# Rationale and Goals
# of the GeroRich Project

This chapter identifies the overall goals and approach of the GeroRich Project, defines three models of curricular change often used in social work programs (specialization, integration, and infusion), and provides the rationale for a planned curricular and organizational change model to infuse gerontology into foundation curriculum as well as the social work education program as a whole.

The GeroRich Project's approach grew out of the identification of the well-documented need described in Chapter I: the majority of social workers, regardless of practice setting, work in some way with older adults and their families, but only a small percentage of graduates have gerontological knowledge, skills, and values. To bridge the gap between the number of social workers with foundation gerontological competencies and workforce needs, the GeroRich Project focused on foundation content in classes and field work as a way to prepare all social work graduates with foundation-level knowledge, skills, and values.

Accordingly, the GeroRich Project's overall aim was to "gerontologize" social work programs and thus to move beyond individual faculty development to programmatic change. The term "gerontologized" was coined by the GeroRich Coordinating Team to describe curricula and organizations that are characterized by the goals of gerontological pervasiveness and planned sustainability.

**Gerontological pervasiveness** is the embedding of gerontological competencies, content on aging, and gerontological teaching resources throughout all foundation content as well as embedding awareness of gerontological perspectives into a program's organizational culture.

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*"In a curriculum and organization in which gerontology is pervasive, issues of aging and older adults would be considered 'business as usual,' no longer something 'special.'"*

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**Planned sustainability** means that gerontological competencies and content are institutionalized within the curriculum and the program as a whole, and do not disappear when faculty and academic administrators change.

To achieve and sustain a "gerontologized" program, GeroRich project directors and their faculty engaged in a model of planned curricular and organizational

change. **Curricular change** means that gerontological competencies—and the content and teaching methods to attain these—are infused in most aspects of a foundation course, such as course objectives, lectures and class discussion, class exercises, readings, assignments, and media resources. **Organizational change** aims to weave issues of

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*"Perhaps the longest-lasting effect of the GeroRich project is the Curriculum Committee's recommendation to totally realign the MSW curriculum around a life course perspective. If this change is adopted, it will mean a fundamental philosophical reorientation around curriculum involving gerontological issues."*

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age and older adults, along with the use of non-ageist language, into a program's organizational culture and structural arrangements. This can be accomplished by including appropriate content in a program's print and electronic materials (admissions brochures, course catalogue, bulletins, and Web sites); library and media holdings; governance structure; and formalized events such as student orientation, annual lectures, or alumni colloquia. Both curricular and organizational change involve similar processes of analyzing and documenting the need, setting outcome-based goals and measures, identifying sources of support and resistance so as to obtain buy-in of key stakeholders (faculty, academic administrators, students, and community practitioners), influencing structural arrangements in social work programs to support gerontological infusion throughout the organization (such as curriculum decision-making procedures), and measuring outcomes while attending to strategies to ensure sustainability and dissemination throughout the change process.

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Changes in organizational culture are captured by one project director who noted, *"We are currently discussing what the field of practice should be in our new MSW curriculum. In our discussions, there is widespread awareness of the need to have gerontology represented. This is truly a major step for a college that has been dominated for years by a child and family focus."*

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An infusion approach to gerontological competencies, content, and teaching resources was the curriculum model used by the GeroRich Project to achieve pervasiveness and sustainability. The next section reviews three models of curriculum change (specialization, integration, and infusion), and provides the rationale for the GeroRich infusion approach. As noted above, although infusion is typically conceptualized in terms of curriculum change, it is also a relevant approach for embedding issues of aging and older adults within program organizational structures.

# MODELS OF CURRICULUM CHANGE

## Specialization

As noted in the prior discussion of need, the typical—although not widely available—curricular approach has been to offer specialized gerontology courses: electives, minors, concentrations, or field placements in agencies serving primarily older adults. The GeroRich Project intentionally did not aim to create more aging specializations/concentrations, since these reach only a small percentage of social work students, generally those who are already interested in working with elders and their families. And when student interest is low, a specialization in aging may be the first to be eliminated. In addition, the specialized approach may lead to the one or two faculty members with gerontological expertise being given the responsibility to teach all gero content and to "take care of aging" in the curriculum, a strategy that is difficult to sustain. It can also result in segregating or isolating gero content from the rest of the curriculum, such as when advanced gerontology courses are offered that compete with other advanced courses in various specialization areas.



Even though 18% of MSW programs currently offer a concentration in aging, the aging specialization or concentration in most social work programs generally attracts a small number of students, typically less than ten. This means that the majority of students graduate with little or no knowledge of gerontological social work and the challenges faced by older adults and their families. In sum, the primary limitation of a specialization or concentration approach is that it does not reach those who will work with elders and their families, but do not choose to take gerontology classes or field placements as part of their professional preparation. It thus does not address the documented need for foundation level gerontological knowledge, skills, and values during graduates' careers when they undoubtedly will, in some capacity, serve older adults and their families.

## Integration vs. Infusion

A common curricular change model is integration, which aims to place specialized content, such as aging, via readings, guest lectures, or videos, in strategic discrete locations in the curriculum, but not within all foundation content. The term "age" or "older

adults" may be inserted in the course description section of a syllabus or tacked onto a particular set of readings for a session, yet actual aging content may be only minimally or never present in the classroom or field. A common example of the integrated approach is adding a lecture or set of readings on aging and/or death and dying toward the end of the first foundation Human Behavior and the Social Environment (HBSE) course. In such situations, the topic may end up not being adequately covered if the instructor runs out of time or student attendance and attention decline. Or readings on Social Security and Medicare may be included in the foundation policy course but not explicitly discussed in relation to older adults' changing economic, health care, and demographic needs, or to the cross-generational aspects of such programs' policies. As another example of the integration approach, a faculty member with gerontological expertise may be invited to do a brief guest lecture in an introduction to social work course. Although this does expose students to some gero content, it relies on the good will of the guest lecturer and does not require that the primary instructor learn more about aging in order to teach it him/herself. As a result, an integration approach generally does not build and sustain gerontological capacity within the program.

The primary limitation of the integration approach is that when gero social work competencies are "added onto" existing courses, they can easily be replaced or skipped over. Students may complete a course that has the word "age" scattered throughout the syllabus without ever hearing a lecture on aging or discussing in-depth issues facing older adults and their families. As a result, an integration model of curriculum change is not conducive to gerontological pervasiveness or sustainability.

One reason for the predominance of this compensatory or "add on" curricular approach in professional education is that CSWE accreditation standards have been oriented toward prescribing content, which may create what faculty perceive to be a crowded and sometimes disjointed curriculum. Accordingly, social work faculty often maintain that they cannot add "one more thing" to their courses, especially if this means changing or giving up content they are accustomed to teaching. If they attempt to "add" content, they may try to meet current accreditation expectations for lifespan content by inviting an older person as a guest speaker in the foundation cultural diversity course, or by focusing on illness and death and dying at the end of the HBSE course, or by simply inserting the word lifespan in their course description. It is noteworthy that the CSWE Commission on Education and Curriculum Innovation is currently proposing a competency-based

approach to social work education; if this direction is approved, the pressures on faculty to include particular content will probably be reduced.

The concept of gerontological *infusion* rather than *replacement* was chosen to address faculty's concerns about "adding one more thing." As one GeroRich project director stated, when faculty members maintain that the "bucket is too full," the infusion of gerontological content into all foundation courses can be conceptualized as "stirring the bucket in a new way." An infusion approach emphasizes curriculum enrichment rather than taking away or competing with existing content. This is the crux of the GeroRich Project's meaning of "gerontologizing" the curriculum: embedding or weaving gero competencies and content into all foundation courses.

## Curricular Infusion

In striving to achieve the overall goal to prepare all social work students with foundation gerontological competencies, the GeroRich Project emphasized infusing gerontological competencies, content, and teaching resources into all BSW and MSW foundation courses. Foundation courses are defined as practice (micro to macro), policy, HBSE, cultural diversity, research, and field practicum in the first year of MSW programs and the junior and senior years of BSW programs. Even if programs have not organized the foundation in terms of this course configuration, current accreditation standards require content in these foundation areas.

As noted above, in an infused curriculum, issues of aging and older adults are embedded within every aspect of both classroom and field courses, and are no longer seen as "special" or an "add on." Instead, addressing issues facing older adults becomes normative or "business as usual" for the foundation curriculum—just like children and family issues are in all social work programs.

**Examples of infusion or "embedding" issues of aging and older adults into foundation course syllabi:**

- The course description articulates key concepts such as aging, older adults, elders, gerontological social work, intergenerational, or lifespan.

- Issues of aging and older adults are identified in the course goals and objectives.

- Issues of aging and older adults are part of each class session's description/objectives.

- Gerontological knowledge, skills, and values are part of social work foundation competencies/learning outcomes.

- Teaching materials (e.g., case studies, readings, in-class exercises, AV resources) to illustrate gerontological social work practice and policy are widely and readily available to faculty.

Not surprisingly, because GeroRich project directors were asking their faculty colleagues to modify what they teach, they often encountered resistance from those who initially equated infusion with the integration model of adding to or competing with other content areas. When first approached about gerontological infusion, many faculty members reacted that they could not "add one more thing" or that they did not want to give up content they were already teaching. To address this resistance, GeroRich projects creatively identified ways that an infusion approach can enrich rather than replace content in foundation courses by building intersections with other substantive areas and populations to strengthen students' learning in foundation courses.

**Examples of how intersections across content areas can be built:**

- Foundation classes on diversity and social justice articulate the intersections of age, race, gender, functional ability, and sexual orientation, with health and economic disparities across the life course and the concept of cumulative disadvantage as organizing constructs for course content.

- Age-associated issues facing grandparents as primary caregivers of grandchildren are addressed in child welfare and foundation practice courses—or multigenerational issues facing family caregivers are addressed in foundation practice and policy courses.

- The poverty of older adults, especially among women and elders of color, is interwoven with a social welfare policy class discussion on poverty among children and families.

- HBSE is reorganized and re-conceptualized. For example, HBSE can be turned "upside down" to begin with old age, with an examination of how life course experiences in infancy, childhood, adolescence, and middle adulthood affect health outcomes in old age.

- Clinical case studies of families in practice classes are broadened to include older family members and multigenerational families.

- Foundation practice content encompasses the issue of caregiving for dependents across the life course—whether caring for children, adults with disabilities, parents, or partners.

- Mental health content attends to depression among older adults—the importance of a thorough assessment and evidence-based problem-solving interventions to address late life depression.

- Content on interpersonal violence in HBSE addresses issues of elder abuse, neglect, and self-neglect.

In some instances, projects discovered that stating what infusion is NOT was an easier way for faculty to grasp the concept itself. As noted above, infusion is not

simply inserting or scattering the word "age" in various aspects of a syllabus, such as the course description, and then failing to address gerontological issues in any class session. Infusion is also not addressing issues of aging in the last HBSE class session as a lifespan component (along with death and dying). Inviting a faculty member with gerontological expertise to give a 20-minute guest lecture on the aging process in a practice class does not infuse and sustain gero content into the course. Or simply mentioning Social Security and Medicare in a policy class is not infusing without explicitly relating these policies to older adults' changing economic or health-care status.

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*"Our faculty initially resisted the idea of adding content on older adults since we were not doing so with other age groups. When we shifted to an intergenerational approach rather than a gerontological one, they became very interested. This perspective fits with their systems perspective of social work practice, which goes beyond serving individual elders."*

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Some programs identified overarching curricular themes as organizing principles for the foundation curriculum as another infusion approach. Such cross-cutting perspectives included inter/multigenerational practice, and life course and lifespan issues as a way to build bridges across multiple topics and generations. These served to prevent aging from being seen as separate from the rest of the curriculum and were conducive to the sustainability of gerontological content. When infusion in foundation classes and field work serves to foster students' openness to

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One student talked about how *"interviewing an older person was easier than I had thought. It even got me thinking that I might consider a placement with older people."*

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working with older adults, it may also lead to student interest in gerontology as a specialization in the advanced year of the MSW program or in electives or minors in the BSW program. Even though this was not the focus of the GeroRich Project, some projects in both BSW and MSW programs also developed separate gerontology courses, concentrations, or minors secondary to their foundation infusion.

## ORGANIZATIONAL CHANGE

Another underlying GeroRich Project assumption was that for curricular changes to be sustained, organizational change must also take place. Ideally, organizational and curricular changes occur simultaneously, since organizational changes often help to implement and sustain curricular changes. But because time and resources were limited, many GeroRich projects began with curriculum analysis and change,

and then moved to identifying programmatic components that needed to be modified, as well as organizational supports and obstacles for their planned curricular change.

Organizational change involved influencing two primary types of structural factors: **structural arrangements and key stakeholders**, who may support or resist curricular changes. Structural arrangements encompass governance and decision-making policies and procedures, program autonomy, and other external demands on social work programs. Key stakeholders or constituencies are the individuals or groups whose support and involvement are essential for a successful planned change process. These structural factors are described more fully in Chapters IV and V on the Planned Change Model.

A social work program in which issues of aging and older adults are embedded throughout the organization (e.g., a "gerontologized program") is characterized by the following structural arrangements:

- The dean/director provides leadership and allocates administrative/operations support for faculty initiatives to infuse gerontological competencies in foundation courses.
- The Curriculum Committee or other governance bodies support the infusion of gero competencies.
- All faculty members have access to up-to-date gero teaching materials organized by foundation area (e.g., readings, assignments, modules, class exercises, case studies, media, and Web-based instruction).
- Gerontological social work is reflected in the programs' mission, goals, and objectives, and in printed and electronic recruitment materials, such as course bulletins/catalogues and recruitment brochures.
- Gerontological social work training is available to agency-based field instructors.
- Marketing and fundraising plans are in place to generate additional resources for sustainability of gero infusion.

Strategies to "gerontologize" a social work program as a whole are discussed more fully in Chapter V on Implementation and Sustainability.

## A PLANNED CHANGE MODEL TO PREPARE GERONTOLOGICALLY COMPETENT GRADUATES

The GeroRich and Strengthening Aging and Gerontology Education for Social Work (SAGE-SW) Projects both addressed an infusion approach to curricular change, but they differed in that GeroRich emphasized planned curricular and organizational change whereas SAGE-SW focused on individual faculty development as the primary means to achieve gero-infused curricula. The GeroRich projects found

that planned change strategies at a programmatic level could overcome faculty resistance to infusing gerontological competencies, develop community partnerships, secure administrative support, engage students, and sustain the changes made.

The phases of the GeroRich planned change model are as follows: 1) Planning, which includes undertaking curricular and organizational analyses, setting outcome-based goals, and selecting measures; 2) Implementation or action steps to achieve curricular and organizational changes, including garnering key stakeholders' support; 3) Evaluation or measurement of outcomes; 4) Sustainability or institutionalization of long-lasting changes, which is most effectively addressed across all phases; and 5) Dissemination of findings and lessons learned. For all GeroRich projects the first year was devoted to planning in order to lay a strong foundation for implementation and measurement of changes made. However, in practice the phases are not necessarily sequential, but typically interconnected; for example, planning tends to be ongoing, often influenced by what is learned during first attempts to implement changes and measure outcomes.

Although most social work educators are familiar with planned change models and how to modify curriculum, the GeroRich projects explicitly and strategically focused on each of the phases. Knowing that key stakeholders might resist gerontological infusion initiatives meant that project directors realized the necessity of garnering their support and building sustainable changes that would outlast any one individual involved in "gerontologizing" curricula and programs. Quite simply, everyone involved, the Coordinating Team and project directors, sought to avoid an approach of curricular development that could result in quality teaching materials that were never adopted and infused, but instead simply sat on a bookshelf or in a file cabinet.

Strategies for each of the phases of the GeroRich Planned Change Model are described in Chapters IV and V.

## Conclusion

This chapter on the Project rationale has presented the overall goals of gerontological pervasiveness and sustainability within both social work curricula and programs, goals that were achieved through planned curricular and organizational change; defined the curricular change models of infusion, specialization, and integration; provided the rationale for the GeroRich Project's infusion of gerontological competencies, content, and teaching resources; and identified the phases of the Planned Change Model used by GeroRich projects. Implicit in the GeroRich Project process was the assumption that for an infusion model to be effective, faculty must engage in a strategic planning process to assess curricular and organizational needs, set goals, and garner the support of colleagues, academic administrators, community practitioners, students, and older adults in the process. The GeroRich Project

Coordinating Team also intentionally modeled strategies of planned change in their overall process of program design and implementation (information dissemination, recruitment, and selection of GeroRich projects) and in providing ongoing consultation to both funded and unfunded programs. The next chapter provides an overview of the strategies developed by the GeroRich Coordinating Team to engage faculty and their deans/directors' support to apply to be a GeroRich project and to commit matching funds across three years.