now I will see what Mrs. Wright needs and determine if she qualifies for our help; I think she might.

I already know a lot about Isabella from my work with them during Ben's illness. Isabella started working intermittently at the local Sears when her

daughter Sandra became a teenager. Isabella continued to work until her husband's illness required full-time care in the home in the last 2 years of his life. Isabella's resources are pretty limited. She gets her Social Security check based on her employment with Sears in the amount of \$400 per month.

Mr. Wright retired from the Burlington Northern Railroad 5 years ago, and she receives partial payment of his pension in the amount of \$600.00 per month. Isabella has a life insurance policy, which will provide \$50,000 to her daughter after Isabella's death. Isabella has been a frugal person her entire adult life and has saved \$5,000.00 for a "rainy day." Isabella's home has been paid off for the last 10 years and is worth approximately \$80,000 in today's market. Isabella's only other asset is a 10-year-old Chevy Cavalier, which also has been paid off for 5 years. Isabella has no other long-term debts; however, payment of her car insurance and property taxes annually can prove difficult.

Isabella has osteoarthritis, which prevents her from returning to her work at Sears. She is in constant daily pain and takes prescription pain medication for relief. High blood pressure and cholesterol have been managed with medication for the last 10 years. She reports feeling low energy, difficulty sleeping, loss of interest in favorite hobbies, memory difficulties, no interest in spending time with her good friends, and decreased appetite.

Sandra, Isabella's daughter, has been trying to help her mom as much as she can. Sandra recently lost her job. While she looked for another job for a while, she recently gave up her search because her mother needs her. Yet Sandra must also be able to meet her own needs. The two of them seem to argue about whose life is the hardest more than they support one another.

Sandra began taking her mother's Social Security and pension checks monthly to help pay expenses. Isabella never knew exactly where the money went and says she is often hungry and goes without her medication. The two have had heated arguments over the checks. Further, Sandra pressured her mother into signing a Quit Claim Deed on her home, giving Sandra sole ownership of the house. In just the last week, Sandra and her two teenage daughters moved into the house with Isabella.

The arguments are getting out of hand. During a disagreement last night about an overdue bill, Isabella punched her daughter in anger. Concerned neighbors called the police, and Isabella was the one arrested for assault. After

the night in jail, Isabella's sister, Rosella, picked her up and returned Isabella home—to find the locks changed. She now fears she is homeless.

Isabella told me when she called this morning that someone from “social services” came to see her at the jail when she was arrested. She told them she didn't want any help because she could stay with her sister. However, Rosella doesn't think her husband will allow Isabella to stay because of some past disputes between the two. Now she thinks she needs some help and has called me because she already knows me.

Both of them feel that their rights have been violated and that the other person is benefiting at their expense. As I prepare for this meeting, I need to be aware of policies and programs that could reduce some of the inequities they are facing, reduce their feelings of injustice, and ensure that their rights are protected by appropriate resources. But first I need to be clear about who the “client” is here.

Discussion Points for Instructors

Social justice issues to consider for Isabella:

- Whether she has a retirement pension
- Caregiver support and respite care programs; not many caregivers are aware of them or their eligibility guidelines
- Ben's retirement pension and Social Security
- Health insurance (Medicare, Medicaid, private)
- PACE program and eligibility criteria/restrictions
- Medicaid waivers
- Managed care
- Poverty issues for widows with little personal earnings history to support them in retirement after they are widowed
- Fiduciary relationships between family members who need help, may be confused and distrustful: powers of attorney, trusts, guardianships, conservatorships

- Domestic violence laws
- Adult Protective Services
- Inheritance and estate guidelines
- Quit claim deed laws

Social justice issues to consider for Sandra:

- Divorce, custody, and child support laws
- Bankruptcy laws
- Life insurance beneficiary standards
- Unemployment regulations
- As above for fiduciary relationships, domestic violence laws, quit claim deed laws

APPENDIX 3D: CASE STUDY OF ELIZABETH: LGBT JUSTICE

Elizabeth is a 60-year-old African American female. She is employed as a nurse at a large for-profit nursing home facility in a small community in the southeastern United States. She has been with the organization for almost 10 years and is considered compassionate and reliable by the nursing home staff. Although she appears to be single, it is rumored among the facility that her “roommate” and she “are queer together.”

In the past few months she has called in sick on several occasions and has used the majority of her vacation leave. Lately, she also appears exhausted and stressed on the job. Jane, a social worker in the nursing home, approaches Elizabeth and mentions her concern that she appears very stressed and asks if there is anything she would like to talk about. Elizabeth reveals that she is dealing with a very difficult personal situation, specifically that her partner of 15 years, Teresa, is experiencing serious health problems. These problems have required that Elizabeth travel with Teresa to several medical appointments and provide hands-on care at home.

Although, Teresa’s mother and sister have been helping out, they are not comfortable with the same-sex relationship and their interactions are often

strained. Elizabeth shares her concern with the social worker that she is the “sole breadwinner” of the household and does not want to risk losing her job by taking so much time off. She is tired of hiding the situation and of “burning up” all of her vacation time. She also feels drained from having to “build excuses” for why she must take time off, such as “I have personal business to take care of” or “My best friend is ill and her mother needs someone to help take care of her.” She shares with the social worker her inclination to explain her difficult circumstances to her other co-workers and the administration, but she fears that her relationship will not be accepted and her situation will not be supported.

In a 3-page paper, address the following:

- What are the distinctive issues faced by Elizabeth and other LGBT older adults in society and in the workplace?
- If Elizabeth decides to come out in the workplace, what are some of the attitudes and behaviors that may surface among her co-workers or administrators?
- How can the agency and its staff help Elizabeth and other LGBT employees?
- What can be done at the larger policy levels (state, federal) to support LGBT persons in the workplace? What can you do at your own university, field agency, or place of employment?

Source: Hash, K. M. (2006). Building excuses in the workplace. In L. Messigner & D. F. Morrow (Eds.), *Case studies on sexual orientation and gender expression in social work practice* (pp. 95–96). New York, NY: Columbia University Press.

APPENDIX 3E: EMPOWERING OLDER ADULTS THROUGH STORYTELLING AND PHOTOGRAPHS

Combining photography with grassroots social action is a strategy to increase older adults' awareness of their rights and any inequities they face, as a first step toward empowerment and action to address social injustice. Photovoice (<https://photovoice.org>) has been used to ensure that the voices and conceptualizations of issues by marginalized groups around the world are heard.

Here is a statement of Photovoice's mission from their website (<https://photovoice.org>):

We aim to build skills within disadvantaged and marginalized communities. To achieve this, we utilize innovative participatory photography and digital storytelling methods. These skills enable individuals to represent themselves and create tools for advocacy and communication. Through this and through developing partnerships, we deliver positive social change.

Although students may not have the time or resources to work with a group of older adults to tell their stories through photography, this assignment requires that they outline the steps that they might take to approach such a project.

In a 3-page paper, students address the following:

- Identify a group of older adults in your community where you could envision using storytelling and photography for them to tell their stories. Briefly describe some of the issues facing this population of older adults.
- Describe how you would approach this population in a way that reflects cultural humility and empowering interactions. How would you present Photovoice to them and engage them in a Photovoice empowerment strategy?
- Articulate how you could envision working with them to obtain their stories and to engage them in photography as a means to amplify their voices and support their empowerment.
- Discuss any potential obstacles to using this approach, its limitations, and how you would address those.
- Draw on appropriate references for how to use Photovoice with marginalized groups.

APPENDIX 3F: ADVOCACY ON BEHALF OF MARGINALIZED ELDERS

As a basis for completing a paper on advocacy for marginalized populations:

- Read <http://www.justiceinaging.org/wp-content/uploads/2016/06/How-Can-Legal-Services-Better-Meet-the-Needs-of-Low-Income-LGBT-Seniors.pdf> and watch the associated advocacy video <http://www.justiceinaging.org/lgbt-older-adults/>
- Choose an issue affecting a population of marginalized older adults that is reflected in your city, county, or state budget that you would like to influence.
- Identify the position you want to take on this issue and who you will attempt to influence (e.g., the audience you want to address).
- State the changes that are needed to reduce inequities faced by this population of older adults.
- Recommend at least one change to promote social and economic justice for this group of elders.
- Mobilize others to take action on this issue. You can do so by asking others to generate calls and letters; using social media to get the word out; and urging others to try to influence appropriate policy-makers, work with local advocacy groups to generate activity and mobilize people directly affected by the budget item, prepare testimony and present it to the city or county council or state legislature, or write an op-ed piece to be published either in a local newspaper or newsletters of advocacy groups.

You will be expected to turn in a written product (e.g., documents for an advocacy table at a community event, testimony for the city or county councils, an op-ed piece) along with a 2-page paper that describes your advocacy action and your assessment of its effectiveness/impact/outcomes. In addition, for the last class, you will make a 3-minute presentation to the class about your advocacy action.



Competency 4

Engage in Practice-Informed Research and Research-Informed Practice

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Practitioners in aging value their essential role in building knowledge and evaluating research. They identify critical gaps and promote the adoption of evidence-informed practice in organizations working with, and on behalf of, older adults and their caregivers. They integrate social-behavioral approaches to aging research with knowledge from their practice. Gero social workers recognize factors that affect the inclusion of older adults' participation in research and understand how evaluation processes within organizations can contribute to broader knowledge-building within social work and aging.

COMPETENCY BEHAVIORS

Practitioners in aging with, and on behalf of, older adults and their constituencies:

- Understand and build knowledge central to maximizing the well-being of older adults and their caregivers.
- Adopt, modify, and translate evidence-informed practices that are most appropriate to particular aging-focused practice settings and populations.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
<p>Gaugler, J. (2015). Describing and evaluating novel programs and therapies for older persons. <i>Journal of Applied Gerontology</i>, 34(5), 547-551. Retrieved from http://jag.sagepub.com/content/34/5/547.full</p>	Knowledge
<p>Gitlin, L., Marx, K., Stanley, I., & Hodgson N. (2015). Translating evidence-based dementia caregiving interventions into practice: State-of-the-science and next steps. <i>The Gerontologist</i>, 55, 210-226.</p> <p>This is an excellent reading to frame the evidence-informed practice activity described under In-Class Exercises.</p> <p>Available at http://gerontologist.oxfordjournals.org/content/55/2/210.full</p>	Knowledge Cognitive and Affective Processes
<p>Rubin, A., & Babbie, E. R. (2013). <i>Essential research methods for social work</i>. Belmont, CA: Brooks-Cole.</p> <p>Section on other ways of knowing can be accessed on Google.books.</p> <p>Shier, G., Ginsburg, M., Howell, J., Volland, P., & Golden, R. (2013). Strong social support services, such as transportation and help for caregivers, can lead to lower health care use and costs. <i>Health Affairs</i>, 32(3), 544-551.</p> <p>Available at http://content.healthaffairs.org/content/32/3/544.full</p>	Knowledge
<p>Wilson, D. K., Van Horn, M. L., Siceloff, E. R., Alia, K. A., St. George, S. M., Lawman, H. J. ... Gadson, B. (2015). The results of the "Positive Action for Today's Health" (PATH) trial for increasing walking and physical activity in underserved African-American Communities. <i>Annals of Behavioral Medicine</i>, 49, 398-410.</p> <p>Available at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4426390/</p>	Knowledge

<i>In-Class Exercises</i>	
Resource	Competency Dimension
<p>Critical Analysis of an Article</p> <p>One week before the activity, assign to each student group one of the articles highlighted in Gaugler, J. (2015). Describing and evaluating novel programs and therapies for older persons. <i>Journal of Applied Gerontology</i>, 34(5), 547-551.</p> <p>Students should come to class prepared to critically evaluate the article assigned to their group in terms of research methods and techniques used and to consider application to their social work practices. Each group will share key points of their analysis with the class.</p>	<p>Knowledge</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>Evidence-informed Practice Activity</p> <p>Before the small group activity, students should read Gitlin, L., Marx, K., Stanley, I., & Hodgson, N. (2015). Translating evidence-based dementia caregiving interventions into practice: State-of-the-science and next steps. <i>The Gerontologist</i>, 55, 210-226. They should also view one or both presentations in <i>Translating Evidence-Based Practices to Community Settings for People Aging with Disabilities and their Caregivers: Gaps and Opportunities—Administration for Community Living (ACL)</i>. Webinar (2016, Feb 4) (see the second entry in the Media section for URL).</p> <p>In small groups, students discuss benefits and challenges of adopting evidence-informed practices in aging-related organizations. They are expected to identify examples of how their field placement agencies use evidence-informed practice across different levels of practice.</p>	<p>Knowledge</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<i>Media</i>	
Resource	Competency Dimension
<p><i>ICAA Interview With Dean Fixsen on Evidence-Based Programming.</i> For the International Council on Active Aging (ICAA). (2013). National Implementation Research Network. (13-minute video)</p> <p>The video provides a brief overview of why it is important to translate human services research into practice globally and discusses key steps to support implementation of evidence-informed programs. Examples relate to active aging.</p> <p>Available at http://nirn.fpg.unc.edu/news/icaa-interview-dean-fixsen-evidence-based-programming</p>	<p>Knowledge</p>

(continued)

Media (continued)

Resource	Competency Dimension
<p><i>Translating Evidence-Based Practices to Community Settings for People Aging With Disabilities and Their Caregivers: Gaps and Opportunities.</i> Administration for Community Living Webinar. (2016, Feb 4). (90 minutes)</p> <p>Available at</p> <p>Presentation (PDF, 2.73MB) (https://acl.gov/Programs/NIDILRR/docs/2016-02-04-webinar-Translation-Research-presentation.pdf)</p> <p>Audio (MP3, 15.7MB) (http://www.acl.gov/Programs/NIDILRR/docs/2016-02-04-webinar-Translation-Research-audio.mp3)</p> <p>Transcript (PDF, 91KB) (http://www.acl.gov/Programs/NIDILRR/docs/2016-02-04-webinar-Translation-Research-transcript.pdf)</p> <p>This webinar is useful to use with the Evidence-informed Practice... Activity (see In-Class Exercises).</p> <p>See Appendix 4A</p>	<p>Knowledge</p>

Assignments

Resource	Competency Dimension
<p>Evidence-Based Health Promotion Program Individual Paper, plus Group Presentation</p> <p>CSWE Gero-Ed Center Teaching Module: <i>Healthy Aging</i> [pp. 20–21]. Available at http://www.cswe.org/CentersInitiatives/GeroEdCenter.aspx</p> <p>See Appendix 4B</p>	<p>Knowledge</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>Research-Informed Practice Interview and Paper</p> <p>Students will interview a geriatric social worker to explore how they use aging research to inform their practice. Their paper should synthesize the interview and discusses ways research can enhance their professional development as a social work practitioner.</p> <p>See Appendix 4C</p>	<p>Knowledge</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>

APPENDIX 4A: TRANSLATING EVIDENCE-BASED PRACTICE TO COMMUNITY SETTINGS FOR PEOPLE AGING WITH DISABILITIES AND THEIR CAREGIVERS: GAPS AND OPPORTUNITIES

The Webinar includes two keynote presentations:

- 1) *Translating a Wellness Promotion Intervention for Individuals Aging With Physical Disabilities: State of the Science and Next Steps*, by Ivan Molton, PhD
- 2) *Translating Evidence-Based Dementia Caregiving Interventions Into Practice: State-of-the-Science and Next Steps*, by Laura Gitlin, PhD

This 90-minute webinar starts with multiple introductions/acknowledgments and ends with questions from participants. If time is limited, instructors could select only one of the presentations to view. The webinar is available at [Presentation \(PDF, 2.73MB\)](#).

Dr. Molton's presentation starts on p. 9 of the PDF and ends on p. 52. Dr. Gitlin's presentation starts on p. 53 of the PDF and ends on p. 75.

Audio of the Webinar is available at [Audio \(MP3, 15.7MB\)](#). Dr. Molton's presentation starts at 9:17 and ends at 36:19 of the audio link. Dr. Gitlin's presentation starts at 36:50 and ends at 1:07:06 of the audio link.

A transcript is available at [Transcript \(PDF, 91KB\)](#).

APPENDIX 4B: EVIDENCE-BASED HEALTH PROMOTION PROGRAM: INDIVIDUAL PAPER AND GROUP PRESENTATION

Each student will be part of a group that will present to the class information about a selected evidence-based health promotion (EBHP) program. Each group presentation will be no longer than 10 minutes. You will be given time to work with your group prior to the presentation. However, each group member must prepare his or her own individually written paper, answering the following questions and points, to submit to the instructor. First describe the EBHP that you selected (name, focus, program components).

- What is an EBHP program?
- What is the purpose of an EBHP program?

- What are the reasons that EBHP developed, and how can it help address the needs of the aging population?
- What are the common components of EBHP program(s)?
- What are the desired outcomes of your selected EBHP programs? What evidence, if any, is there that these outcomes were achieved?

Source: Retrieved from CSWE Gero-Ed Center Module: *Healthy Aging* (pp 20–21), <http://csw.org/CentersInitiatives/GeroEdCenter.aspx>.

APPENDIX 4C: RESEARCH-INFORMED PRACTICE INTERVIEW AND PAPER

Interview a geriatric social work practitioner to explore aging issues at the interface between practice and research. At the beginning of the interview, explain the purpose of this assignment and discuss confidentiality issues with your interviewee—making sure that it is okay to identify her or him and share interview content in your paper. Institutional Review Board approval is not required, because this is for educational purposes and content will not be published.

In a 4-page paper, address the following points, making sure to demonstrate understanding of the course material.

- In a paragraph, introduce your interviewee. What is his or her job title and relationship to you? Where does she or he work? What are his or her primary responsibilities at work? When did she or he receive a social work degree, and what positions did he or she have prior to the current one?
- Provide at least two examples of how the interviewee has used, or would use, aging research in his or her practice to promote policy advocacy, to conduct assessments (of individuals, families, or communities) and interventions, to evaluate and optimize practice, or to develop grant proposals. Address how these two examples demonstrate that aging research can advance social work's key values, such as working with vulnerable populations, promoting social and economic justice, and advancing individual well-being within a social context.

- Review A. Rubin & E. R. Babbie (2013), *Essential Research Methods for Social Work* (Belmont, CA: Brooks Cole). Then provide an example of how the interviewee incorporates at least one of the following “ways of knowing”—tradition, authority, personal experiences—into his or her practice. (Make sure you can explain these terms in your own words when conducting the interview.) Discuss the advantages and disadvantages she or he identifies to using this way of knowing in comparison to using the scientific method. (Make sure you can provide a clear overview of what the scientific method is, as well as what the other way of knowing is.)
- What is the interviewee’s understanding of evidence-informed practice? What is his or her opinion on evidence-informed practice as a defining skill among social workers?
- What does the interviewee see as major challenges and opportunities regarding incorporating and conducting research as a geriatric social work practitioner? What suggestions does she or he have to build bridges between academic coursework focused on research and social work practice?



Competency 5

Engage in Policy Practice Curricular Resources

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Practitioners in aging understand how a vast array of policies at the local, state, national, and global levels influences the design and delivery of services for older adults and caregivers, as well as how policy shapes the extent to which environments are supportive and inclusive of diverse subgroups of older adults and caregivers. They apply critical thinking to analyze the effects of social policy on interconnected domains of well-being in later life, with special attention to older adults from marginalized groups and facing cumulative disadvantages. Practitioners in aging value the profession's role in enhancing the capacity of individuals, families, and organizations to expand access to the intended benefits of social policies. Practitioners in aging are skilled at formulating arguments in support of evidence-informed policymaking to optimize the health and well-being of all older adults and caregivers, and they know how to engage with coalitions addressing key policy issues that affect older adults and caregivers.

COMPETENCY BEHAVIORS

Practitioners in aging with, and on behalf of, older adults and their constituencies:

- Educate key stakeholders on how policy for an aging society relates to human rights and social, economic, and environmental justice, from the local to the international level.
- Advocate for policies across all levels to enhance service delivery to promote well-being among all older adults and constituencies.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
Herd, P. (2015). How administrative burdens are preventing access to critical income supports for older adults: The case of the supplemental nutrition assistance program. <i>Public Policy & Aging Report, 25</i> (2), 52–55.	Knowledge Values
Crystal, S. (2016). Late-life inequality in the Second Gilded Age: Policy choices in a new context. <i>Public Policy & Aging Report, 26</i> (2), 42–47.	Knowledge Cognitive and Affective Processes
Hudson, R. B., & Gonyea, J. G. (2014). The shifting political construction of older Americans as a target population. <i>The new politics of old age policy</i> (3rd ed.) (pp. 99–116). Baltimore, MD: John Hopkins University Press.	Cognitive and Affective Processes
Johansson, L., Long, H., & Parker, M. G. (2011). Informal caregiving for elders in Sweden: An analysis of current policy developments. <i>Journal of Aging and Social Policy, 3</i> (4), 335–353.	Knowledge
Rose, M. S., Noelker, L. S., & Kagan, J. (2015). Improving policies for caregiver respite services. <i>The Gerontologist, 55</i> (2), 302–308.	Knowledge

<i>In-Class Exercises</i>	
Resource	Competency Dimension
<p><i>Debate Social Security reforms.</i> Students present arguments on how proposed Social Security reforms relate to issues of social and economic justice for older adults.</p> <p>Instructional resources:</p> <p>https://www.nasi.org/sites/default/files/research/Young_Person's_Guide_to_Social_Security_3rd_Edition_optimized.pdf (Report titled "Young Person's Guide to Social Security" with an overview of reforms presented on pp. 35–453)</p> <p>http://www.aarp.org/work/social-security/social-security-benefits-calculator.html#/step1 (Social Security benefit calculator, where students can simulate their own and others' Social Security benefits based on a variety of factors)</p> <p>http://www.cbsnews.com/news/as-the-poor-die-earlier-social-security-isnt-paying-off/ (News media article on research regarding how Social Security privileges those with higher incomes)</p>	<p>Skills</p> <p>Cognitive and Affective Processes</p>
<p><i>Reading-based discussion on age-friendly advocacy.</i> Students read K. Lawler (2015), Age-friendly communities: Go big or go home. <i>Public Policy & Aging Report</i>, 25(1), 30–33 on the importance for age-friendly advocates at local levels to connect with broader policy discussions on transportation, housing, and economic development.</p> <p>Discussion questions for the article are available from the Gero-Ed Center module on age-friendly community initiatives at http://www.cswe.org/File.aspx?id=85570 (Activity 2, "Go Big or Go Home," p. 13).</p>	<p>Knowledge Values</p>
<p><i>Reading-based discussion on health disparities.</i> Students read and discuss C. P. Jones (2000), Levels of racism: A theoretic framework and a gardener's tale. <i>American Journal of Public Health</i>, 90, 1212–1215. "The Gardener's Tale" is an allegory for racism and health disparities. Available at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446334/pdf/10936998.pdf.</p> <p>See Appendix 5A</p>	<p>Values</p> <p>Cognitive and Affective Processes</p>

<i>Media</i>	
Resource	Competency Dimension
<p>Snider, G., & Richter, M. (2012). <i>How to die in Oregon</i>. New York, NY: HBO Documentary Films.</p> <p>Individuals facing terminal illness decide, with their families, whether to end their lives through legally prescribed medications under the Death With Dignity Act.</p>	<p>Knowledge</p> <p>Cognitive and Affective Processes</p>
<p>Ruggiano, N. (2011, December 12). Doing it their way: Consumer-directed long-term care. (Episode 86) [Audio Podcast]. Retrieved from http://www.insocialwork.org/episode.asp?ep=86</p> <p>Social worker describes consumer-directed care to design the delivery of publically funded long-term services and supports.</p>	<p>Knowledge</p> <p>Values</p>
<p>Fitzgerald, P. (2015, December 25). The PACE program provides services and long term care. <i>Medicare Nation</i>. [Audio Podcast] Retrieved from http://podsquad.libsyn.com/the-pace-program-provides-services-and-long-term-care-with-peter-fitzgerald</p> <p>Interview with the executive vice president for policy and strategy for the national PACE association</p>	<p>Knowledge</p>
<p>Millheiser, A. (2015, April 28). Patient-centered medical homes: Opportunities for social workers. [Webinar]. Retrieved from http://eventcenter.commpartners.com/se/Meetings/Playback.aspx?meeting.id=699297</p> <p>Social worker describes opportunities for the profession in health care following the Affordable Care Act with an emphasis on primary care.</p>	<p>Knowledge</p> <p>Values</p>

<i>Assignments</i>	
Resource	Competency Dimension
Interview a social worker in health care about the relevance of policy for his or her work. See Appendix 5B	Knowledge Values Cognitive and Affective Processes
Participate in a mailing list for advocacy organizations in aging and health. See Appendix 5C	Knowledge Skills
Write a policy brief for state government officials focused on older adults and caregivers. See Appendix 5D	Knowledge Skills Cognitive and Affective Processes

APPENDIX 5A: READING-BASED DISCUSSION ON HEALTH DISPARITIES

Students read Camara Phyllis Jones' classic article, "The Gardener's Tale," as an allegory for racism and health disparities. (This article is available at <http://www.citymatch.org/sites/default/files/documents/bookpages/JonesGardenersTale.pdf>.) Students then reflect on the idea that the government is the gardener.

- In what ways does the government have the "power to act" and "control over the resources" (p. 1214) to eliminate health disparities? Ask students to consider a range of policy levers, such as public funding for long-term services and support, government oversight of health-care quality, and government incentives for organizations to expand access to care in underserved communities.
- How does political ideology influence one's response to the question regarding the role of the government?

- What implications do perspectives on the role of government have for social policy on racial disparities in health and aging?

The following are recommended readings to help students more deeply understand racial/ethnic disparities in health in later life and implications for policy:

P. Dilworth-Anderson, G. Pierre, & T. A. Hilliard (2012). Social justice, health disparities, and culture in the care of the elderly. *The Journal of Law, Medicine, and Ethics*, 40(1), 26–32. Retrieved from <https://oied.ncsu.edu/selc/wp-content/uploads/2013/03/Ditworth-Anderson-Social-Justice-Health-Disparity-and-Culture-in-the-Care-of-the-Elderly.pdf>

J. K. Davitt, J. Bourjolly, & R. Frasso. (2015). Understanding inequities in home health care outcomes: Staff views on agency and system factors. *Research on Gerontological Nursing*, 8(3), 119–129.

APPENDIX 5B: INTERVIEW A SOCIAL WORKER IN HEALTH CARE ABOUT THE RELEVANCE OF POLICY FOR HIS OR HER WORK

Conduct an interview with a social worker in a health-care setting that predominantly serves older adults and their caregivers. Explore with the social worker how state and federal policies relate to the following: (a) the social worker's day-to-day work within the organization, (b) the social worker's participation (or lack thereof) in interprofessional teams, and (c) the social worker's potential role as a consumer advocate. Discuss with the social worker (a) what policy reforms could make their work with clients more effective, especially in terms of advancing social and economic justice; and (b) their involvement (or lack thereof) in policy advocacy, including what facilitates or constrains this involvement.

Students can present their findings and reflections from this interview through a written paper and/or oral presentation to the class.

APPENDIX 5C: PARTICIPATE IN A MAILING LIST FOR ADVOCACY ORGANIZATIONS IN AGING AND HEALTH

Join the mailing list for two of the following organizations whose work focuses on policy advocacy in aging and health. (*Note:* This is not intended to comprise

a comprehensive list of all relevant organizations. Students are encouraged to identify others and to speak with the instructor about the suitability of the organization for the purpose of this assignment.)

- National Council on Aging: <http://cqrcengage.com/ncoa/app/register?1&m=68692>
- LeadingAge: http://www.leadingage.org/Seniors_Action_Network.aspx
- Alzheimer’s Association: http://act.alz.org/site/Survey?ACTION_REQUIRED=URI_ACTION_USER_REQUESTS&SURVEY_ID=6025
- Generations United: <http://visitor.constantcontact.com/manage/optin/ea?v=001qbttOa0cV5ql0YDz6XV8rQ%3D%3D>
- Eldercare Workforce Alliance: <http://www.eldercareworkforce.org/newsroom/e-newsletter/>
- Family Caregiver Alliance: <https://www.caregiver.org/caregiving-policydigest-newsletter>
- National Resource Center on LGBT Aging: <http://www.lgbtagingcenter.org/about/updates.cfm>
- Justice in Aging: https://salsa4.salsalabs.com/o/50849/p/salsa/web/common/public/signup?signup_page_KEY=7289
- Hospice Action Center: <http://hospiceactionnetwork.org/han-in-action/lac/sign-up/>
- HelpAge: <http://www.helpage.org>

Students reflect on their experiences with being part of these mailing lists, focusing specifically on how the information gained through the e-mails relates to their ability to formulate arguments in support of evidence-based policymaking to optimize the health and well-being of all older adults and caregivers and their knowledge of how to work with coalitions addressing key policy issues that affect older adults and caregivers.

**APPENDIX 5D:
WRITE A POLICY BRIEF FOCUSED ON OLDER ADULTS AND
CAREGIVERS FOR STATE GOVERNMENT OFFICIALS**

Write a policy/program briefing memo that relates to older adults' and caregivers' well-being in your state. The memo should be addressed to a state elected or appointed official (state legislator, governor, or department head). It should be structured as follows.

Define the focal issue and its impact on older adults in your state and society at large (e.g., caregiver support, integrative health-care delivery for people who are dually eligible for Medicaid and Medicare; need for affordable senior housing; expanding person-centered care in long-term services and supports).

Provide an example of a state policy or program (that would receive at least some public financing) that can be employed to address the issue in your state. This can include policies or programs that currently exist within your state, have been introduced, or that are from a different state and could be applied to your own. (For example, see <http://www.ncsl.org/documents/transportation/aging-in-place-2011.pdf>.)

Critically analyze how public policy in the area relates to themes of human rights or social, economic, and/or environmental justice for an aging society, drawing on demographic information about older adults and/or caregivers in your state specifically.



Competency 6

Engage With Individuals, Families, Groups, Organizations, and Communities

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Practitioners in aging engage older adults, caregivers, and related systems by understanding and applying a range of appropriate theories. To foster this engagement, geriatric social workers interpret the diverse life courses (including resilience, contributions, and strengths) of older adults and consider the cohorts and contexts in which they have lived. They also recognize how their own life trajectory influences their engagement with diverse older adults and their constituents.

COMPETENCY BEHAVIORS

Practitioners in aging with, and on behalf of, older adults and their constituencies:

- Establish and maintain strong relationships with older adults and their constituencies for the purpose of working toward mutually agreed on goals.
- Plan engagement strategies and interventions based on understanding of older adults' diverse life courses, strengths, challenges, and contexts.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
Fabbre, V., Buffington, A., Altfeld, S., Shier, G., & Golden, R. (2011). Social work and transitions of care: Observations from an intervention for older adults. <i>Journal of Gerontological Social Work, 54</i> , 615–626.	Knowledge Cognitive and Affective Processes
Gonyea, J., & Burnes, K. (2013). Aging well at home: Evaluation of a neighborhood-based pilot project to “Put connection back into community.” <i>Journal of Housing for the Elderly, 27</i> , 333–347.	Knowledge
Hash, K. M., Jurkowski, E. T., & Krout, J. A. (Eds.) (2015). <i>Aging in rural places: Programs, policies, and professional practice</i> . New York, NY: Springer Publishing. Chapter 2: Who Are Rural Elders? Chapter 11: Role of the Human Service Professional	Knowledge Skills Values
Hooyman, N. R., & Kiyak, H. A. (2011) <i>Social gerontology: A multidisciplinary perspective</i> (9th ed.). Boston, MA: Allyn & Bacon. Chapter 8: Social Theories of Aging Chapter 14: The Resilience of Elders of Color	Knowledge Values
Pandya, V. (2010). An evidence base for group work with older adults living in the community. <i>Social Work with Groups, 33</i> , 323–349.	Knowledge
Wall, J., & Spira, M. (2012). A conceptual framework for differential use of mediation and family therapy interventions with older adults and their families. <i>Journal of Gerontological Social Work, 55</i> , 282–297.	Knowledge Cognitive and Affective Processes

<i>In-Class Exercises</i>	
Resource	Competency Dimension
<p>View and discuss the life and drawings of 68-year-old artist, Elizabeth Layton http://elizabethlayton.com</p> <p>A discussion could center on the following questions:</p> <ul style="list-style-type: none"> • How does her work and story relate to life course development and social theories of aging? • How does her work dispel the misconceptions about aging held by our society? • How might her struggles with bipolar disorder affect her life and art? • Do you know older persons in your life who followed their passions later in life? 	<p>Knowledge</p> <p>Values</p> <p>Cognitive and Affective Processes</p>
<p>When I am Age 80</p> <p>Have students list and reflect on (a) what life will be like at age 80 by addressing physical, financial, emotional, social, and spiritual aspects; and (b) what legacy would they would like to leave.</p> <p>See Appendix 6A</p>	<p>Values</p> <p>Cognitive and Affective Processes</p>
<p>Rural Aging Teaching Module</p> <p>CSWE Gero-Ed Center http://www.cswe.org/CentersInitiatives/GeroEdCenter.aspx</p> <p>The instructor provides content from this module on the distinctive experience of rural aging and social work engagement with rural elders, their families, and communities.</p> <p>See Appendix 6B for two case studies—Mrs. Netting and The Johnsons, and Frank and Ida Rogers—that can be used as class exercises.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p>
<p>The Senior Center Group</p> <p>Individuals, Families, and Groups Practice Case Study http://www.cswe.org/default.aspx?id=18973 (search Generalist Practice Case Study)</p> <p>This teaching casebook offers a series of in-class exercises related to understanding group work with older adults.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>

(continued)

In-Class Exercises (continued)

Resource	Competency Dimension
<p>Brainstorm an Intergenerational Center</p> <p>Ask the students to form groups and design an intergenerational center for the local community.</p> <p>See Appendix 6C</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p>

Media

Resource	Competency Dimension
<p><i>Alive Inside: A Story of Music and Memory</i> (2014)</p> <p>http://www.aliveinside.us</p> <p>This film demonstrates the healing power of music for persons with dementia and how it can transform the culture of organizations and of care.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p><i>Up</i> (2009)</p> <p>http://www.pixar.com/features_films/UP</p> <p>This animated film highlights many concepts central to life course development and aging.</p>	<p>Knowledge</p> <p>Values</p> <p>Cognitive and Affective Processes</p>
<p><i>Bio-Psycho-Social Assessment of Mr. F.</i></p> <p>http://www.cswe.org/37114.aspx</p> <p>This video vignette portrays an assessment with an older veteran with health problems.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p>
<p>BC Talks Aging Boston College Institute on Aging, I. <i>Social Isolation</i> and II. <i>Social and Productive Engagement</i></p> <p>http://www.bc.edu/centers/ioa/videos.html</p> <p>These video presentations by BC faculty focus on the importance of relationships and social connection in older adulthood.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p>

(continued)

Media (continued)

Resource	Competency Dimension
<p><i>Older Adult Caregiver Challenges</i></p> <p>http://www.cswe.org/CentersInitiatives/CurriculumResources/MAC/GIG/UCLA/35225.aspx</p> <p>This video highlights family systems theory and discusses the challenges faced by older parents and their adult children living with mental illness.</p>	<p>Knowledge</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>

Assignments

Resource	Competency Dimension
<p>Longevity Assignment</p> <p>Have students take a longevity test (try a “how long will you live” calculator online) and find out how long they will live and actions that they can take to live longer.</p> <p>See Appendix 6D</p>	<p>Knowledge</p> <p>Cognitive and Affective Processes</p>
<p>Life Review with an Older Adult</p> <p>Have students engage in a life review process with a person age 65 or older. They should write a paper about the review, addressing the concepts of life course, cohorts, and strengths and resilience.</p> <p>Several examples of this assignment can be found at http://www.cswe.org/default.aspx?id=18973. Students can also incorporate multimedia into the project.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>Interviewing and Analyzing a Three-Generation Family</p> <p>http://www.cswe.org/default.aspx?id=18973</p> <p>Have students interview a three-generation family whom they know. From this interview, students develop a paper analyzing the family life course development, strengths and resilience, conflicts, and issues of diversity.</p> <p>See Appendix 6E</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>Comparing Elder Services in Rural and Urban Areas</p> <p>Have students visit the Eldercare Locator website (http://www.eldercare.gov/), insert the names of an urban area and a small town, and compare and contrast the organizations and range of services for older adults living in those two areas.</p>	<p>Knowledge</p> <p>Skills</p>

(continued)

Assignments (continued)

Resource	Competency Dimension
<p>Community Profile/Assessment With a Focus on Older Residents</p> <p>Have students choose a geographic community and conduct an assessment that includes data on older adults and services available in the community and an interview with a life-long community resident age 65 or older.</p> <p>See Appendix 6F</p>	<p>Knowledge</p> <p>Skills</p>

APPENDIX 6A: WHEN I AM AGE 80

Have students list and reflect on (a) what life will be like at age 80 by addressing physical, financial, emotional, social, and spiritual aspects; and (b) what legacy they would like to leave.

Directions for the Student

This exercise/discussion is intended to put you in an aging mindset by imagining yourself as an older adult or, if you are older, as a much older adult.

- Close your eyes and think of yourself getting older ... at 55 ... 65 ... 80.
- Choose one of those times to answer the following questions (individually) on a piece of paper:
 - What are three words to describe yourself as an old person?
 - Where are you living? With whom?
 - What is the nature of your family structure and composition?
 - How would you describe your health?
 - What are your strengths?
 - What are your fears?

- What do you most enjoy doing?
- What has given you the most satisfaction in your life?
- What are you hoping for?
- What legacy would you like to leave for your family, friends, and society?
- Anything else that you are picturing about yourself?

Reflection

- How do your images of what your life would be like at this age reflect the concepts and theories of life course development and theories of aging?
- How do they reflect your own ideas and values about aging?
- How do your images convey what you define to be successful aging?
- How do they capture the importance of the past and the future in shaping your life?
- What do these images convey about coming to terms with your own aging process to work effectively with older adults?

APPENDIX 6B: RURAL AGING CASE DISCUSSIONS

A rural aging teaching module can be found at <http://www.cswe.org/CentersInitiatives/GeroEdCenter.aspx>. The instructor provides content from this module on the distinctive experiences of rural aging and social work engagement with rural elders and communities. The following cases can be used as class exercises.

Case Exercise: Mrs. Netting and the Johnsons

Evelyn Netting is a widowed 85-year-old woman with the energy and spunk of someone decades younger. She still lives alone, drives a car, manages her own finances, and is very independent. She is in excellent health, and in fact, once a year she takes her roller-skates out of the closet, brushes the dust

off, and goes for a spin around the dining room for old-time's sake. She has provided childcare in her home in Downeast Maine for more than 50 years and continues up to the present day, though with fewer children in her care now. As one of the few childcare providers in a small rural town, Evelyn has cared for multiple generations of families and has a strong network of families and friends in the area. However, because she is working with children in her home all day, she has less time for other activities. The town she lives in offers few formal recreational, social, and educational opportunities and has very few amenities. There is a small market, a post office, a coffee shop, a church, and a senior center that offers occasional transportation for meals and events, which Evelyn attends when her schedule allows. The nearest large community to access shopping and medical facilities is 30 miles away. If her car were to break down, or if she were no longer able to drive, Evelyn would have difficulty meeting her basic needs. The sidewalks in town are in disrepair, and to access any programs or services on foot, Evelyn would have to cross a rural but busy highway. Evelyn's son had been living nearby and providing any assistance she might need, such as home repairs, snow shoveling, and grocery shopping, but he recently passed away. Her only other living family member is her younger son, who lives several states away and cannot travel long distances due to a chronic health condition.

Ted and Sheila Johnson, a well-educated couple in their late 60s who are photographers in semiretirement, live in the same small Maine town as Evelyn. They raised their children in the town, and they love the area for its natural unspoiled beauty and its proximity to several lakes and mountains. However, Sheila was diagnosed in her 40s with Raynaud's Syndrome, which causes the blood vessels in her fingers and toes to overreact to the cold, so they travel frequently and spend a great part of the year in a warmer climate. When in town they are quite engaged in the community. They have planned musical, educational, and cultural events for everyone in town to enjoy. Ted serves on a nonprofit advisory board, and Sheila volunteers in a program at a local nature preserve teaching people how to grow and cultivate herbs. Both participate in the many informal recreational opportunities in the area, such as swimming and hiking. Although they are active and well-known in the community, they feel the town is lacking social and educational opportunities, especially in terms of intergenerational activities. They could attend events at the senior

center, but they feel they do not have much in common with the people who regularly go there.

QUESTIONS FOR DISCUSSION

- What are some of the distinctive rural features of these cases?
- What challenges do Mrs. Netting and the Johnsons face as they age in place in their communities? What are some of their strengths?
- In what ways might a social worker assist these individuals?
- What services might benefit Mrs. Netting or the Johnsons?

Sources:

Kaye, L. W., & Harvey, S. A. (2015). Providing services to well older adults in rural areas. In K. M. Hash, E. T. Jurkowski, & J. A. Krout (Eds.), *Aging in rural places: Programs, policies, and professional practice* (pp. 135–159). New York, NY: Springer.

Hash, K. M., Jurkowski, E. T., & Krout, J. A. (2015). *Instructor's manual, aging in rural places: Programs, policies, and professional practice*. New York, NY: Springer.

Case Study: Frank and Ida Rogers

Frank and Ida Rogers live in a small home that Frank built in a quiet hollow in Kentucky. Frank is 85 years old and was a lifer in the U.S. Army. He worked in the coal mines for 10 years after leaving the Army to support his wife, Ida. Ida is 84 years old and served her country as a member of the Women's Army Corps (WAC) during World War II. She met Frank while serving in the WAC in 1944, and they married 2 years later. Frank continued his army career, and Ida stood by his side as he completed tours of duty in Korea and Vietnam. Ida never worked outside the home but has always been actively involved in her faith community and charitable activities. Even now, in her advanced age, she knits blankets for newborns at the nearby critical access hospital and remains a leader in her church. Although their marriage has lasted for more than 67 years, Frank and Ida regret that they were never able to have children.

Like many veterans coping with combat, Frank used alcohol to dull the nightmares and the images of war in his head. Frank's alcoholism led to many physical complications, including cirrhosis of the liver, pulmonary fibrosis, and problems in his marriage and work life. A recent diagnosis of diabetes

explains his significant weight loss and complications with his eyesight. Pain and numbness (neuropathy) in his feet has resulted in an unsteady gait, limiting his ability to walk comfortably for any distance outside the home.

Ida has been Frank's primary caregiver up to this point, but there has been a recent change in her as well. She experiences chronic arthritis in her knees and hands, has recently developed hypertension, and has been complaining of frequent fatigue, requiring long naps each afternoon. Neighbors and friends have also reported that Ida is experiencing short-term memory loss, forgetting church meetings, and making mistakes in her job as treasurer at the church.

Frank and Ida require trips to a physician, the closest of whom is more than 60 miles away. Frank and Ida still drive, but neither is comfortable enough to make the long trip alone. They get by financially on Social Security and a small pension. Although Ida receives Medicare, Frank refused to apply for it when he was eligible because he believes that the Veterans Administration (VA) owes him his medical care. This means that all of his care must come through the VA or it is not covered at all. He is too proud for either of them to apply for Medicaid or food stamps, refuses to use the food pantry at the church, and will not allow Ida to accept charity from anyone.

QUESTIONS FOR DISCUSSION

- What are some of the distinctive rural features of this case?
- What challenges do the Rogers face as they age in place in their community? What are their strengths?
- Would you consider Frank and Ida to be "frail" elders? What are your reasons?
- In what ways could a social worker assist the Rogers?
- What services might benefit Frank and Ida?

Sources:

Gammonley, D., Hash, K. M., & Sonntag, L. (2015). Providing services to frail rural elders. In K. M. Hash, E. T. Jurkowski, & J. A. Krout (Eds.), *Aging in rural places: Programs, policies, and professional practice* (pp. 161-185). New York, NY: Springer.

Hash, K. M., Jurkowski, E. T., & Krout, J. A. (2015). *Instructor's manual, aging in rural places: Programs, policies, and professional practice*. New York, NY: Springer.

APPENDIX 6C: BRAINSTORM AN INTERGENERATIONAL CENTER

Have students read Chapter 9, “The Importance of Social Supports: Family, Friends, Neighbors, and Communities,” in N. R. Hooyman & H. A. Kiyak (2011), *Social gerontology: A multidisciplinary perspective* (9th ed.). Boston, MA: Allyn & Bacon.

Ask the students to form groups and design an intergenerational center for the local community. They should address the following:

- What might be the mission or goals of an intergenerational center? How would it differ from a senior center? How would *intergenerational* be defined and operationalized?
- List three to five services that it would provide that are distinctive to an intergenerational center.
- List up to three services that it would not provide.
- How would the center work to maintain its focus on intergenerational relations?
- In what kind of community would it ideally be located? What would be design features to serve more than one generation?

APPENDIX 6D: LONGEVITY ASSIGNMENT

Have students take a longevity test (try a “how long will you live” calculator online) and find out how long they will live (estimated life expectancy and biological age). They should then evaluate their lifestyles, planning, and thoughts about their own aging.

Directions to Students

Go to and complete a longevity test/how long will I live calculator (choose from among these):

<https://www.livingto100.com>

<https://www.myabaris.com/tools/life-expectancy-calculator-how-long-will-i-live>

<http://media.nmfn.com/tnetwork/lifespan/#0>

OR

<http://www.bluezones.com>.

On the Bluezones website, go to the Vitality Compass and complete the instruction: Do you plan to make any changes in your life based on what you learned?

In a short paper or journal, share and reflect on the following:

- The results: Were there any surprises or ah-ha moments when you reviewed your life expectancy and biological age?
- Based on what you learned, are there any actions that you can take to improve your health and increase your life expectancy?
- What are the strengths and types of resilience that you will bring to the aging process?

A similar assignment can be found at <http://www.cswe.org/default.aspx?id=18973> (Longevity Assignment).

APPENDIX 6E: PAPER INTERVIEWING AND ANALYZING A THREE-GENERATION FAMILY

Briefly (in 1–4 pages) describe the members of a three-generation family with which you are familiar. Include important ascribed and achieved characteristics such as how members are related to each other, age, gender, race, ethnicity, sexual orientation, education, occupation, cohort, and so forth.

Focusing on one member of each generation (three individuals) and one period of time, analyze the developmental tasks faced by each member at his or her current life stage and the potential impact on the success of the others in working through their own current developmental tasks. In other words, are the developmental tasks of the members reinforcing/facilitative of each other,

or do they constrain/work against each other? Are the members in a position to work together toward common goals, or are their needs sufficiently different that their individual goals raise contradictions for the family as a unit? If there are competing agendas among the family members, discuss how they might minimize the potential conflicts. What are areas of strength and resilience that different generations might draw on to work toward shared goals and resolve conflicts?

APPENDIX 6F: COMMUNITY PROFILE/ASSESSMENT WITH A FOCUS ON OLDER RESIDENTS

Have students choose a geographic community, engage with that community and its residents, and conduct an assessment that includes data on older adults and services available in the community and an interview with a life-long community resident age 65 or older. The following guide can be used for the assignment; questions in the guide related to older adults are in **boldface** type. Choose the parts of this format/guide most salient to your students and their local geographic area.

This assignment should be conducted in groups of three to five (with at least three members each). In choosing a community, focus on one or more of the following: rural areas, ethnic populations, or vulnerable or underserved populations. The community needs to be large enough to find sufficient U.S. Census data. The community may not be one in which a group member currently lives or grew up.

The assignment consists of five sections: (1) a community observation, (2) analysis of census data, (3) interviews with key informants, (4) summary of community assets and needs, and (5) giving something back. You must complete the parts in the order in which they appear and allow adequate time to complete the various sections (e.g., this cannot be accomplished in a weekend). Appropriate census data may take some time to gather. Be sure to read relevant chapters in the texts and related supplemental readings prior to starting this assignment. This means that you will need to read the material before it is scheduled to be discussed in class. As appropriate, you should also incorporate key concepts with respect to communities (e.g., theoretical

perspectives on communities, types and functions of neighborhoods, community strengths and empowerment, at-risk populations).

The final product will be a class presentation for a maximum of 30 minutes. It should include the five sections as described in following paragraphs and be professional in nature (including the use of PowerPoint slides or Prezi, photographs or video of the community, and references).

1. Community Observation

Spend some time walking around the community and observing the people and their physical and social environments. This will likely take more than one visit to the community. It is a good idea to visit the community at various times (weekday/weekend, AM/PM). Take photos of places of interest in the community. Keep in mind that you may be identified as an outsider by some community members and be mindful of your own safety. In your observation, focus on the following.

GEOGRAPHIC CHARACTERISTICS

- How would you describe the geography of the community?
- What are the main geographical boundaries and natural barriers?
- Is the community geographically isolated or cut off from surrounding areas?
- **How accessible are community spaces to persons with physical challenges or who are frail?**

ECONOMIC CHARACTERISTICS

- Is there any evidence of what people do for a living?
- What are the major industries/employers?
- What kinds of stores and other businesses do you see?
- Do you see evidence of unemployment or poverty?

SOCIAL CHARACTERISTICS

- What kinds of people (social class, race, ethnicity, sexual orientation, and **age**) are observed?

- Are there many religious institutions? What denominations and other religious affiliations are present?
- Are there distinct subcommunities within the larger community?
- What appear to be predominant cultural values or traditions of the community?
- What appear to be major social problems affecting the community?
- What are the primary social service agencies in the community and how accessible are they? If the community has few or no agencies, where do residents go for services?
- **What services are available to older adults? What is the range of services for this population (for well elders and those who need long-term)?**
- **What services are available for caregivers of older loved ones?**
- What resources are evident from the following systems: health, welfare, education, recreation, employment, business, religions, others?

PHYSICAL ENVIRONMENT

- What condition are the buildings in?
- What is the condition of roads, sidewalks, garbage collection, other services?
- Are there formal or informal meeting places (coffee shops, bars, meeting halls, clubs, associations, etc.)?
- What types of parks or recreational areas are present? What is their condition?
- What are housing conditions like (upkeep, quality, rental, family owned, special features)?
- Is there evidence of construction and home repair?
- **Are there housing and care facilities specifically for older adults?**
- What type of transportation (public, private) is available?
How accessible is public transportation?

POLITICAL CHARACTERISTICS

- Are there any signs of political activity (bumper stickers, political offices)?
- What kinds of schools are located in the community? What is their condition?
- Is there a local library?
- Are there local newspapers?
- What kinds of voluntary organizations are located in the community that connote political activity?

2. Analysis of Census Materials

You will need to gather and analyze census data related to your community. This information can be found through national organizations such as the U.S. Bureau of the Census, Bureau of Labor Statistics, U.S. Department of Housing and Urban Development, U.S. Department of Education, and U.S. Department of Justice. Information can also be found through state agencies, including state and local departments of health and human services and annual reports prepared by cities, counties, and states. The majority of these organizations offer statistical information online.

Another census tool is <http://www.censusreporter.org>. The section specifically related to older adults is <http://censusreporter.org/topics/seniors/>

You can easily filter by geographical location by typing in the location in the search window, but if you want total U.S. data, just type in United States. You can then start breaking down the data by geography, going from national to region to division to state to county and so forth.

In your analysis of census data, cover the following:

- Review the data for your community. Save the most important and interesting tables.
- What major conclusions do you draw about this community, based on census data? For example, what is the population distribution, income and wealth distribution, racial/ethnic composition, family composition, marital status, occupational structure, family size,

poverty level, unemployment level, and so forth. **You should include data specific to the older adult population in the community (number and percentage compared to younger age groups, growth, and projected growth) and the implications of this data for the community and for older adults.**

- What do you conclude based on this demographic profile? Are there data that stand out, such as a higher than average poverty level, **a larger than average proportion of older adults**, large average family size, large percentage of extended family households, high unemployment rate, or higher than average home values? What might these patterns mean?
- How does what you learned from the census compare to your observations of the community? For example, does this new information conflict or support your observations?

You are encouraged to create your own tables and figures of the census information. Be sure that the data is presented in a clear and concise way. Pie and bar graphs are great tools for displaying data visually. Microsoft Excel or other spreadsheet or graphic software can produce easy to read charts/graphics that can be pasted into PowerPoint. Be sure to compare statistics from the community with state and national data (e.g., poverty rate).

Your choice of variables will depend on what you think is key. For example, a basic table might include the following:

- Table XXX. Name of Community
- Population (#)
- Women (%)
- Single female-headed household (%)
- Living below poverty (%)
- Children under 18 (%)
- **65 years of age or older (%)**
- **85 years of age or older (%)**
- Caucasian (%)
- Other racial groups (%)
- Home ownership (%)

3. Interviews With Key Informants

Choose **two or more** key informants to interview. An informant can be an activist, social worker, political leader, educator, clergy, police officer, or other individual who is very familiar with the community. An informant may be a person who is involved in some of the issues you are interested in given your community observation(s) and examination of census data (for example: children and families, health care, mental health, poverty, corrections, older adults, etc.). It may be helpful to ask a few community members to identify key informants. **At least one informant must be an older lifelong resident of the community. This older resident should provide information on the history of the community and changes that have occurred.**

Schedule an appointment and conduct an in-depth interview with each key informant. Prepare eight to 10 open-ended questions and allow about 45–60 minutes for the interview. Design questions related to the topic areas below. Your choice of questions should derive from the particular issues of the community that you have identified through your observations and analysis of census data. Obtain release/consent forms for photographs and interviews and respect informants' desired level of confidentiality in the presentation.

During your class presentation be prepared to generally discuss the types of informants you accessed. If appropriate, invite interested parties to attend the presentation or offer a copy of the results. Ideas for topic areas and questions to include for your interviews include the following.

COMMUNITY HISTORY

- What is the history of the community?
- What about local folklore (myths, legends)?
- Have the physical layout or transportation routes played a significant role in the community's development?
- Have there been significant changes or transitions in the community's population (size, ethnicity, race, wealth, **age**, etc.)?
- Are there aspects about the community's history that provide clues about its strengths and weaknesses?

- Are there significant historical incidents that affect how people perceive or act on issues today?
- How do the long-time **older** residents traditionally perceive their community? How do insiders currently perceive it?
- How do outsiders traditionally perceive this community? How do outsiders currently perceive it?
- What are the community's predominant values and traditions?

COMMUNITY LEADERSHIP, POLITICS, AND GOVERNMENT

- What kind of formal political system characterizes the community (e.g., municipal, county, unincorporated)?
- What levels of local government exist in the community and what other units of government carry out programs in the community?
- What kind of informal political structure does the community have? Is this community active politically? Would you consider these community leaders to be potential resources or obstacles in your work to improve the opportunities of the community? For what reasons?
- What groups have the most power in the community? Which have the least power?
- Are there currently important political issues in the community? How do political, governmental, and informal leaders define the issues and goals of that community? Have certain leaders or government agencies attempted to advocate for or against issues affecting the community?
- Are there political leaders or influential leaders outside the community that play a major role in the community?
- Who are the movers and shakers in the community? Who do they represent and in whose interests do they act? Are there agencies and/or community organizations that are active in local decisions? How does the business community get their concerns aired? **How much influence do older residents have?**

- Are all segments, **including older residents**, of the community involved in the political life of the community? In what ways? If not, for what reasons?
- Does the community engage in restrictive zoning and code enforcement processes? What are the advantages and disadvantages of the way the community enforces these?

COMMUNITY HUMAN SERVICES

- Describe the social and natural helping networks as well as formal services in the community. Besides government agencies, be sure to cover organizations that offer important social support to the community (e.g., religious institutions, schools, cultural associations, union locals). Which of these groups and organizations might offer resources and in what ways for a community practitioner working in this community?
- Are there mutual support groups, self-help groups, and voluntary associations in the community (e.g., religious institutions, tenants' groups, neighborhood watch)? What do they do, whom do they serve, and do they interface with formal human service organizations? How do they interface with the residents?
- What key human service organizations are in the community, especially those targeting the special issues of the community? What services are offered? Are there sliding fee scales for services? What kind of reputation do agencies have with various groups in the community, including the clients of the agency?
- Are they public agencies, nonprofits/voluntary, or private for-profit settings? What are their main sources of funding, and does the community raise funds for any of them?
- Are these agencies community oriented (e.g., do they primarily serve the community)? Do they have community residents or volunteers on their boards of directors? Are the agencies sensitive and responsive to the local community? Or are they oriented to a larger target area?

- What have you learned about the goals of the key social resources with respect to the local community?
- How do social welfare services act in coalition in the community? Do they interact with and relate to the school system?

COMMUNITY ECONOMICS

- How do people in the community make a living? Who are the major employers?
- How is each of the major social groups/segments in the community linked to the community's economic life? For example, **older adults may be a group that is largely consumers of services** or young families may have a high rate of employment and also be consumers of services or there may be a large young adult population that is unemployed and engage in the "underground economy."
- Are there local lending institutions, and if so, what kind of relationships do they have to the community? Do the financial institutions lend in the community?
- What is the economic base of the community? This may include industry, large and small businesses, social welfare, professionals in private practice, home businesses, or the underground economy.
- What relationship do these businesses have to the community? Do they employ community people?
- Who is employed and in what kind of jobs? Are local people their consumers? **Are most older adults still employed?**
- What has the interviewee found out about the goals of local economic institutions with respect to the local community?
- Is the local economy growing or declining? How do developments in the surrounding areas affect the economic base of the community?
- Do large local and/or multinational corporations invest in the community? Why or why not?

- What is the economic development plan for this community? (You may need to contact a larger entity, for example, a community development agency for information about this.)
- What are the strengths and weaknesses of the local economy and economic institutions and how might they influence the work of a community practitioner attempting to improve life chances among residents?

COMMUNITY ASSETS

- What are the greatest strengths of the community?
- What are some of the individual assets of the community (skills, talents, and strengths of the individual community residents)?
- What are some of the organizational assets of the community (citizen, business, communications, cultural, and religious organizations)?
- What are some of the private, public, and physical assets of the community (private and nonprofit organizations, public institutions and services, physical resources)?

COMMUNITY NEEDS

- What are the needs of the community and its residents?
- How can these needs be met?
- What are the major social problems affecting the community?

INTERVIEW TIPS

- Schedule an appointment in advance and agree on a mutually convenient place with minimal background noise.
- Determine and practice the interview questions ahead of time. If interviewing an older adult with hearing impairment, review tips for communicating effectively.
- Begin by chatting informally and getting to know each other and establishing trust.

- Explain again (you have already explained the reason for the interview when you made the appointment) who you are and why you are doing this interview. It is fine to say that this is an exercise for class, but also consider telling them you have heard or that you believe they can really help you understand the community. Informants are often more willing to help out students than other types of interviewers.
- Encourage the interviewee to do most of the talking. Guide the talk toward your questions.
- It is acceptable to tell the respondent about yourself and your community if asked, but then move the focus back to the respondent.
- Take brief notes to be filled in after the interview. Do not tape record these interviews. End the interview by asking the interviewee whether there is anything else you should know about the community. Be sure to thank the informant! You may also want to send him or her a thank-you note.
- Immediately after the interview, reread your notes and fill in the blanks. Use direct quotes whenever possible. Record your impressions.

4. Summary Analysis and Community Assets and Needs

This section serves as a summary for your findings. Drawing on the information collected in the previous sections (as well as further research if needed), discuss the assets or resources of individual residents and community organizational assets (private, public, and physical), informal assets and helping networks, and resources originating outside of the community. What are the primary, secondary, and other potential building blocks? What are the community's greatest needs and challenges (including its greatest social problem) and its capacity to meet these needs (i.e., what can be done, how can it be done, and who can get it done?).

5. Giving Something Back

As part of this assignment you need to give something back to the community that you study. It is important not to leave the community without sharing your time and talent (as the informants have with you). Some things you can do include organizing a clothing or food drive or volunteering for a read-aloud program. As previously mentioned, you should also offer copies of your findings to interested parties in the community. Key informants often have great ideas about how to give back. Ask them! This activity must be accomplished prior to the group presentation.

Sources:

Interview format is adapted from the following:

Johnson, A. (2000). The Community Practice Pilot Project: Integrating methods, field, community assessment and experiential learning. *Journal of Community Practice, 8*(4), 5–25.

McKnight, J. L., & Kretzmann, J. P. (1990, 1996). *Mapping community capacity*. Evanston, IL: Northwestern University Institute for Policy Research.

Murty, S. (2003). Mapping community assets: The key to effective rural social work. In T. L. Scales & C. L. Streeter (Eds.), *Rural social work: Building and sustaining community assets* (pp. 278–289). Pacific Grove, CA: Wadsworth.

Sherraden, M. (1993). Community studies in the baccalaureate social work curriculum. *Journal of Teaching in Social Work, 7*(1), 75–88.



Competency 7

Assess Individuals, Families, Groups, Organizations, and Communities

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Practitioners in aging utilize ecological-systems theory, a strengths-based and person/family-centered framework to conduct assessments that value the resilience of diverse older adults, families, and caregivers. They select appropriate assessment tools, methods and technology, and evaluate, adapt, and modify them, as needed, to enhance their validity in working with diverse, vulnerable and at-risk groups. The comprehensive biopsychosocial assessment takes into account the multiple factors of physical, mental and social well-being needed for treatment planning for older adults and their families. They develop skills in interprofessional assessment and communication with key constituencies to choose the most effective practice strategies. Geriatric social workers understand how their own experiences and affective reactions about aging, quality of life, loss and grief may affect their assessment and resultant decision-making.

COMPETENCY BEHAVIORS

Practitioners in aging with, and on behalf of, older adults and their constituencies:

- Conduct assessments that incorporate a strengths-based perspective, person/family-centered focus, and resilience while recognizing aging-related risk
- Develop, select, and adapt assessment methods and tools that optimize practice with older adults, their families, caregivers, and communities.

- Use and integrate multiple domains and sources of assessment information and communicate with other professionals to inform a comprehensive plan for intervention.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
<p>TEXT:</p> <p>McInnis-Dittrich, K. (2014). <i>Social work with older adults: A biopsychosocial approach to assessment and intervention</i>. New York, NY: Allyn & Bacon.</p> <p>Chapter 4, Biopsychosocial Assessment, pp. 89-109</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>Rose, A. L., & Cheung, M. (2012). DSM-5 Research: Assessing the mental health needs of older adults from diverse ethnic backgrounds. <i>Journal of Ethnic & Cultural Diversity in Social Work, 21</i>, 144-167.</p>	<p>Knowledge</p> <p>Values</p>
<p>Mast, B. T. (2012). Methods for assessing the person with Alzheimer’s disease: Integrating person centered and diagnostic approaches to assessment. <i>Clinical Gerontologist, 35</i>, 360-375.</p>	<p>Knowledge</p> <p>Values</p>

<i>In-Class Exercises</i>	
Resource	Competency Dimension
<p>This exercise supports attainment of the ability to conduct assessments that incorporate a strengths-based perspective, person/family-centered focus, and resilience while recognizing aging-related risk.</p> <p>Attitudes Toward Aging and Older Adults</p> <p>Each student takes the Expectations Regarding Aging Survey (Short Version: Physical Health, Mental Health, and Cognitive Function Scales) and scores it, then discusses the origins of their perceptions and misperceptions.</p> <p>Sarkisian, C., Steers, W. N., Hays, R. D., & Mangione, C. M. (2005). The Palmore Facts on Aging Quiz: Development of the 12-item expectations regarding aging survey. <i>Gerontologist</i>, 45, 240–248.</p> <p>Communication With Older Adults</p> <p>Gerontological Society of America. (2012). Communicating with older adults: An evidence-informed review of what really works. Retrieved from http://docplayer.net/27113-Communicating-with-older-adults-an-evidence-based-review-of-what-really-works-the-gerontological-society-of-america-1-developed-by.html</p> <p>Each student reads one or more (depending on the size of the class) of the 29 one-page evidence-informed strategies for communication and demonstrates the strategy to the class through a 2-minute role-play with another student acting as the elder. In discussion, students are asked to give examples of the strategies in relation to older adults in their practicum or community.</p>	<p>Knowledge</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<i>Media</i>	
Resource	Competency Dimension
<p>Module IV: Delirium, Depression, and Dementia BC Talks Aging</p> <p>Delirium is critical to recognize because of its rapid onset of impairment in cognition, attention, and psychomotor functioning. It is a critical condition in older adults and may be related to acute illness.</p> <p>http://www.bc.edu/centers/ioa/videos/delirium.html</p>	<p>Knowledge</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>

(continued)

Media (continued)

Resource	Competency Dimension
<p><i>The Forgetting: A Portrait of Alzheimer's</i> (30 minutes) with handouts: Diagnosis, The Experience, Risk factors, Coping, and For Caregivers.</p> <p>http://www.pbs.org/theforgetting/watch/index.html</p>	<p>Knowledge</p> <p>Values</p>

Assignments

Resource	Competency Dimension
<p>Applied Assessment Paper</p> <p>This assignment supports attainment of the ability to develop, select, and adapt assessment methods and tools that optimize practice with older adults and their families, caregivers, and communities.</p> <p>See Appendix 7A for complete assignment</p>	<p>Knowledge</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>Case Presentation: Biopsychosocial Assessment and Initial Intervention Plan</p> <p>This assignment supports attainment of the following abilities:</p> <ul style="list-style-type: none"> ● To conduct assessments that incorporate a strengths-based perspective, person/family-centered focus, and resilience while recognizing aging-related risk. ● To develop, select, and adapt assessment methods and tools that optimize practice with older adults and their families, caregivers, and communities. ● To use and integrate multiple domains and sources of assessment information and communicate with other professionals to inform a comprehensive plan for intervention. <p>Students are to develop and present in class a comprehensive biopsychosocial assessment using chart review, team collaboration, and their own assessment. In the assessment they are to incorporate an older adult's strengths and self-direction in problem identification and treatment planning.</p> <p>See Appendix 7B for complete assignment</p>	<p>Knowledge</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>

APPENDIX 7A: APPLIED ASSESSMENT PAPER

This assignment supports attainment of the ability to develop, select, and adapt assessment methods and tools that optimize practice with older adults and their families, caregivers, and communities.

Write a brief (3–4 pages) paper selecting two of the five mental health conditions from the text (McInnis-Dittrich, 2014) and readings: delirium, depression, anxiety, and dementia, substance abuse and suicide.

Synthesize and critically evaluate what you have learned about assessment for the selected condition. Next apply the recommended assessment by discussing its relationship to the context and the diversity of your practice setting and community.

Please address the following:

- The prevalence of this condition for older adults, its symptoms, and an assessment process typically used for this condition.
- Taking a life course perspective, what is different or similar about this condition when it occurs in late life compared to when it occurs earlier in life?
- Whether the text (McInnis-Dittrich, 2014) addresses diverse groups. If so, to what extent does it distinguish prevalence and response to treatment among diverse groups?
- The assessment instruments used and their relationship to problem identification and diagnostic formulation. This is to include holistically defined problems inclusive of medical, psychological (*Diagnostic and Statistical Manual of Mental Disorders*, fifth edition, diagnosis when appropriate), and social domains.
- Based on the readings and your practice experience, how could the interventions for this condition be tailored to address individuals of diverse backgrounds with respect to gender, race, ethnicity, sexual orientation, social class, or spirituality?
- The efficacy and challenges of use of the assessment instruments with a given older person within your agency context.

Assignments (continued)

- Question(s) or professional concern(s) that you think the text does not adequately address related to your topic.
- Potential ethical issues that could arise for social workers working with persons presenting with this condition.

Adapted from Jacob Dunn, LCSW, University of Wisconsin-Madison, *Advanced Practice in Health, Aging and Disabilities*, Fall 2015.

APPENDIX 7B: CASE PRESENTATION: BIOPSYCHOSOCIAL ASSESSMENT AND INITIAL INTERVENTION PLAN

This assignment supports attainment of the ability to

- a) conduct assessments that incorporate a strengths-based perspective, person/family-centered focus, and resilience while recognizing aging-related risk;
- b) develop, select, and adapt assessment methods and tools that optimize practice with older adults and their families, caregivers, and communities; and
- c) use and integrate multiple domains and sources of assessment information and communicate with other professionals to inform a comprehensive plan for intervention.

Critical Review to Initiate Assessment

Develop and present in class a comprehensive biopsychosocial assessment using chart review, team collaboration, and your own assessment. In the assessment, based on the outline that follows, incorporate older adults' strengths and self-direction in problem identification and treatment planning.

First, compare and contrast the Example of a Comprehensive Assessment in the text (McInnis-Dittrich, 2014) with your agency assessment format. Class discussion will provide macro areas to analyze agency context and targeted community. Then address the needed additions and modifications from your comparison in completing the Biopsychosocial Assessment and Intervention Plan Assignment outlined below.

The biopsychosocial-spiritual assessment and intervention plan are to be written as though they will be presented to a court or interdisciplinary team. That is, they are to be written in a professional format, rather than as a course paper.

The following outline is to be used in writing this paper (7 pages, double-spaced) after you have observed an assessment interview in the classroom setting. Use the headings listed in the following outline in your paper.

Biopsychosocial Assessment Outline

IDENTIFYING INFORMATION

- Demographic information: age, sex, race or ethnicity, current employment, marital status, physical environment/housing and neighborhood; nature of living circumstances (apartment, group home or other shared living arrangement, homeless).
- Referral information: referral source (self or other); reason for referral; other professionals or indigenous helpers currently involved.
- Data sources used in writing this assessment: interviews with others involved (list dates and roles of persons but do not include identifying information), tests performed, other data used.

PRESENTING PROBLEM

- Description of the problem and situation for which help is sought as presented by the client. Use the client's words. What precipitated the current difficulty? What feelings and thoughts have been aroused? How has the client coped so far?
- Who else is involved in the problem? How are they involved? How do they view the problem? How have they reacted? How have they contributed to the problem or solution?
- Past experiences related to current difficulty. Has something like this ever happened before? If so, how was it handled then? What were the outcomes?

BACKGROUND HISTORY

- Developmental history: from early life to present (if obtainable)
- Family background: description of family of origin and current family, extent of support, family perspective on older adult and older person's perspective on family, family communication patterns, family's influence on elder and intergenerational factors
- Intimate relationship history
- Educational and/or vocational training
- Employment history
- Military history (if applicable)
- Use and abuse of alcohol or drugs (self and family)
- Medical history: birth information, illnesses, disabilities and other health problems, accidents, surgery, allergies, nutrition, exercise, sleep
- Mental health history: previous mental health problems and treatment, hospitalizations, outcome of treatment, family mental health issues
- Major events: deaths of significant others, serious losses or traumas, significant life achievements
- Cultural background: race/ethnicity, primary language/other languages spoken, significance of cultural identity, cultural strengths, experiences of discrimination or oppression, migration experience and impact of migration on individual, and family life cycle
- Religion: religious institution membership, if any; extent of involvement; spiritual perspective; special observances

ASSESSMENT

- What is the key issue or problem from the older adult's perspective?
From the worker's perspective?
- How effectively is the older adult functioning?
- What factors, including thoughts, behaviors, personality issues, environmental circumstances, stressors, vulnerabilities, and needs,

seem to be contributing to the problem(s)? Please use systems theory with the ecological perspective as a framework when identifying these factors.

- Identify the strengths, sources of meaning, coping ability, and resources that can be mobilized to help the older person.
- Assess older adult's motivation and potential to benefit from intervention.

RECOMMENDATIONS/PROPOSED INTERVENTION

- Tentative goals (with measurable objectives and tasks)
 - Short-term (1)
 - Long-term (1)
- Units of attention
- Possible obstacles and tentative approach to obstacles

Peer Feedback on Your Final Rough Draft

Prior to the due date for the biopsychosocial assessment and intervention plan paper, bring your final rough draft to class for peer feedback. This draft is to be written in a narrative format and completed in a fashion suitable for turning it in for a grade. It will include the modifications and additions you have made from your comparison with the text description and your agency assessment format. Class time for peer feedback will be used to ensure not only that you are following the assignment as requested, but also that your paper is readable and professionally written.

You may choose who you want to respond to your draft paper; if you are uncomfortable sharing your it with a peer, please talk with the instructor at least 1 week prior to the peer feedback date to agree on an alternative format. Following peer feedback, you will submit to your instructor your final rough draft with the peer-feedback sheet. Your instructor will review the comments and suggestions from your peers and provide additional feedback. Based on peer and instructor feedback, you will then revise your biopsychosocial

assessment. The final assessment is intended to be one that you might use in your future practice.

Adapted from the California State University, Sacramento. Biopsychosocial Assessment and Intervention Plan Assignment, available at <http://www.cswe.org/CentersInitiatives/GeroEdCenter/EducationalResources.aspx>

Text:

McInnis-Dittrich, K. (2014). Biopsychosocial assessment. In K. McInnis-Dittrich, *Social work with older adults: A biopsychosocial approach to assessment and intervention* (pp. 89–109). New York, NY: Allyn & Bacon.



Competency 8

Intervene With Individuals, Families, Groups, Organizations, and Communities

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Practitioners in aging aim to promote wellness, build aging-friendly communities, empower older adults to manage their chronic conditions, optimize elders' productive contributions to families and communities, and ensure their quality of life, including reducing social isolation, suicide, and elder mistreatment. Gero social workers address ageism and discrimination at the individual, group, community, and policy levels and aim to reduce inequality based on life-long disparities. Practitioners in aging build on comprehensive biopsychosocial assessments to plan and implement effective and culturally appropriate interventions, including peer support. They are knowledgeable about, critically analyze, and apply evidence-informed interventions as well as emerging practices. Gero social workers value and draw on strengths-based and person/family-centered approaches to ensure that interventions are consistent with mutually agreed on goals at the individual, family, group, organizational, and community levels. They use technological resources, where appropriate, to improve quality of care. Practitioners in aging advocate to improve access, coordination, and quality across a continuum of medical, community, and social services.

COMPETENCY BEHAVIORS

Practitioners in aging with, and on behalf of, older adults and their constituencies:

- Promote older adults' social support systems and engagement in families, groups, and communities.

- Provide person-centered and family-directed interventions that take account of life course disparities and are targeted to diverse populations, groups, organizations, and communities.
- Assess for quality and access a range of services, supports, and care options, including groups and technology, for older adults and families to assure optimal interdependence.
- Monitor and modify interventions as needed to respond to individual, family, and environmental challenges.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
<p>McInnis-Dittrich, K. (2014). <i>Social Work with older adults: A biopsychosocial approach to assessment and intervention</i>, 4th edition. Boston, MA: Pearson Education.</p> <p>Chapter 6: Interventions for Depression, Anxiety, and Dementia, pp. 142-179.</p> <p>Chapter 8: Substance Abuse and Suicide Prevention, pp. 202-233</p>	<p>Knowledge</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>Choi, N. G., Marti, C. N., Bruce, M. L., Hegel, M. T., Wilson, N. L., & Kunik, M. E. (2014). Six-month post-intervention depression and disability outcomes of in-home telehealth problem-solving therapy for depressed, low-income homebound older adults. <i>Depression and Anxiety Focus on Treatment</i>, 31, 653-661.</p>	<p>Knowledge</p> <p>Skills</p>
<p>Bonelli, R. M., & Koenig, H. G. (2013). Mental disorders, religion and spirituality 1990 to 2010: A systematic evidence-based review. <i>Journal of Religion and Health</i>, 52, 657-675.</p>	<p>Knowledge</p> <p>Values</p>
<p>Greenfield, E. A. (2015). Support from neighbors and aging in place: Can NORC programs make a difference? <i>The Gerontologist</i>, 55(2), 191-198.</p>	<p>Knowledge</p> <p>Skills</p>

(continued)

Readings (continued)

Resource	Competency Dimension
Enguidanos, S., Kogan, A. C., Keffe, B., Geron, S. M., & Katz, L. (2011). Patient-centered approach to building problem solving skills among older primary care patients: Problems identified and resolved. <i>Journal of Gerontological Social Work, 54</i> (3), 276-291.	Knowledge Skills Cognitive and Affective Processes
Chodosh, J., Price, R., Cadagan, M., Damron-Rodriguez, J. A., Osterweil, D., Czerwinski, A., Tan, Z,...Frank, J. (2015). Practice improvement education program (PIE) using a mentored approach to improve nursing facility depression care—Preliminary data. <i>Journal of the American Geriatrics Society, 10</i> , 2395-2399.	Knowledge Skills Cognitive and Affective Processes

In-Class Exercises

Resource	Competency Dimension
<p>Case Study in Transitional Care</p> <p>This exercise supports attainment of the ability to assess for quality of a range of services, supports, and care options, including groups and technology, for older adults and families to assure optimal interdependence.</p> <p>The Bridge Model: http://www.cswe.org/File.aspx?id=75779</p> <p>PowerPoint presentation: http://www.cswe.org/File.aspx?id=75788</p> <p>Class discussion with case examples of this social work transitional care model. Students each identify points of transition in the care of an older adult in their practice. In what way could the model be applied in their practice setting?</p> <p>http://www.transitionalcare.org</p>	Knowledge Cognitive and Affective Processes

(continued)

In-Class Exercises (continued)

Resource	Competency Dimension
<p>Interprofessional Teams Exercise</p> <p>First review M. Wynia, I. Von Kohorn, and P. Mitchell, (2012), Challenges at the intersection of team-based and patient-centered health care: Insights from an IOM Working Group. <i>Journal of the American Medical Association</i>, 308, 1327-1328.</p> <p>Describe from your practice setting the role of a member of the interprofessional team or another staff member of another discipline.</p> <p>Compare and contrast your role within the agency and their role. In what way are the roles complementary? Discuss how the older person and family caregiver are important parts of the team. What are the values and principles listed in the Wynia et al., article that are strengths and challenges in your setting?</p>	<p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>Person-Centered Care and Health Literacy</p> <p>This exercise supports attainment of the ability to provide person-centered and family-directed interventions that take account of life course disparities and are targeted to diverse populations, groups, organizations, and communities.</p> <p>Findley, A. (2015). Low health literacy and older adults: Meanings, problems, and recommendations for social work. <i>Social Work in Health Care</i>, 54, 65-81.</p> <p>Centers for Disease Control and Prevention: Health Literacy and Older Adult Check List</p> <p>http://www.cdc.gov/healthliteracy/pdf/health-literacy-for-older-adults-questions.pdf</p> <p>This exercise takes account of language, education level, and cultural/ethnic background of the practitioner and the older adult/family member. Having read the above article and reviewed the checklist, each student will describe—in 2 minutes—a chronic illness or condition prevalent in late life. Each will then answer questions from classmates for 2 minutes in language that matches the literacy level of older persons.</p>	<p>Knowledge</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>

(continued)

In-Class Exercises (continued)

Resource	Competency Dimension
<p>Social Isolation Activity</p> <p>As a group, view BC Talks Aging – Module 1: <i>Isolation Kills!</i> (12-minute video) and <i>A Practitioner’s Perspective of Social Isolation</i> (9-minute video).</p> <p>Available at http://www.bc.edu/centers/iaa/videos.html</p> <p>Then break into small groups and discuss the practitioner’s perspectives on social isolation. Summarize implications for practice at any level with older adults and caregivers.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>

Media

Resource	Competency Dimension
<p>Videos listed here support attainment of the ability to promote older adults’ social support systems and engagement in families, groups, and communities.</p> <p>http://www.n4a.org/files/n4aMakingYourCommunityLivable1.pdf</p> <p>The National Association of Area Agencies on Aging publication <i>Making Your Community Livable for All Ages: What’s Working!</i> offers options for community livability for elders.</p> <p>Trustees of Boston College. (2016). Module II: Social & productive engagement, BC Talks Aging. [Video] Available at http://www.bc.edu/centers/iaa/videos/engagement.html 14:09 minutes</p>	<p>Knowledge</p> <p>Cognitive and Affective Processes</p>
<p>Senior Helpers. (2013). <i>The senior gems: Your guide to supporting family members with dementia, with Teepa Snow</i>. [Video] Available at https://www.youtube.com/watch?v=HqCLpCu72LM</p>	<p>Knowledge</p> <p>Values</p>
<p>Texas Department of Aging and Disability Services. (2015). <i>Respite care: Caring for the caregiver</i>. [Video] Available at https://www.youtube.com/watch?v=ENC51p4tagk</p>	<p>Knowledge</p> <p>Values</p>

Assignments	
Resource	Competency Dimension
<p>Applied Intervention Paper</p> <p>This assignment supports attainment of the ability to monitor and modify interventions as needed to respond to individual, family, and environmental challenges.</p> <p>Students write a brief response paper selecting one of the practice models or program interventions they have reviewed in the readings or another intervention model or practice with an evidence base.</p> <p><i>See Appendix 8A for complete assignment.</i></p>	<p>Knowledge</p> <p>Values</p> <p>Cognitive and Affective Processes</p>
<p>Community and Evaluation Practice Assignment</p> <p>This assignment supports attainment of the ability to assess for quality and access a range of services, supports, and care options, including groups and technology, for older adults and families to assure optimal interdependence.</p> <p>This carefully conceptualized assignment (in-class presentation) addresses macro and program evaluation issues and provides students with opportunities to address the intersectionality among various social locations, such as age, gender, ethnicity, and culture. Available at http://www.cswe.org/CentersInitiatives/GeroEdCenter/TeachingTools/Competencies/PracticeGuide/Assignments.aspx</p>	<p>Knowledge</p> <p>Skills</p>
<p>Practice Analysis and Case Study Paper</p> <p>The objective of this assignment is to explore in-depth an evidence-informed therapy or treatment model as it is used to address a specific problem or issue of later life. Students write a paper that applies the model to older adult clinical work, describing how the model has been applied to their work in a specific case or cases. A case summary of approximately one page is to be included for background information.</p> <p><i>See Appendix 8B for complete assignment</i></p>	<p>Knowledge</p> <p>Skills</p>

APPENDIX 8A: APPLIED INTERVENTION PAPER

This assignment supports attainment of the ability to monitor and modify interventions as needed to respond to individual, family, and environmental challenges.

You are to write a brief response paper (3 pages) selecting one of the practice models or program interventions that you have reviewed in the readings. Or you can select another intervention model or evidence-informed practice with approval by the instructor. You are to formally synthesize and critically evaluate (not summarize) what you have read and discuss the following topics:

- Would this approach to intervention be appropriate in your practice setting? Regardless of your practice setting, in what service delivery setting would it be best to implement?
- From a life course perspective, does the practice model address issues, strengths, and challenges distinctive to later life? Provide examples to support your response.
- Did the readings address diverse groups? If so, did they distinguish the outcomes of the model or program intervention among diverse groups? If not, how could the model or intervention be tailored to address individuals of diverse backgrounds with respect to gender, race, ethnicity, social class, sexual orientation, or spirituality?
- Overall, in which specific ways do you feel the model or intervention serves to inform social work practice?
- What are the potential ethical issues for social workers from work with older persons using this type of practice model or intervention?

Adapted from Jacob Dunn, University of Wisconsin- Madison *Advanced Practice in Health, Aging and Disabilities*, Fall 2015

APPENDIX 8B: PRACTICE ANALYSIS AND CASE STUDY

This assignment supports attainment of the following abilities:

- Ability to provide person-centered and family-directed interventions that take account of life course disparities and are targeted to diverse populations, groups, organizations, and communities
- Ability to monitor and modify interventions as needed to respond to individual, family, and environmental challenges

The objective of this assignment is to explore in-depth an evidence-informed therapy or treatment model as it is used to address a specific problem or issue of later life. Your paper is to apply the model to older adult clinical work rather than to engage in a comprehensive discussion of the model chosen.

You are to describe how you have applied the model to your work in a specific case(s), or if you have not yet done so, talk about how you would envision doing so. A case summary of approximately one page should be included for background information.

In a 10–12 page paper, address the following:

- The targeted problem and population
- Your rationale for focusing on this issue and population and choosing this particular treatment model as an intervention
- The description of the specific elements of the treatment model or practice intervention and how it is applied to treatment of the chosen problem or issue in work with older adults
- The evidence base of this treatment model generally and particularly with older persons
- The theoretical foundation for the model and key concepts of the treatment model or practice intervention
- Whether there are specific steps in the interventions and/or techniques that derive from the treatment model

- The model's strengths and limitations in work with diverse populations and with the chosen problem
- What modifications are needed, if any, to the model to better serve diverse populations
- Other cultural considerations or potential ethical dilemmas to keep in mind

Use APA format (see <http://www.apastyle.org>) for references.



Competency 9

Evaluate Practice With Individuals, Families, Groups, Organizations, and Communities

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Practitioners in aging integrate sources of knowledge—including gerontological and social work theories and research, input from constituencies, and awareness of broader societal trends—within evaluation processes. They value the role of older adults and their caregivers as contributors to evaluation and adapt research designs and measurement tools to fully include them across diverse practice settings. Practitioners in aging communicate evaluation findings and implications for improvement (e.g., financial, operational) across micro, mezzo, and macro levels of aging-focused practice and policy.

COMPETENCY BEHAVIORS

Practitioners in aging with and on behalf of older adults and their constituencies:

- Plan and conduct evaluations to continuously improve programs, policies, and practice impacting older adults and their caregivers.
- Use and translate evaluation outcomes to enhance the effectiveness and sustainability of programs, policies, and practice for an aging society.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
<p>Anderson, K., & Weber, K. (2015). Auto therapy: Using automobiles as vehicles for reminiscence with older adults. <i>Journal of Gerontological Social Work, 58</i>, 469-483.</p> <p>Available at http://dx.doi.org/10.1080/01634372.2015.1008169</p>	<p>Knowledge</p> <p>Skills</p>
<p>Boutwell, A., Johnson, M. B., & Watkins, R. (2016). Analysis of a social work-based model of transitional care to reduce hospital readmissions: preliminary data. <i>Journal of the American Geriatrics Society, 64</i>, 1104-1107.</p> <p>Available at http://onlinelibrary.wiley.com/doi/10.1111/jgs.14086/full</p>	<p>Knowledge</p>
<p>Clapp, J., & Beck, G. (2012). Treatment of PTSD in older adults: Do cognitive-behavioral interventions remain viable? <i>Cognitive and Behavioral Practice, 19</i>, 126-135.</p> <p>Available at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3289281/</p>	<p>Knowledge</p>
<p>Griffiths, P., Whitney, M. K. Kovaleva, M., & Hepburn, K. (2016). Development and implementation of tele-savvy for dementia caregivers: A Department of Veterans Affairs clinical demonstration project. <i>The Gerontologist, 56</i>(1), 145-154.</p> <p>Available at http://gerontologist.oxfordjournals.org/content/early/2015/11/13/geront.gnv123</p>	<p>Knowledge</p>
<p>Guinta, N., & Thomas, M. L. (2015). Integrating assessment and evaluation into partnership initiatives: Lessons From the Community Partnerships for Older Adults. <i>Journal of Applied Gerontology, 34</i>, 609-632.</p> <p>Available at http://jag.sagepub.com/content/34/5/609.full</p>	<p>Knowledge</p> <p>Cognitive and Affective Processes</p>

<i>In-Class Exercises</i>	
Resource	Competency Dimension
<p>Lubben Social Network Scale (LSNS) Micro-Level Activity</p> <p>Before class: Students should review the LSNS introduction information at http://www.bc.edu/schools/gssw/lubben.html and the LSNS-6 at http://www.bc.edu/schools/gssw/lubben/downloads.html</p> <p>In class: Identify a practice you might use to intervene with an older adult who is socially isolated. Discuss your use of the 6-item version of the LSNS to evaluate the effectiveness of this practice. In dyads, role-play administering the LSNS-6 to an older adult, both before and after the intervention.</p>	<p>Knowledge</p> <p>Values</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>Outcomes Evaluation in an Aging-focused Practice Setting</p> <p>In small groups, students will select an aging-focused program, identify expected participant outcomes, choose appropriate measures, and assess processes of change.</p> <p>See Appendix 9A for complete assignment.</p>	<p>Knowledge</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<i>Media</i>	
Resource	Competency Dimension
<p>University of Manchester. (2015). <i>Researching age-friendly cities</i>. [Video]. Available at https://www.youtube.com/watch?v=WXELgwHQ34o</p> <p>This 15-minute video highlights the Manchester Institute for Collaborative Research on Ageing's efforts to transform Manchester into an Age-Friendly city by engaging older adults as co-investigators in their research.</p>	<p>Knowledge</p> <p>Cognitive and Affective Processes</p>
<p>CSWE Gero-Ed Center. RE-AIM Framework. [PowerPoint presentation]. Available at www.cswe.org/File.aspx?id=83933</p> <p>Describes the RE-AIM (reach, effectiveness, adoption, implementation, & maintenance) framework, which focuses on the public health impact of evidence-informed health promotion program efforts.</p>	<p>Knowledge</p> <p>Cognitive and Affective Processes</p>

Assignments	
Resource	Competency Dimension
<p>Interview and Paper</p> <p>CSWE Gero-Ed Center. Program Management: Quality Assurance and Sustainability. In <i>Healthy Aging</i> (pp. 21–22].</p> <p>Available at http://www.cswe.org/CentersInitiatives/GeroEdCenter.aspx</p> <p>Interview an evidence-based health promotion (EBHP) program administrator regarding efforts to implement quality assurance, fidelity monitoring, business planning, and financial sustainability, and write a paper that analyzes the interview.</p> <p>See Appendix 9B for complete assignment.</p>	<p>Knowledge</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>
<p>Paper on Reminiscence and Evaluating Change</p> <p>Read K. Anderson & K. Weber (2015), Auto therapy: Using automobiles as vehicles for reminiscence with older adults in <i>Journal of Gerontological Social Work</i>, 58(5), 469–483.</p> <p>Select a well-being scale to measure potential change after participating in reminiscence sessions from those listed at http://myweb.lmu.edu/jknow/Hedonistic%20Paradox%20Appendix.pdf.</p> <p>In 2–3 pages, summarize the key points from the article, explain why you selected a particular scale rather than others, and describe what you would need if you were to actually collect this information from participants. Include at least three references in the paper.</p>	<p>Knowledge</p> <p>Skills</p> <p>Cognitive and Affective Processes</p>

APPENDIX 9A: OUTCOMES EVALUATION IN AN AGING-FOCUSED PRACTICE SETTING ACTIVITY

In small groups, students will select an aging-focused program in their communities, identify expected participant outcomes, choose appropriate measures, and assess processes of change.

Following are specific questions to be addressed:

- What is the program or service that you seek to evaluate?

- What is one outcome for the program or service that you would expect among participants (e.g., reduced depression, higher life satisfaction, better compliance with medications)?
- How can the outcome above be measured? What else would you need to learn to ensure the feasibility and quality of the measure?
- What are the processes through which the program or service effects the intended outcome?
- How can you assess processes of change?
- If you were conducting an outcomes evaluation, who would you need to engage in the organization to participate in the project? How would you engage older adults themselves?

Describe how the findings from the evaluation could be helpful or harmful to organizational constituents. Give an example of using social work skills to overcome organizational politics that might impede sound evaluation processes.

APPENDIX 9B: PROGRAM MANAGEMENT: QUALITY ASSURANCE AND SUSTAINABILITY INTERVIEW AND PAPER

Interview an evidence-based health promotion (EBHP) program administrator regarding his or her efforts to implement quality assurance, fidelity monitoring, business planning, and financial sustainability. Answer the following questions in a written paper:

- Which information and decision-making mechanisms were used by the program administrator to select the EBHP(s) offered at his or her agency?
- What challenges did this program administrator face in implementing EBHP program(s) at his or her agency?
- What challenges does a program administrator face in terms of assuring quality and fidelity?
- Which data collection tools are used to evaluate programs?

- Do these data collection tools effectively evaluate program outcomes?
- Which sources of funding support the EBHP program(s)?
- What are the plans and processes for financial sustainability?
- What are the challenges in sustaining programs at this agency?
- Based on your readings and what you learned in this interview, what recommendations do you have for further enhancing program quality and sustainability efforts?
- What take-home messages about quality assurance and program sustainability did you learn about the skills, opportunities, and challenges of being an EBHP program administrator?

CSWE Gero-Ed Center Module: Healthy Aging (pp. 21–22) available at <http://cswe.org/CentersInitiatives/GeroEdCenter.aspx>