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Context and Philosophy of Practice

RATIONALE: Social work practice is guided by an ever evolving person-in-environment perspective. Practice is carried out within multiple contexts—social, cultural, political, and historical—that affect the lives of clients and constituencies and the design of social services delivery systems. The demographic imperative—a rapidly expanding aging population—suggests that all social workers need to be prepared to serve older adults and their families.

COMPETENCY: “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” (Council on Social Work Education [CSWE], 2015, p. 6).

“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” (CSWE, 2015, p. 6).

SPECIALIZED PRACTICE: Specialized practice builds on generalist practice and extends “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” (CSWE, 2017, p. xviii).

Gerontology, the multidisciplinary study of aging, encompasses biology, sociology, and psychology. Gerontologists study the physical, mental, and social changes associated with the aging process and provide an understanding of the life course, that is, how a client has functioned over time, the timing of family

life events, and the historical and cultural changes associated with those events (Greene, 1986/2000; T. K. Hareven, 1996; Sugar, Rieckse, Holstege, & Faber, 2014). Geriatric social workers also may address clients' spiritual concerns. They combine this body of knowledge with social work values and skills to practice with and deliver services to their clients.

To appreciate the context of geriatric social work practice in the 21st century, it is important to consider the factors shaping the society in which people age and to recognize movements within the behavioral health and social sciences that emphasize effective functioning in old age. Societal changes in the past quarter century have brought about a significant shift in the challenges confronting social workers and other practitioners serving the older population (Wilson, 2014). "Not since more than half a century ago have the political, economic, cultural, and ideological views of the time so dramatically affected how social work practice is defined" (Greene, 2005b, p. 37).

Sociocultural changes have been accompanied by an interest in strengths-based human behavior theory and positive psychological frameworks (see chapter 5 for further discussion of theoretical concepts). As the result of societal influences and decades of research, a "new gerontology" has emerged: Instead of viewing old age as solely a time of deterioration and decline, it examines how people can and do experience a healthy and engaged old age (Holstein & Minkler, 2003; Kiyak & Hooyman, 1999; Peluso, Watts, & Parsons, 2013; Rowe & Kahn, 1998; Scharlach & Kaye, 1997; Sugar et al., 2014).

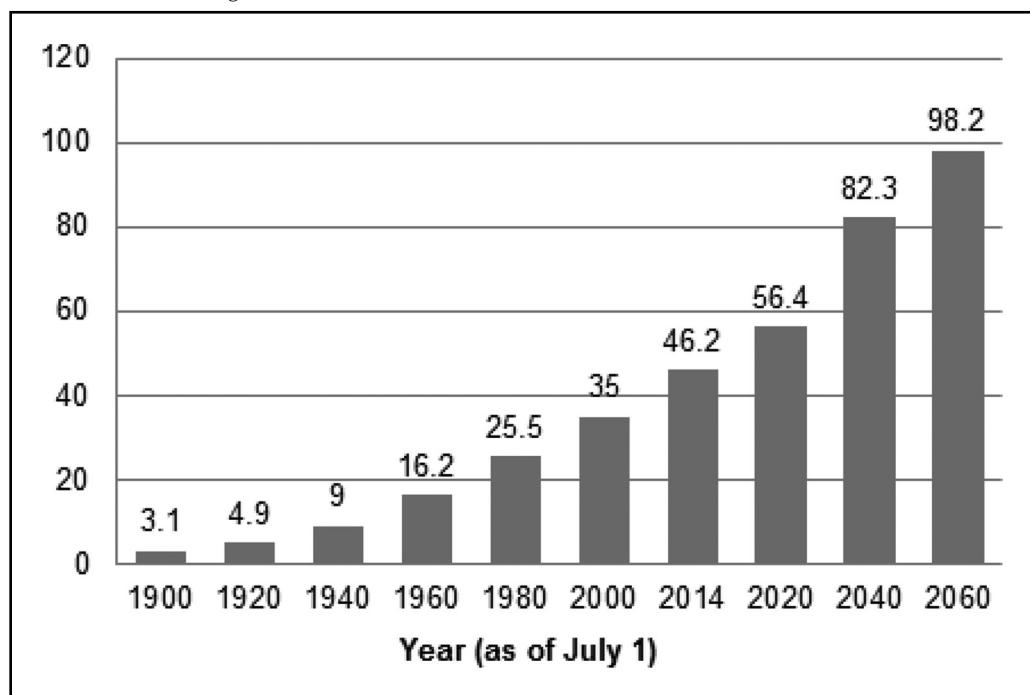
The new gerontology provides an exciting view of older adults in expanded roles and increased opportunities. It also is only as effective as a practitioner's commitment to a strengths-based resiliency orientation: It is all too easy for a social worker interviewing a frail older adult to ignore that client's abilities. But as Kivnick and Murray (2001) have pointed out, social workers who wish to keep older people as "independent" or "in the community" as long as possible must learn about each client's personal values and lifelong commitments and how the client wants to live out his or her life. Conversely, many older adults of racial or ethnic minority groups may live in extended family households. In each case, practitioners must focus on the life strengths that allow the client to remain engaged in the world. Social work students should evaluate their own commitment to strengths-based assessment (see chapter 6 for assessment information).

DEMOGRAPHIC IMPERATIVE

The need for social workers who are prepared to serve older adults is escalating. Why has there been a rise in career opportunities in geriatric social work? A "longevity revolution" is under way (see Figure 1.1). In the United States, life expectancy at birth is now 76.3 years for men and 81.3 years for women, and it is anticipated that life expectancy for both genders will continue to increase. By 2040, the population of those age 65 years and older is projected to be over twice as large as in 2000—or about 82.3 million older people—and will represent nearly 22 percent of the total U.S. population. The number of people 85 and

Figure 1.1: Longevity Projections

Number of Persons Age 65 and Older: 1900–2060 (numbers in millions)



Note: Increments in years are uneven.

Sources: U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municipios: April 1, 2010 to July 1, 2014, Release Date: June 2015; Intercensal Estimates of the Resident Population by Sex and Age for the United States: April 1, 2000 to July 1, 2010, Release Date: September 2011; Intercensal Estimates of the White Alone Resident Population by Sex and Age for the United States: April 1, 2000 to July 1, 2010; 2014 National Population Projections: Summary Tables, Table 3; Projections of the Population by Sex and Selected Age Groups for the United States: 2015 to 2060, released December 10, 2014; and NP2014_D1: Projected Population by Single Year of Age, Sex, Race, and Hispanic Origin for the United States: 2014 to 2060.

older is expected to triple to 14.6 million in 2040 (U.S. Department of Health and Human Services, Administration on Aging, Administration for Community Living [HHS, AoA, ACL], 2016).

With the swelling numbers will come an increasingly ethnically diverse elderly population, adding to the complexity of service needs (HHS, AoA, ACL, 2016). The United States has experienced an increase in racial and ethnic minority older adults from 6.5 million in 2004 to 10 million in 2014. This number is expected to increase to 21.1 million in 2030 (HHS, AoA, ACL, 2016). These older adults will have differing social, cultural, and political experiences as well as general worldviews. Clearly, social workers have a demographic imperative to attend to the old and very old (85 years and older), some of whom may be frail or may suffer from chronic health and cognitive impairments. A practitioner's ability to understand—and respect—the differences in a client's meaning and perception of old age will be paramount.

AGEISM

To successfully work in the field of aging, practitioners must first explore, identify, and resolve their own biases, myths, and stereotypes about older adults and the aging process. Thinking in negative ways about older adults and considering them poor candidates for various forms of psychosocial treatments are biases that have long permeated the helping professions. Freud's belief that older adults were poor candidates for psychotherapy was adopted by most mental health professionals of his era and continued well into the 1980s. In addition, human behavior theories (such as Piaget's) addressed only childhood learning. Moreover, some physicians still attribute forgetfulness to natural processes of old age without critically exploring possible causative factors (Centers for Disease Control and Prevention, 2013b; Greene, 2008b).

Robert Butler, the first director of the National Institute on Aging, coined the term *ageism* to refer to the blatant prejudice underlying stereotyping older adults as helpless and nonproductive. Ageism, he said, is a process of systematic stereotyping of and discrimination against people because they are old. Ageism allows younger generations to see older people as different from themselves. Thus, they subtly cease to identify with their elders as human beings (R. N. Butler, 1975).

The following myths of aging checklist of common old-age stereotypes (Harrigan & Farmer, 2000) can be completed to gauge what myths a person may believe about older adults.

Biological myths

- Getting older means a life fraught with physical complaints and illness.
- Older people are not attractive people. They smell, have no teeth, can hardly see or hear, and are underweight.
- Older people should not exert themselves; they may have a heart attack or fall and break a bone.
- Older people sleep all the time.
- Sex ends at age 60.

Psychological myths

- Most older adults are set in their ways and unable to change.
- Old age is a time of relative peace and tranquility.
- Older adults are unresponsive to psychological interventions.
- Senility is inevitable in old age.
- Older people cannot learn anything new; intelligence declines with advancing age.
- Memory loss in old age is inevitable.

- Older people can't solve day-to-day problems.
- Older people are asexual, have no interest in sex, and are unable to function as sexual beings.
- Older people are dependent and need someone to take care of them.

Social myths

- Older people inevitably withdraw from the mainstream of society as they grow older.
- Older people become preoccupied with religion as they age.
- Older adults are dependent but socially isolated and neglected by their families.
- Social services provided to older people by organizations usurp the family's traditional care and interpersonal functions.
- Most older adults are abused and neglected.
- Generation gaps lead to alienation of older adults.
- Old age is a time of relative peace and tranquility when people can relax and enjoy the fruits of their labor after the stresses of life have passed.
- Older adults are unable to work or do not want to work. Older people are poor people.
- Older adults desire to be left alone and spend most of their time watching television.

Ageism, like other forms of prejudice, carries with it the risk of spreading and becoming institutionalized. When this form of discrimination becomes widespread, it can influence practitioners' attitudes about the employment of older adults and their rights to health care. Indeed, some social workers may internalize societal misconceptions and hence view older adults negatively (Greene, 2008b). Their personal views and ageist attitudes thus may interfere with the range and types of choices they present to older adults.

To avoid falling into the ageism trap, social workers should analyze older clients' views of their own aging process. In addition, older adults' perceptions of the aging process influence expectations about their future health (Sarkisian, Steers, Hays, & Mangione, 2005).

ETHICS AND THE AGING POPULATION

Historical Overview

Ethical dilemmas permeate our society. They may occur at multiple systems levels in the social work or biomedical communities, legal system, social policy arena, or broader societal contexts. At the broadest societal level, tensions that

exist between the powers of the state and an individual's rights contribute to public policy debates about ethical issues, such as the right to die or decision to forgo life-sustaining treatment. In the 1970s and 1980s, two federal groups, the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (henceforth the National Commission) and the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research (henceforth the President's Commission), considered many issues that social workers still encounter today. Those commissions issued a series of reports and proposed state statutes to guide professionals' ethical decision making.

Especially important to geriatrics was the first issue examined by the President's Commission: whether the law ought to recognize a new means for officially establishing that death has occurred. In studying the definition of death, the commission was struck by the "depth of public concern about life-sustaining treatment of patients who are dying or permanently unconscious" (President's Commission, 1983b, p. 31). As the President's Commission became aware that "conflicting values between physicians and patients, between patients and their families, or among family members are not uncommon," it decided it was necessary to "clarify the rights, duties, and liabilities of all concerned" (p. 32). Furthermore, it decided to clarify the nature of death because medical technology enables an individual's heart and lungs to function when the patient's brain may not. Such technology poses a dilemma in that sometimes it is difficult to distinguish between patients who are clinically dead and those who are dying or severely injured.

The President's Commission (1983b) concluded that developments in medical treatment necessitated a restatement of traditionally recognized standards for determining death. The commission decided that the standards ought to be uniform across all 50 states, thereby proposing the following statute:

An individual who has sustained either (1) irreversible cessation of circulatory and respiratory function, or (2) irreversible cessation of all functions of the entire brain, including the brain stem, is dead. A determination of death must be made in accordance with accepted medical standards. (President's Commission, 1983b, p. 16)

The commission also concluded that defining death should be a matter for each state legislature; a state's health and judiciary subcommittees would be responsible for coordinating that task.

The National Commission and the President's Commission studied another issue important to geriatric social workers: when and how patients and their families might forgo life-sustaining treatment. Of the people who die in the United States, the vast majority will have been treated by health care professionals who possess, through advanced medical technology, a powerful means to forestall death. Sometimes, though, that objective may so dominate care that the therapy or treatment those professionals provide may not be consistent with the patient's own goals and values. Therefore, attempts to postpone death should,

at times, yield to other, more important patient goals. Overall, the following themes flowed through the final reports of the two commissions:

- Respect the choice of competent individuals who decide to forgo life-sustaining treatment.
- Provide mechanisms and guidelines for decision making on behalf of patients so that they may make their own decisions.
- Maintain a presumption in favor of sustained life.
- Improve the medical options available to dying patients.
- Provide respectful, responsive, and supportive care to patients for whom no further medical therapies are available or elected.
- Encourage health care institutions to take responsibility for ensuring that adequate procedures for decision making are available for all patients.

(President's Commission, 1983a)

Professionals debate ethical issues at the societal and biomedical community levels, and ethical topics are the focus of debate among members of the social work community who may hold differing values about client care. Ethical dilemmas typically surface during the client–social worker encounter, where issues such as autonomy and how to treat client self-determination may arise. For example, should a client who appears to be unsafe be allowed to continue to live alone, or should the social worker attempt to have the client protected? Or when a social worker and the client's family differ in their views about the right to reject heroic life-saving interventions, how shall the parties involved resolve this matter? The frameworks presented in chapter 2 are intended to facilitate the deliberation of such ethical dilemmas and their possible resolution.

Ethics and Values

According to the *Code of Ethics of the National Association of Social Workers* (National Association of Social Workers [NASW], 2017), ethics and professional values guide professional conduct; that is, social worker integrity and self-understanding are essential for practitioners to act in the best interest of their clients or client system. An ethical social worker tolerates ambiguity, respects divergent opinions, and recognizes a client's right to self-determination.

Skills, the behaviors that bring knowledge and values together and put them into action, may also be thought of as knowledge in action (Schon, 1983). Within the larger sociopolitical context, professional social work practitioners use the skills of interpreting complex situations and reflecting on how to conduct their practice (Laird, 1993). To enhance their skills, practitioners have traditionally imparted client-centered, relationship-building qualities, including empathy, the ability to deal sensitively and accurately with client feelings; non-possessive warmth, acceptance of the client as an individual; and genuineness, or authenticity (CSWE, 2015; Rogers & Dymond, 1957). These process-oriented

skills are necessary for client or system engagement, assessment, intervention, and evaluation.

EMBRACING DIVERSITY

Competencies are not just knowledge, attitude, and skills for student practitioners to master. Rather, the work of applying content in our chosen field of practice begins before the social worker sees the client. That is, the intake interview begins before the participants meet (Greene, 1986/2000). Social workers need to be cognizant of the diverse demographics of an aging population. There has been an increase in the numbers and types of ethnic and racial groups because of changes in population level, fertility, longevity, and migration (Whitfield & Baker, 2014). Social workers working with a diverse aging population must be mindful of the impact of health disparities, economic disadvantages, and issues related to immigration during the assessment and intervention phases of practice (see chapters 6 and 7; Whitfield & Baker, 2014).

Practitioners must also be mindful of the fact that the lesbian, gay, bisexual, and transgender (LGBT) population is expected to grow to 6 million by 2030 (Fredericksen-Goldsen et al., 2011). As a result of their marginalization and invisibility, health and service disparities exist for this population. Social workers should be mindful of the challenges faced by this population of older adults. Older women also face income inequities in later life because of cumulative discrimination in the workplace that affects lifetime earnings and retirement. Women are more likely to be institutionalized, have reduced incomes, and live in poverty (Sugar et al., 2014). Given the marginalization of women in our society, social workers should consider how cumulative challenges affect older women's quality of life.

VARIATIONS IN HELP-SEEKING BEHAVIORS

Clients bring to the social worker-client relationship expectations about the helping process that are based on their own and their family's beliefs and norms (Greene, 1986/2000). Moreover, they frequently will describe their requests and needs in terms used within their own cultural milieu. The events these clients have experienced throughout their lifetimes will have shaped their thoughts about specific services and acceptable solutions. They also will express their own unique views about the world at large.

For the social worker to "begin where the client is," the practitioner must use critical and reflective thinking and cognitive and affective processes to gain an awareness of his or her own personal biases before being able to act on a client's concerns (CSWE, 2015). Furthermore, the practitioner must have knowledge of the client's aging process within his or her particular historical and socio-cultural contexts. Having an awareness of clients' help-seeking behaviors—one way of embracing their diversity—helps to remove barriers to a client-centered

relationship. Practitioners might also use the following strategies to ensure that services are client centered:

- Maintain a positive and affirmative attitude toward the client.
- Engage in active listening—listen to discern client concerns and realize client possibilities for a positive future.
- Conduct client meetings in environments familiar to them.
- Talk candidly about behaviors and activities.
- Remain nonjudgmental.
- Express a willingness to assist.
- Initiate the helping process according to client directions. (Tice & Perkins, 1996)

When the social worker asks about the client's conception of a better tomorrow, the client is motivated to think about his or her future, and the helping relationship is on its way.

CHANGES IN FAMILY STRUCTURE

When working with an older adult, the social worker must decide who the client is. Although the social worker may address an older adult's particular concern, family members may be relevant to the problem and its solution. An important part of this assessment is determining who in the client's family or social support system is the most active and available to the client (chapter 6 further describes the tools used in making an assessment). The practitioner, however, needs to be aware that family structures have taken on different shapes owing to the longevity of the population, decreased fertility rates, and higher divorce rates (Peluso et al., 2013). Demographic factors and changing societal norms have changed family membership. These changes have occurred within and across generations and have led to the development of different family structures. For instance, marital patterns have changed, including increased cohabitation, multiple partner childbearing, increased rates of divorce and remarriage, later life marriages, and older adults increasingly living alone (Blieszner & Bedford, 2012). This changing family structure means there is less potential for intrafamily support and caregiving (Moody & Sasser, 2015; Peluso et al., 2013).

However, because of cultural and socioeconomic differences, the extent to which families and friends provide help to older adults varies across racial and ethnic groups. The social worker may observe cultural differences between clients' household and living arrangements. In fact, households of Pacific Islanders at 10 percent and Hispanics, African Americans, and Native Americans each at 8 percent have the largest percentage of grandparents living with grandchildren (Peluso et al., 2013). Also, the nuclear family no longer is the predominant family

type. There are a number of ways in which family caregiving is provided in our society. For instance, members of the LGBT community serve as caregivers for their loved ones (Whitten & Eyler, 2012). Because the effects a family's structure has on family members' ability to care for older adults remain unclear (Greene, 2005a), social workers, during their assessment of the client and family system, must determine how families carry out various role demands (Tennstedt, 1999; see also chapter 7 for a discussion of interventions).

ESSENTIAL ELEMENTS OF PRACTICE

Informed and effective action with individuals, families, groups, organizations, and communities is required for competent social work practice. Social work competence is composed of "knowledge, attitudes, skills, and cognitive and affective processes" (CSWE, 2015, p. 2).

The following essential elements of the curriculum proposed for the new CSWE (2015) Educational Policy and Accreditation Standards should inform practice. Social workers should be able to do the following:

Competency 1: Demonstrate Ethical and Professional Behavior

- Make ethical decisions by applying the standards of the NASW *Code of Ethics*, relevant laws and regulations, models for ethical decision making, ethical conduct of research, and additional codes of ethics as appropriate to context.
- Use reflection and self-regulation to manage personal values and maintain professionalism in practice situations.
- Demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication.
- Use technology ethically and appropriately to facilitate practice outcomes.
- Use supervision and consultation to guide professional judgment and 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 life-long learning to address how their attitudes and biases about aging and older adults may influence their personal and professional values and behaviors. Gero 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 should

- 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 use the principles included in the NASW *Code of Ethics*, evidence-based knowledge, and relevant legal and policy-related information.
- recognizing social structural inequities, advocate within the health and social service communities and as members of interprofessional teams on behalf of older adults and their families. (CSWE, 2017, pp. 1-2)

Competency 2: Engage Diversity and Difference in Practice

- Apply and communicate understanding of the importance of diversity and difference in shaping life experiences in practice at the micro, meso, and macro levels.
- Present themselves as learners and engage clients and constituencies as experts of their own experiences.
- Apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies.

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. Gero 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 should

- appraise their own values related to diversity in aging.
- analyze how diversity and oppression affect 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. (CSWE, 2017, p. 13)

Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice

- Apply their understanding of social, economic, and environmental justice to advocate for human rights at the individual and system levels.
- Engage in practices that advance 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 microaggressions, 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 effect 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 should

- engage older adults, their caregivers, and other constituencies to become aware of their rights to available resources and how these 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.

Competency 4: Engage in Practice-Informed Research and Research-Informed Practice

- Use practice experience and theory to inform scientific inquiry and research.
- Apply critical thinking to engage in analysis of quantitative and qualitative research methods and research findings.
- Use and translate research evidence to inform and improve practice, policy, and service delivery.

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 should

- 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.

(CSWE, 2017, p. 40)

Competency 5: Engage in Policy Practice

- Identify social policy at the local, state, and federal level that affects well-being, service delivery, and access to social services.
- Assess how social welfare and economic policies affect the delivery of and access to social services.
- Apply critical thinking to analyze, formulate, and advocate for policies that advance human rights and social, economic, and environmental justice.

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 those 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 policy making 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 should

- 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. (CSWE, 2017)

Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities

- Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies.
- Use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies.

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, gero 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 constituents should

- 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. (CSWE, 2017, p. 65)

Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities

- Collect and organize data, and apply critical thinking to interpret information from clients and constituencies.
- Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the analysis of assessment data from clients and constituencies.
- Develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies.
- Select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies.

Specialized Practice Competency Description. Practitioners in aging use ecological systems theory, a strengths-based and person- and 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. Practitioners develop skills in interprofessional assessment and communication with key constituencies to choose the most effective practice strategies. Gero 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 should

- conduct assessments that incorporate a strengths-based perspective, person- and 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. (CSWE, 2017, pp. 89–90)

Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities

- Critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies.
- Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies.
- Use interprofessional collaboration as appropriate to achieve beneficial practice outcomes.
- Negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies.
- Facilitate effective transitions and endings that advance mutually agreed-on goals.

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 lifelong 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- and 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 should

- 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 ensure optimal interdependence.
- monitor and modify interventions as needed to respond to individual, family, and environmental challenges. (CSWE, 2017, pp. 90–100)

Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities

- Select and use appropriate methods for evaluation of outcomes.
- Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the evaluation of outcomes.
- Critically analyze, monitor, and evaluate intervention and program processes and outcomes.
- Apply evaluation findings to improve practice effectiveness at the micro, meso, and macro levels. (CSWE, 2015, pp. 7–9)

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 for example, financial, operational) across micro, meso, and macro levels of aging-focused practice and policy.

Competency Behaviors. Practitioners in aging with and on behalf of older adults and their constituencies should

- plan and conduct evaluations to continuously improve programs, policies, and practice affecting 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.

(CSWE, 2017, p. 109)

A list of skills recognized by gerontological social workers as key to working with an older adult population was developed initially from projects conducted by CSWE as part of the Strengthening Aging and Gerontological Education in Social Work Initiative and the Practice Partnership Scale, a project funded by the John A. Hartford Foundation. These competencies have been further refined with participation from the Social Work Leadership Institute. Programs may build and apply these competencies in an area of concentration, such as aging. The Gero-Ed Center and the Hartford Partnership Program in Aging Education partnered to ensure consistency of one set of gero competencies for all the Gerontology Education in Social Work Initiative programs. A scale was developed that can be used to gauge progress in the development of these key skills or competencies. This scale, Geriatric Social Work Competency Scale II with Life-long Leadership Skills: Social Work Practice Behaviors in the Field of Aging, can be located at the following Web site: <https://www.cswe.org/getattachment/Centers-Initiatives/CSWE-Gero-Ed-Center/Teaching-Tools/Gero-Competencies/Guidelines-and-Scales/GeriatricSocialWorkCompetencyScaleII-LifelongLeadershipSkills.pdf.aspx>.

PRACTICE DEMOGRAPHICS

To prepare themselves to serve older adults effectively, students must learn about the changing nature of the aging population. For example, some older adults have access to private pensions, but access to these private pensions has been affected by gender, race, and income, and more employers are opting to reduce these plans (Blieszner & Bedford, 2012). Others will not have access to those resources because of a lifetime of economic hardships and discrimination. As social workers contemplate new designs for social services and health care systems, we must address this two-tiered nature of opportunity (Greene, 2005a; see also chapter 11 for a discussion of policy practice).

SHIFTING HEALTH AND HUMAN SERVICES DELIVERY SYSTEMS

The demographic shifts in the aging population combined with dramatic changes in the shape, delivery, and financing of health and human services are influencing both the skills that social workers must bring to practice and their ability to provide quality care to older adults (Blieszner & Bedford, 2012). For example, privatization, the use of technology, especially in health care delivery, and a greater focus on quality, cost-effectiveness, and outcome measures are significant factors affecting health and human services delivery systems. The need for medical and psychosocial care providers to work closer together and align goals of care is another consideration (Greene & Kropf, 2017).

Although some of these factors may have resulted in improved care, practitioners must be aware that particular changes, such as cost containment, have led to skewed access to and distribution of health care and other services (Sugar et al., 2014; Wilson, 2014). Because clients may have had a difficult time accessing and receiving help from various service systems, social workers may want to ask clients what other agencies they have used. Frequently, the practitioner acts as case manager—advocating for and coordinating the delivery of services (for more on competencies for case management practice, see chapter 12). However, a key intervention for the practitioner is to empower clients to traverse delivery systems on their own.

USING CONCEPTUAL THINKING AND ANALYTICAL REASONING

An essential element of the social work curriculum that informs practice is the use of both conceptual thinking, in which the practitioner identifies underlying issues in a complex problem; and analytical reasoning, in which the social worker purposefully, systematically, and logically examines the problem to determine its implications and identifies strategies for resolving the problem. This is a cognitive and affective process that enables social workers to carry out a learning stance in their assessment of a client's situation.

USING SCIENCE

In addition to learning about a client's views on aging, practitioners must acquire knowledge of current social concerns. For example, recent scientific research provides findings about diseases and treatments that involve older clients. Technological advances have revolutionized home health care, with families assuming more medical follow-up at home after hospitalization. The ability to integrate

and apply science, technology, and empirically based innovations into practice is a characteristic of contemporary social work.

Social workers use critical thinking to synthesize research findings and to develop a deeper understanding of social issues. In assessing a client's situation and to gain a deeper understanding of how recent scientific information may affect the client, practitioners may ask several questions (Gibbs & Gambrill, 1996):

- How do I know a claim is true?
- Who said the claim was accurate? What could their motivation be? How reliable are these sources?
- Are the presented facts correct?
- Have any facts been omitted?
- Have there been any critical tests of this claim? Have any experimental results been replicated? Were these studies relatively free of bias? What samples were used? How representative were they? Was random assignment used?
- Are there other plausible explanations?
- If correlations are presented, how strong are they?
- What weak appeals are used (for example, to emotion or special interest)?

In short, social workers understand that evidence informs practice (CSWE, 2015).

COMPETENCY-BASED EDUCATION

Competency-based education is outcomes oriented. It is informed by knowledge, values, and skills. This text presents an array of issues and practice areas needed for competent practice with older adults and their families and support systems. This content allows students to "actualize through its quest for social and economic justice, the prevention of conditions that limit human rights, the elimination of poverty, and the enhancement of the quality of life for all persons" (CSWE, 2015, p. 5).

In addition, the attention to both person and environment has been a continuing and unifying theme in the historical development of social work and is fundamental to geriatric practice. This multisystemic approach, also known as the ecological perspective, focuses on enhancing social functioning and creating the strongest mutually beneficial interaction between people and their environments (Bronfenbrenner, 1989; Cournoyer, 2000; Greene & Barnes, 1998). The ecological perspective also acts as a guide for social workers in the helping process, suggesting practitioners address issues involving individuals, families, groups, organizations, communities, and society.

AGING-RELATED COMPETENCIES

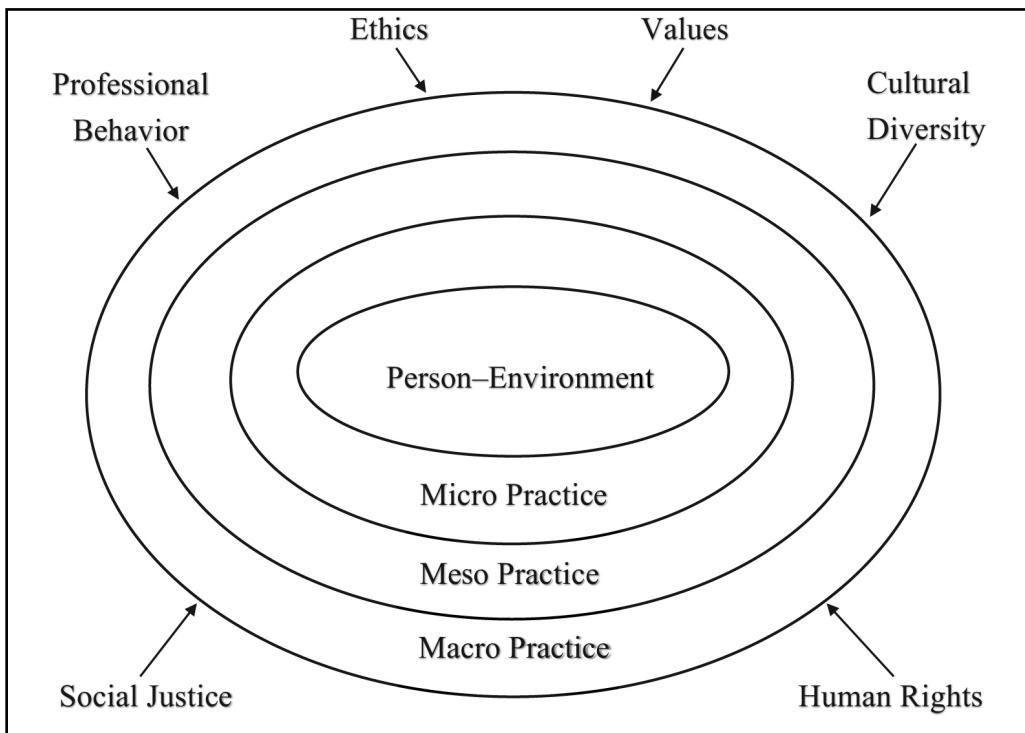
Gerontological social workers have long struggled to ensure that competencies for geriatric practice would find a place in the social work curriculum, and their efforts have paid off. The strengths-based social work movement emphasizes client assets and capabilities (Saleebey, 1997, 2004). In the strengths-based, positive approach, organizing constructs center around a philosophy that emphasizes resilience and how the social worker can help older clients to negotiate life transitions competently (H. L. Cohen & Greene, 2006; Diehl, 1998; Fraser, Richman, & Galinsky, 1999; Saul, 2003; Willis, 1991). This philosophy builds on the body of literature underscoring that a successful treatment outcome is the product of a client's own strengths and resources (Duncan & Miller, 2000; Miller, Duncan, & Hubble, 1997) and his or her worldview, culture, and life experiences (Ronch & Goldfield, 2003).

ECOLOGICAL PERSPECTIVE

The underlying theoretical foundation of this book is the ecological perspective. This perspective views the person as directly connected to and influenced by the environment (see Figure 1.2 for a pictorial representation of the ecological perspective).

The environment is composed of concentric layers that involve increasingly larger spheres of influence. This text focuses on assessment and intervention at

Figure 1.2: Theoretical Model Based on the Ecological Perspective



the micro or individual practice level; the meso or family and group practice level; and the macro or organization, community, and policy practice level. These practice levels are affected by ethics, values, professional behavior, cultural diversity, human rights, and social justice. Within this book, the levels of practice and other factors are integrated with the CSWE competencies discussed in this chapter.

Case Study: The Stanley Family as an Example of Custodial Grandparenting

To highlight content of the textbook, each chapter will integrate chapter content with the case example of Mrs. Stanley and her family. Eva Stanley is a 68-year-old African American woman who was widowed at age 47, when her husband died from cancer. Mrs. Stanley has three adult children, ages 35 to 45 years. Mrs. Stanley also has seven grandchildren, and she is the custodial grandparent of two of her son John's children. John was incarcerated five years ago for drug-related offenses. The mother of the two children, Loverne, has addiction problems and lost custody because of severe abuse and neglect. Loverne's family lives in another state and has never met either of these children. Almost four years ago, Mrs. Stanley assumed primary custody so that the children would not have to enter the foster care system.

The two grandchildren in Mrs. Stanley's care are 11-year-old Jasmine and seven-year-old Terrell. Both children have special needs. Jasmine has been delayed in school for a year and has impulse control issues, along with defiant, oppositional behavior. Terrell is a shy boy who suffers from health-related issues, including asthma and a seizure disorder. Jasmine has memories of her years living with her two parents and often describes the experience of being physically abused, left alone, and going without food. Terrell does not have many memories of either of his parents and the time that they lived together.

The Stanley family lives in a large southern city in a neighborhood that has a higher than average crime rate for the area. Mrs. Stanley and her husband moved into that house when they had their first child and raised their children there. Although there is enough room for the children, the household is in need of several repairs that are beyond the financial ability of Mrs. Stanley. Over the decades, the community has experienced decreased property values, higher uninhabited vacancy rates, and declining school performance. Despite these disadvantages, the families who continue to live in the neighborhood share close ties, and the church is the focus of the community for many of the older adults who live here.

To move in with Mrs. Stanley, Jasmine and Terrell had to move from a different neighborhood and transfer schools. Mrs. Stanley and her grandchildren collectively have experienced a number of significant transitions over recent years. The process of coming together as a family unit has entailed challenging aspects for everyone involved.

Throughout the rest of the book, the case of the Stanley family will be explored through the context of each chapter topic. As this chapter described, family life has created additional roles during older adulthood. The rate of custodial grandparenting has increased over the past two decades (Ellis & Simmons, 2014). The additional responsibilities of caregiving intersect with the experience of growing older for the care provider. Through a discussion of case material on the Stanley family, practice, policy, and research issues will be anchored in the situation of a family in later life.

WHAT WE LEARNED IN THIS CHAPTER

- There have been many sociocultural changes that affect older adults.
- There has been a new paradigm in gerontology that emphasizes positive and productive aging.
- The need for social workers trained in gerontology is high.
- Ageism is the stereotyping of older adults as helpless and unproductive.
- Ethical dilemmas specific to the practice and treatment of older adults present challenges for the practitioner. Professional values and the NASW *Code of Ethics* can help aid resolution of these issues.
- Changing demographics, cultural diversity, and changes in family structure affect practice approaches and work with older adults.
- The new CSWE Educational Policy and Accreditation Standards should inform practice.

SUGGESTED EXERCISES TO EVALUATE STUDENT COMPETENCY

1. Have students take the Geriatric Social Work Competency Scale II with Life-long Leadership Skills: Social Work Practice Behaviors in the Field of Aging scale to assess their present gero skill level. At the end of the course, have them take it again and discuss the differences in scores between the two tests.
2. Review the Myths of Aging checklist. Using this checklist, have students reflect on their own biases.

ADDITIONAL RESOURCES

AARP is a nonprofit, nonpartisan, social welfare organization that provides information and resources on a variety of topics important to older adults.

The organization also offers advocacy and policy resources. Visit <http://www.aarp.org/>.

The Association of Gerontology Education in Social Work provides leadership in the areas of gerontological social work education, research, and policy. Networking, mentoring, and training opportunities are available at <http://www.agesocialwork.org/>.

The Association of Gerontology in Higher Education provides leadership and support of geriatrics and gerontology education at institutions of higher education. Faculty and student support is also provided at <https://www.aghe.org/>.

The Association of Gerontology in Higher Education's competency guide provides guidance on developing competency-based gerontology education at various levels of educational programming and can be found at https://www.aghe.org/images/aghe/competencies/gerontology_competencies.pdf.

The Council on Social Work Education's *Specialized Practice Curricular Guide for Gero Social Work Practice* is a resource designed to help programs conceptualize specialized practice in aging and infuse aging into their curricula and can be found at https://www.cswe.org/CSWE/media/GeroEdResources/Gero_Guide_WEB_final_NewSite.pdf.

The National Association of Social Workers' *Code of Ethics* provides ethical standards and guidelines for professional practice and can be found at <https://www.socialworkers.org/pubs/code/default.asp>.

The National Council on Aging provides access to resources on a number of topics and issues that affect older adults. Visit <https://www.ncoa.org/>.