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## Professional experience, motivation and preparedness for practice with older adults : implications for the MSW curriculum

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Nicole M. Loux  
Professional Experience, Motivation and  
Preparedness for Practice with Older  
Adults: Implications for the MSW  
Curriculum

## ABSTRACT

This quantitative study explores Smith College School for Social Work (SCSSW) Master of Social Work (MSW) alumni perceptions of the SCSSW curriculum in the area of aging-related practice, and the contribution of their educational experience to their preparedness, motivation, and decision to work with older adults. SCSSW MSW alumni from the years 2007 to 2011 ( $N = 77$ ) comprised the study sample. The 50-item online survey, including two open-ended questions, was emailed to participants based on contact information they had provided to the alumni office of the School. Questions included original items developed by the author of this study and selected items from the UCLA Geriatric Attitudes Scale (GAS) and the Geriatric Social Work Competency Scale (GSWCS) II. Findings indicate that while recent graduates of SCSSW hold generally positive attitudes toward older adults and recognize the importance of serving this population, on the whole they feel underprepared to carry out professional work with the older adult population and are generally not seeking employment in this field. Alumni feel more competent in their clinical skills than in skills involved in navigating systems and identifying resources; they also felt less prepared in their understanding of the medical issues related to the aging population. Finally, participants express a desire for greater integration of older adult coursework in the curriculum. Considerations for enhancements to MSW curriculums and further research are provided.

PROFESSIONAL EXPERIENCE, MOTIVATION AND  
PREPAREDNESS FOR PRACTICE WITH OLDER ADULTS:  
IMPLICATIONS FOR THE MSW CURRICULUM

A project based upon an independent investigation,  
submitted in partial fulfillment of the requirements for the  
degree of Master of Social Work.

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2013

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## **CHAPTER I**

### **Introduction**

The purpose of this study is to describe older adult work experience, attitudes towards aging, feelings of preparedness for work with older adults, and practice competencies among Smith College School for Social Work (SCSSW) Master of Social Work (MSW) alumni. Additionally this study seeks to learn about alumni perceptions of the SCSSW curriculum in the area of aging-related practice and the contribution of their educational experience to their preparedness, motivation, and decision to, or not to, work with older adults. For the purpose of this study, older adults are defined as adults age 60 and older, or adults receiving services through a program designed to meet older adult needs.

By the year 2030, older adults will comprise nearly 20% of the U.S. population and will constitute the fastest growing segment of the population (Gelman, 2012). As people live longer, older adults will experience complicated health care and social needs including dementing illnesses, diminished social status, financial hardship, and the loss of family and friends to death. Currently there is a significant discrepancy between the need for social workers who are committed to and prepared to work with this population and the number of workers available. Scharlach, Damron-Rodriguez, Robinson, and Feldman (2000) found that only 3% of MSW students graduating in 1996 were selecting gerontological social work as their area of concentration. Compared to the rate at which this population is growing, there are limited educational opportunities for clinicians to receive specialized training for this group (Gelman, 2012).

My review of the research found many studies that had looked at social workers' or

students' attitudes toward work with older adults and efforts on the part of social work programs to shift the more negative attitudes (including ageism, aging anxiety and death anxiety) towards an interest in working with this population. National organizations such as the Council on Social Work Education (CSWE) has been instrumental in addressing and helping to develop social work programs with a focus on older adults, beginning in 1998 with the implementation of the Strengthening Aging and Gerontology Education for Social Work (SAGE-SW) project (Council on Social Work Education, n.d.b). Funded by The John A. Hartford Foundation, SAGE-SW aimed to enhance the capacity of social work education to meet the needs of a growing aging population through: strengthening gerontological social work education for BSW and MSW students (Rosen & Zlotnik, 2001); enhancing educator competencies to teach older adult material; and bolstering students' skill sets.

The measurement of participants' attitudes toward older adults is an important aspect of understanding motivation. The literature demonstrates that social work students who are exposed to older adults through field placements and early life experiences (for example, close personal experiences with older adults or frequent contact with older family members) express a greater belief in the importance of aging-related work, tend to experience a reduction in stereotypes, have greater appreciation of older adults' capacities and strengths, exhibit increased skill in working with the population, and are more likely pursue a position working with older adults as a result of their field placement (Gelman, 2012, Cummings & Adler, 2007; Gorelik, Damron-Rodriguez, Funderburk & Solomon, 2000).

This study will add to a growing body of research regarding social workers' motivation, preparation for, and experience with geriatric practice that SCSSW and the larger community of social work educators can use to understand and encourage clinicians to pursue careers in



geriatric social work. The existing research is limited in its study of MSW alumni in programs with clinical orientations, specifically in terms of alumni experience in the field of aging, attitudes toward preparedness for and motivation toward working with older adults, and perspectives regarding the strengths and limitations of their educational training in the area of aging. It will be useful to explore these attitudes, along with the role that perceived limitations of psychodynamic therapy plays in shaping them. It is hoped that study findings will inform SCSSW curriculum in terms of increasing student and alumni interest in and desire to work with older adults, to better meet the growing demands of our aging society.

## **CHAPTER II**

### **Literature Review**

The following is a review of the literature to support the overarching research question: What can we learn from SCSSW alumni about preparedness and motivation to work with older adults that can inform MSW curricula in the area of geriatric practice? While previous studies have evaluated the effectiveness of efforts to enhance aging curriculum in other social work programs (Rosen & Zlotnik, 2001), the present study seeks the perspective of recent SCSSW alumni regarding their experience of the curriculum in the area of aging.

To inform study questions and design, this chapter reviews the literature in the following topic areas: Demographic trends in aging and implications for social work; social work curricular needs in the area of aging; noted trends among social work students and graduates regarding focus on aging; barriers to entry into work with older adults among students and practicing clinicians, including ageism and death anxiety; and factors facilitating entrance into geriatric work. An additional area of interest, not well explored in the literature, is that of the learning needs and outcomes of graduates of a clinically oriented program, with respect to work in the field of aging. In this regard, this review will examine literature in the area of psychodynamic psychotherapy with older adults. Lastly, intergroup contact theory and competency theory will be explored as lenses through which we may better understand the relationship between education, motivation, and preparedness.

#### **Demographic Trends in Aging and the Need for Professional Social Work Intervention**

By the year 2030 older adults will comprise nearly 20% of the U.S. population as well as constitute the fastest growing segment of the population (Gelman, 2012). As people live longer,

these older adults will experience complicated health care and social needs including dementing illnesses, diminished social status, financial hardship, and the loss of family and friends to death. Currently there is significant discrepancy between the need for social workers who are committed to and prepared to work with this population and the number of workers available. Scharlach et al. (2000) found only 3% of MSW students graduating in 1996 were selecting gerontological social work as their area of concentration. Compared to the rate at which this population is growing there are limited educational opportunities for clinicians to receive specialized training for this group (Gelman, 2012). The need for a dedicated professional workforce that will address the needs of this population requires an increased understanding of how educators and employers might help cultivate interest in working with this group.

Social workers will also need to have a comprehensive understanding of unique issues relating to aging to fulfill their ethical needs to serve this population. Factors unique to current and future generations of elders include the effects of gender, ethnicity, capacity to self-manage, the rise in dementia, and the need for specialized care for elderly clients and their families.

According to the United States Census Bureau (1996, as cited in Scharlach et al., 2000), females born in 2005 are expected to reach age 81, and men age 74. Women are more likely to live alone and be poorer. This gender discrepancy is compounded by the rise in elder people of color, who are predicted to be 36% of the older population in 2050, as compared to 14% in 1990; older minority women are predicted to be the poorest group in our society (Scharlach et al., 2000). As more elders wish to remain at home and have little familial support, there is also a need for social workers to have the knowledge and capability to assess to what extent an elder can self-manage, be financially responsible, and live safely (Wilson, Tilse, Setterlund, & Rosenman, 2009). Social workers also must be equipped to address the needs accompanying the rising rates of dementia,

understand how and when changes in personality, interpersonal interactions, and social behavior may be indicative of dementia, and how to appropriately work with clients and their families once diagnosed (Manthorpe & Iliffe, 2009). These complex factors underscore the range of opportunities for social workers who are both interested in serving this population and qualified to handle the diversity of issues in this group. Social workers are less inclined to pursue this work if they feel ill-equipped to meet the needs of older adults, or lack a sense of competence at their jobs (2009). It will be increasingly important to learn how education and training can better prepare social workers and contribute to their motivation to work with older adults.

However, while there will clearly be a higher percentage of older adults in the population over the coming years, Ferguson and Shriver (2012) argue that the increase in demand for older adult workers across professions will be gradual over time, rather than a dramatic increase as currently expected. They suggest increasing the number of social workers generally prepared to work in aging-specific contexts may be premature before demand has stabilized or increased and specific demand areas have been identified. These authors argue for a focus within the field of social work on clarifying gerontological social work roles and functions and differentiating these from the roles played by other disciplines, noting the need for social work specialization in specific medical areas in response to growing demands. Finally, they support efforts to strengthen the evidence base for social work intervention, highlighting issues of effectiveness and providing a rationale for the social work role with older adults.

### **Curricular Need and Enhancement Among Social Work Programs**

The CSWE has been instrumental in addressing and helping to develop social work programs with a focus on older adults. From 1998 to 2001, recognizing the needs of social work programs in the area of aging, the CSWE implemented the first phase of its SAGE-SW project.

Funded by The John A. Hartford Foundation, SAGE aimed to strengthen the capacity of social work education to meet the needs of a growing aging population through strengthening gerontological social work education for BSW and MSW students (Rosen & Zlotnik, 2001). This first phase of the initiative assessed the competencies required for practice in gerontological social work. The second phase involved the Geriatric Enrichment in Social Work Education (GeroRich) Initiative, from 2002 to 2004, which focused on enhancing the abilities of social work educators to teach gerontological content in social work curriculum. The main findings from Phase I indicated that minimal aging content was being taught in the basic foundation social work curriculum, most students had very little knowledge in gerontological social work, and few social work faculty had the knowledge or skills to teach aging-related content (Council on Social Work Education, n.d.c; Rosen & Zlotnik, 2001). To address this issue, in Phase II, Faculty Development Institutes (FDIs) were implemented to attract faculty with little background in aging but who were interested in improving their ability to integrate this material into existing courses. In 2004 CSWE founded the National Center for Gerontological Social Work Education, which built on the accomplishments of the SAGE as well as the GeroRich Projects (a successor of SAGE), with a mission to “to promote gerontological competencies in baccalaureate and master’s level social work programs nationwide to prepare students to enhance the health and well-being of older adults and their families” (Council on Social Work Education, n.d.a, para.1). An evaluation of 67 colleges and universities that received GeroRich funding conducted by Sanders, Dorfman and Ingram (2008) found the project was successful in exposing students to gerontological material and influencing their decisions to pursue gerontological social work practice upon graduation. Findings also pointed to improvement in the amount of gerontological content within the curriculum and education of faculty about gerontology at the

societal level and its importance for social work. Finally, findings indicated that sustained activity, and an individual approach to infusion of aging content, is necessary to maintain enthusiasm among faculty regarding curricular change in the area of aging. Specifically one Gerorich program noted:

We learned that we cannot dictate a particular approach or strategy for infusion that will be endorsed by all faculty. Each faculty member needs the freedom to infuse aging content in their courses in a way that is relevant to him/her. . . . (2008, p. 34).

Currently 58 of almost 800, or approximately 13%, of accredited social work programs have concentrations in gerontology (Council on Social Work Education, n.d.a). Under the aegis of the National Center for Gerontological Social Work Education, further assessment of the gerontological curricular content in additional social work programs has been carried out on an ongoing basis. The Center has also served as a resource for social workers and social work educators interested in aging.

The joint efforts of CSWE and The Hartford Foundation have supported the advent of new literature on approaches to incorporating aging content in the social work curriculum. A previous project director with the Geriatric Enrichment in Social Work Education Project (2002-2004), Fiona M. Patterson, associate professor in the Department of Social Work at the University of Vermont, has written on the use of a strength-based perspective in work with older adults in social work course content as a way of challenging the stigma of aging in our society and providing an alternate view of what it might be like to work with this population (2004). Patterson emphasizes a three-pronged approach to teaching social work students about aging. She argues for: 1) a strengths approach featuring normal aging, enhanced intergenerational relationships, and a practice philosophy of partnership and collaboration in building on an

individual's present skills and resources; 2) an emphasis on learning from elders themselves and through narrative writings; and 3) the human rights and social justice perspective as related to aging including economic inequities, elder abuse and neglect, and policy and service deficits (Patterson, 2004, pp. 167-168).

The strength of existing geriatric-focused social work programs is a consideration when thinking about how education can more effectively prepare social workers for this work. Areas of weakness in social work programs include relatively little information in helping profession texts about working with older adults, relatively few faculty who can serve as mentors for students interested in the field of aging, and the lack of curricular emphasis in most degree programs (Gross & Eshbaugh, 2011). Where it does exist, much material is focused on older adults' difficulties and needs rather than their strengths and opportunities to contribute to society, arguing for improvement in the quality of material currently covered in degree programs. Perhaps due to the lack of emphasis in this field of practice among social work programs, a trend has been noted in other helping and medical professionals taking the place of social workers in work specific to gerontology; as a result of the specialized training they receive, members of these professions are stepping into available positions with ". . . social workers losing out to gerontological specialists from other professions" (Kaufman & Kosberg, 2000, p.14). There is an argument for educational programs to extend their curricula not just to include preparation for work with older adults, but to help students specialize in specific major practice categories (MPC) of older adult practice that have seen the most cost increases in care including dementia, end-of-life care, heart and vascular conditions, orthopedic and arthritic conditions, and gastric and intestinal conditions (Ferguson & Schriver 2012; Manthorpe & Iliffe, 2009). The specialized training and new role of the social worker with respect to specific medical conditions

may help social workers become more expert in two capacities: 1) as a direct care provider with unique psychosocial assessment and clinical capabilities and, 2) as indirect care providers via support for practitioners who are not social work qualified, but seek similar outcomes of empowering people and providing continuities of support (Ferguson & Schriver, 2012).

### **Student and Social Worker Motivation, Entry, and Retention in the Field of Aging**

There is a body of research exploring motivation among students and graduates of social work programs to work in the field of aging, specifically looking at the impact of exposure to older adults through personal experience, course work and field placements. The majority of these studies have utilized mailed surveys, collecting quantitative data from samples consisting either of students enrolled in specific courses in one or two universities, or clinicians belonging to professional associations (Cummings & Adler, 2007; Curl, Larkin, & Simons, 2005; Gelman, 2012; Gross & Eshbaugh, 2011). The following discussion will review the literature in this area as it pertains to non-professional students and students and alumni of BSW and MSW programs.

**Non-professional students, BSW students and alumni.** Gross and Eshbaugh (2011) carried out a study using quantitative methods to examine interest and motivation among undergraduate students (non-BSW) to work in the field of aging. Their research question asked: “Are students aware of the professional opportunities in gerontology?” and, “Why are students not interested in working in the ageing field?” The students were enrollees in several liberal arts courses from all majors except gerontology, all attending one university. Findings indicated that a lack of awareness, rather than a lack of interest, may explain the difficulty involved in attracting and recruiting undergraduate students for geriatric work, with implications for educators.



Another study reported a comparatively low motivation to work with older adults among BSW students from seven countries, including Australia, Brazil, England, Germany, Hungary, Israel, and the U.S. (Weiss, 2005). The desire to work with the elderly among this group was lower than motivation to work with any other age group; it was equally low in most of the countries, indicating that low motivation to work with the elderly crosses societal boundaries. The findings support the growing concern about the ability of the social work profession to meet its obligations to the aging society, underlining the importance of a shift in the attitudes of social workers in training.

In their study of 126 attendees of the Social Work Student Policy Practice Forum on Capitol Hill in Washington, DC, Curl et al. (2005) found age and personal or professional experiences with older people (but not gender, race, or educational level) significantly predicted willingness to accept jobs in aging in BSW and MSW students. In a study of 147 BSW students at an urban university, students who indicated aging as their first choice of field of future practice responses strongly suggested that interaction with older adults is the most important influence for motivation to work with them (Kolb, 2008). Fieldwork during the senior year, and the combination of social work employment, other work experience, senior year fieldwork, associate degree fieldwork, and volunteer experience were other influential factors for entering this work (2008).

Weiss (2005) found that students in BSW programs were exposed more than MSW students to aging related content, but this exposure did not increase the likelihood of accepting a job with elders. This study also found a positive association between age and the likelihood of accepting a job in the field of aging.

**MSW students and alumni.** Findings from studies of MSW students and alumni point to the critical role of exposure to older adults in field placements in developing student motivation and interest in aging-related work. Gelman (2012) used a qualitative experimental design to study 17 first-year MSW students in geriatric placements. Participants were interviewed both before and near the end of their placements to see how their attitudes about elders had changed. All respondents reported a reduction in stereotypes, improved appreciation of older adults' capacities and strengths, and increased skill in working with the population; all but one respondent reported an increased likelihood of pursuing a position working with older adults as a result of their field placement (Gelman, 2012). In another study of 188 MSWs who had graduated one year prior from two large state universities, the amount of contact students had with older adults, level of perceived competency with the population, and degree of reward previously experienced with this population all were positive predictors in desire to work with elders (Cummings & Adler, 2007).

### **Barriers to Social Work Involvement in the Field of Aging**

Knowledge and skills. More qualified and interested social workers and other health professionals will be needed over the coming years to meet the demands of this population and fulfill the ethical demands of social workers (Scharlach et al., 2000). Scharlach, Simon and Dal Santo (2002) found that barriers exist both in terms of the availability of qualified candidates to work with the aged, as well as in social workers' decision to enter jobs in the field of aging. The authors aimed to identify the characteristics of personnel who provide services to older adults through a statewide survey of 55 Area Agencies on Aging and county adult and aging services departments in California. Survey findings showed substantial gaps in the professional education and training of current aging services personnel, with only 42% of adult protective

service workers, 36% of case managers, and fewer than 10% of other personnel having MSWs (2002). Key barriers to hiring aging services personnel included a lack of qualified and properly educated applicants, inadequate salaries, and insufficient numbers of ethnically diverse applicants (Scharlach et al., 2002). MacNeil (1991) hypothesized that the following issues may deter health care workers from working with the elderly: wanting avoid reminders of their own mortality; feeling that it is impossible to cure older clients; and stereotyping older persons as being senile, grouchy, inflexible, or depressed (p. 554).

Along with entry into the field of aging, retention of a professional workforce in existing aging-related employment presents another set of challenges. A 2006 national study of 4,489 licensed social workers (Center for Health Workforce Studies, 2006) found 35% of MSWs who work primarily with older adults planned to leave their position in the next two years, compared to 28% of their counterparts not working in aging. This study also found that recent graduates of social work programs are less likely to work with older adults than licensed social workers who have been in the field for longer periods of time, and that social workers in aging were the group most dissatisfied with their formal degree preparation. In this study, practitioners in gerontology were found to be older themselves and nearing retirement. Finally, the same study found that 10% of the gerontological practitioners planned on retiring in the next two years—a higher rate than is true for any other group of social workers (2006). This trend further underscores the need for enhanced efforts aimed at both attracting new professional workers to the field as well as increasing the retention rates of current gerontological social workers.

**Ageism and aging anxiety.** Kelchner (1999) writes: “Social workers are not immune to ageist attitudes” (p. 96). Ageism has been defined as the systematic stereotyping of and discrimination against people because they are old (Butler, 1975). This form of discrimination is

widespread and is experienced in all aspects of older adults' lives; however, most people perceive it as less serious than other forms of discrimination including race or gender (Kelchner, 1999). As with other forms of discrimination, ageism is both a socially and culturally related phenomena. It has been tied to a fear of death, as “. . . older persons . . . remind us of our own mortality” (1999, p.91). Ageist attitudes underlie negative and stereotypic views of older adults and contribute to the general retreat from work with this population among social work students and practitioners. Including content on ageism and its impact on policy and practice in the social work curriculum, in both classroom and field, is an essential step towards addressing barriers to social work involvement in this field.

In terms of anxiety experience as a result of one's own aging, among social work educators a positive correlation was found between measures of aging anxiety and ageism, with those educators who had not received gerontological training reporting increased aging anxiety (Gross & Eshbaugh, 2011). Interestingly, in another study of social work educators, Crowley (2005) found aging anxiety was inversely associated with age, and ageism positively associated with age; the younger the social worker educator, the more aging anxiety but less ageism she/he demonstrated. This nuanced finding further underscores the need to better understand and address the complex manifestations of ageism through enhanced social work education.

In a study by the CSWE, older adults were asked to rank what they perceive as the most important competencies in clinicians. Assessing and addressing values and biases regarding aging ranked number one, with respecting and promoting older adult clients' right to dignity and self-determination ranking second (Sessions, 2013). This further reflects the importance of unpacking students' own ageist attitudes during training so that, as practicing social workers, they can better understand how their values regarding aging impact their work with clients.

**Death anxiety.** Death anxiety is not only anxiety towards death, but “denotes a cluster of death attitudes and reactions” (Neimeyer, Moser, & Wittkowski, 2003, as cited in Chow, 2013, p. 376). Chow (2013) cites the work of Tomer and Eliason (2000, 2005, 2008) who theorize that death anxiety is affected by different immediate antecedents including: past-related regrets (including previous losses); future-related regrets (fear of one’s own mortality); and meaningfulness, which is the conceptualization of death as making sense or not making sense, and the views towards life (Tomer & Eliason, 2008, as cited in Chow, 2013, p. 376).

Chow (2013) conducted a study of 385 social workers who care for people facing death and experiencing bereavement issues for the purpose of informing the development of a training program aimed at cultivating the emotional competence of social workers around death anxiety. The program aimed at reducing personal death anxiety by working with regrets and meaningfulness, with the goal of reducing the distress and non-empathetic responses of the social workers. Chow argues that there is a need for this type of program due to social workers’ primary tool being the use of self. When work with issues of death and dying is considered, she states:

In particular, the sense of helplessness and traumatisation will impede the social workers in carrying out their duties. Since this barrier is at an emotional level rather than a cognitive or skill level, it cannot be addressed purely by the didactic learning process.  
(p. 376)

According to Chow, education programs can develop more competent social workers in this area by cultivating workers’ emotional competence to address the sense of helplessness and traumatization towards death, which presents as death anxiety. Study findings (2013) indicate that emotional competence can be changed within a short period of time, with the right

experiences being offered; death anxiety arising from the natural fear of death, as well as that related to relational concerns, were reduced (per the author, likely due to the salience of the issue of death in the program); and overall, that training, particularly for social workers who work in the field of death and dying, is not restricted to knowledge and skill training, but also includes emotional competency, which plays a crucial role in determining the overall competence level (2013, p. 388).

A 1980 survey of 302 NASW members found social workers in the aging-related field reported significantly greater fear of dying than those in other fields of practice (Greene, 1981). These fears increased as the worker spent more time in the field, peaking at approximately seven years, and suggesting fear of death increases with greater exposure over time (1981). While participants reported they were not interested in the work because it was difficult to be around individuals facing death, other studies have shown fear of death decreases with age, except among those who work with aged, as mentioned above (Crowley, 2005; Gross & Eshbaugh, 2011).

### **Factors Facilitating Entry into Geriatric Work**

Recent research has illuminated several factors associated with social work students' and practitioners' increased understanding and appreciation of older adults, as well as their interest in and/or entry into the field of aging. In a study of 188 MSW students who had graduated one year prior from two large state universities, those students who were exposed to work with the elderly either via coursework or field placements demonstrated reduction in stereotyped views of the aged, improved appreciation of older adult capacities and strengths, and increased their perceived level of skill in working with the aging population (Cummings & Adler, 2007). In this same study, aging-related skills, belief that work with older adults would be depressing, and having

taken an undergraduate gerontology class were all significant in predicting employment in aging-related jobs (2007). Knowledge of the aging process, close personal experiences with older adults, frequent contact with older family members, belief in the importance of aging-related work, respect for elders, and being of female gender have also been identified as having a positive effect on social workers' attitudes toward older adults (Cummings & Adler, 2007; Gorelik et al., 2000). Based on the work of Gorelik et al. (2000), however, while being female may play a significant role in initial interest in aging, it becomes less important over time in its effect on social work attitudes than having a substantial interest in aging (2000).

Sivis and McCrae (2010) conducted in-depth interviews with 20 mental health professionals in the field of aging, including social workers, to determine perceived professional qualities necessary for working with elders, motivations to work with this group, and attitudes toward aging. Ninety percent of participants perceived their own aging as positive, which they reported stemmed from positive elderly role models and direct experiences with elders. Participants said patience, empathy, ability to listen and non-judgmental attitudes were personality traits essential to work with the elderly.

### **Psychodynamic perspectives on work with older adults**

A particular area of interest, and one that has been missing from the literature, is the learning needs and outcomes of graduates of a clinically oriented program, particularly one with a psychodynamic, psychotherapeutic orientation. In view of the emphasis on psychotherapeutic work in the SCSSW curriculum, it is important to review the literature addressing issues related to use of this orientation in work with older adults.

In his paper “On Psychotherapy” Freud voiced the opinion that older adults were not suited for psychotherapy based on their incapacity to be flexible in their mental processes (Freud, 1912):

The age of the patient also plays a part in the selection for the psychoanalytic treatment. Persons near or over the age of fifty lack, on one hand, the plasticity of the psychic process upon which the therapy depends – old people are no longer educable – on the other hand, the material which has to be elaborated, and the duration of the treatment is immensely increased. (p. 181)

The view expressed in the preceding quote, arguing against the potential and relative benefits of psychotherapeutic work with older adults, has been pervasive throughout schools of psychodynamic thought and is one that continues to be pervasive in our society today, possibly as a manifestation of ageism and desire to distance ourselves from death.

In addition to the general biases that accompany ageism and views regarding older adults’ potential for psychodynamic work, therapists’ biases arise mainly from countertransference issues and the pressure from health systems which prioritize major mental illness of the young and devalue issues of quality of life in the elderly (Leigh & Varghese, 2001). Leigh and Varghese (2001) discuss the unique countertransference issues for therapists working with older adults, noting that these issues may have their roots in the following: the oedipal confrontation of parental and transgenerational sexuality which prevents therapists from considering erotic attraction in someone of their parents’ age; the therapist’s fear of dying, loss of control, and illness; the tendency toward sympathy which can get in the way of ‘correct’ but seemingly ‘cruel’ interpretations; the fear of failure in the presence of an older figure; and unresolved problems the therapist may have with a parent or grandparent. Other authors have



discussed the role of ageism, which relegates the elderly to lesser, less challenging modes of care and treatment, and promotes a reluctance on the part of the elder to explore sensitive issues with seemingly young and inexperienced workers (Stern & Lovestone, 2000). These difficulties may dissuade therapists from focusing on clinical work with older adults, particularly if they are without the proper training to address these issues. An understanding of psychotherapist biases regarding the elderly and work with older patients further underscores the importance of integrating material on clinical work with the aged into the social work curriculum.

However, Leigh and Varghese (2001) write that Freud also argued that through the process of repetition compulsion, the themes of one's life will be recurrent, which “could mean that data themes in therapy with older patients may not be daunting in comparison with those in a younger person” (p. 229). According to these authors, older adults also may have increased capacity to turn inwards and be more reflective, psychologically oriented, and philosophical about life, which might suggest they are more suitable for psychotherapy than younger persons. Older people with narcissistic tendencies may be easier to work with than their younger counterparts as “their grandiosity is diluted by the effects of reality over their lifetime” (p. 232). Older adults also have the highest rate of suicide of any age group, with rates among those ages 80-85 twice the U.S. average, suggesting a need to address these phenomena through tools including psychotherapy (2001). Stronger older adult candidates for psychotherapy may include those who continue to remain active, form meaningful relationships, and seek new experiences, demonstrating the beginnings of psychological flexibility needed for psychotherapy (Stern & Lovestone, 2000).

Psychodynamic concepts were found to enhance the skills of and collaboration between psychotherapists and psychiatrists on multidisciplinary teams that provided care for older adults

(Stern & Lovestone, 2000). A psychodynamic framework was also found to provide education for clinicians around themes such as loss of control among older adults, effectively enhancing the therapeutic relationship and reducing conflict between the team and the patient (2000). Additional benefits of psychotherapeutic support in work with older adults include improving quality of life, enhancing functional status, and increasing the potential for longevity as a result of an increase in seeking appropriate medical treatment and improved adherence to prescribed treatment (Leigh & Varghese, 2001).

### **Intergroup Contact Theory and Competency Theory: Understanding the Relationship Between Education, Motivation, and Preparedness**

The theoretical frameworks of exposure and competency theories provide a useful lens through which to consider feelings of motivation and preparedness for work with older adults among social work students and graduates. Generally, the more exposure a person has to a population, and the more competent this person feels in his work with them, the more motivated and prepared this person will be to work with a population. If these theories hold true, then the more educational programs can provide exposure and skill building around work with older adults, the more likely graduates are to be interested in and enter this work.

**Competency theory.** Competency theory and, more recently, the field of competency-based education, is defined as a functional approach to the attainment of essential skills, knowledge, attitudes, and behaviors required for effective performance of a real-world task or activity (Weddel, 2006). Using this learning method, students do not have traditional course completion requirements or need to satisfy a minimum number of credit hours; instead, students achieve one required “competency” at a time, through small courses and field placements. Achievement in each area of competency is typically a small component of a larger learning

goal. Students are evaluated on an individual competency, and only once they have mastered it do they move on to others. As discussed above, the literature on gerontological social work research shows that feelings of unpreparedness may dissuade individuals from work with populations for which they feel inadequately prepared. Research shows that through field placements and personal exposure to older adults students feel more prepared to do the work. Using the theory behind competency-based education, providing students with increased exposure to older adults has the potential to create more opportunities to build competencies in clinical work with this population. As people build the competencies they need to feel equipped to serve older adults, they are more likely to pursue it as a career (Gelman, 2012).

**Intergroup contact theory.** Intergroup contact theory, which grew out of Allport's 'contact hypothesis' developed in the 1950's (as cited in Pettigrew, Tropp, Wagner & Christ, 2011), theorizes that greater contact between two groups is routinely associated with less prejudice. In 2006 Tropp and Pettigrew (as cited in Pettigrew et al., 2011) reviewed more than 500 studies on intergroup contact and confirmed this theory, finding, as well, that reductions in prejudice are greater for majority groups rather than minority groups. Prejudice against, or misconceptions about, an 'other' group is generally easier to maintain if a person avoids contact with that group. Applying this theory to social work education, exposure, through field placements and personal experiences would have the potential to reduce stereotypical thinking and increase appreciation for difference in others—an important consideration in the reduction of prejudices and misconceptions toward older adults among social work students. This theory is important when considering how to achieve a reduction in negative stereotypes of older adults and ageism among students during the course of BSW and MSW training. On the other hand there is always an inherent risk that exposure will confirm negative beliefs and stereotypes held

before interaction with the group (Greene, 1981). Negative experiences with older adults in a field placement have been shown to result in the confirmation of students' decisions against working in this field, perhaps limiting one's openness to this population in the future (1981).

In conclusion, the literature reflects growing need for social work as a profession to prepare students and workers with the clinical skills to work with older adults. To address this need, research has been carried out that examines: efforts to enhance social work curriculum; the impact on graduates of a lack of curricular focus and content on older adults, in terms of their relative preparation and/or interest in work with this population; and the ways in which programs can better prepare students for this work. Other areas of exploration have included barriers to entry and/or facilitating factors to work with older adults, and the effectiveness and unique aspects of psychodynamic psychotherapy with older adults.

Chapter III will outline the methods used in this study to explore SCSSW alumni attitudes about preparedness and motivation to work with older adults to better inform MSW curricula in the area of geriatric practice.

## **CHAPTER III**

### **Methodology**

The overarching research question for this quantitative methods study was “What can we learn from SCSSW alumni about preparedness and motivation to work with older adults which can inform MSW curricula in the area of geriatric practice?” The purposes of this study were: 1) to describe the aging-related work experience, attitudes towards aging, feelings of preparedness for work with older adults, and practice competencies among SCSSW alumni (2007-2011); and 2) to learn about alumni perceptions of the SCSSW curriculum in the area of aging-related practice and the contribution of their educational experience to their preparedness, motivation, and decision to work in the field of aging. Although other studies have looked at the extent to which BSW and MSW programs prepare students for work with older adults; none have looked specifically at SCSSW curriculum and the extent to which it is motivating and preparing its graduates for this work.

For the purposes of this study, older adults were defined as persons age 60 and over. Expected study findings included: (a) participants overall would feel unprepared by the MSW curriculum for work with older adults, (b) participants perceived the MSW training, including classroom and field experience, as having lacked opportunities for training in the area of older adults (c) participants would demonstrate higher levels of positive attitudes scale toward older adults would be associated with field placement and/or work experience with older adults, and (d) participants would express they did not feel older adults could benefit from the effectiveness

of and potential for older adults to participate in psychodynamic psychotherapy, a focus of the SCSSW program.

### **Design and Sampling**

Because the purpose of this study was to describe aging-related work experience, attitudes towards aging, feelings of preparedness for work with older adults, and practice competencies of SCSSW alumni, this study used a descriptive, cross sectional design, employing a self-administered online survey to gather mainly quantitative data from participants.

This study used a non-probability method with a purposive sampling technique (Rubin & Babbie, 2008). The sampling frame consisted of SCSSW alumni from graduating years 2007 through 2011. These years were selected because five successive years of graduating classes was felt to be a feasible size frame for study and because these years represented alumni with the most recent exposure to the MSW curriculum as well as the potential of having had at least one year of post-master's professional experience. Background demographic data for the population of alumni from years 2007-2011 as a whole (N=537), including mean age, age range, gender, and ethnicity was requested from the alumni office for purposes of comparison between the final sample and the larger alumni population from which the sample was drawn. This data is presented in the section "Sample Characteristics" below. Inclusion criteria consisted of having graduated with an MSW from SCSSW during the academic year period of 2007 to 2011.

Following project approval from the Thesis Coordinator to recruit a sample from the SCSSW community (Appendix G), and the SCSSW Human Subjects Review Committee (Appendix C), efforts to recruit a sample of SCSSW alumni from the larger pool of alumni from years 2007 through 2011 were undertaken with the assistance of the alumni office. Only alumni for whom a current email address existed in the SCSSW alumni database were included in the

recruitment effort. An initial recruitment email (Appendix D) was sent to these alumni by the alumni office in mid-January and a follow-up email early March (Appendix E). The alumni office also included a request for participation in the March 2013 edition of *In Brief*, the SCSSW alumni newsletter (Appendix F). The group receiving the email and the group from these graduation years receiving the alumni newsletter were identical. The survey was in English language only and required Internet access for completion. The final study sample consisted of those alumni who responded to either method of recruitment. Potential participants had until March 15, 2013 to complete the survey.

The study was implemented through an online survey tool, Survey Monkey. Potential participants were able to access the survey using the URL provided in the solicitation e-mails and SCSSW alumni newsletter. Before viewing survey questions, potential participants who clicked on the URL were provided an informed consent letter (Appendix B). This letter contained information describing the purpose of the study, eligibility requirements, protections and limitations related to anonymity and confidentiality, and the risks and benefits of participation. Participants were then able to electronically indicate whether they consented to participate in the study by selecting “I AGREE” to participate or “I DO NOT AGREE” to participate. Potential participants were encouraged to print a copy of the informed consent letter before taking the survey. After choosing whether to print the informed consent form, the potential participant would have clicked on the “Next>>” button to be taken to the actual survey.

### **Data Collection**

The online 50-item survey (Appendix A) was voluntary, anonymous and confidential. Material in the study held a small potential to become emotionally charged, as participants may have shared personal information which shaped their decision to enter work with older adults,

including feelings about sensitive issues such as death and dying, and fear of aging. The instrument consisted of three sections: demographic and background information; quantitative questions using Likert scale responses; and two open-ended questions.

**Demographic and descriptive questions.** The demographic data collected included: year of graduation; participant age range; participant race/ethnicity; percentage of caseload with older adults; years of practice with older adults; field placement information; prior life experience with older adult(s); and effects on salary as a result of working with older adults. Additional descriptive data included: perceptions of course and field work, work experience since graduation, description of population/presenting issues of current population served.

**Measures.** Additional items measured participant attitudes toward older adults, ageism, fears regarding death and dying, exposure to the elderly and the field of aging, feelings of preparedness, and sense of competency.

***Motivation and preparedness of social workers to work with older adults.*** Nineteen items were developed by this researcher based on extensive review of the literature on motivation and preparedness of social workers to work with older adults, specifically in relation to their training curriculum. These items explored alumni perspectives on the MSW curriculum and its relevance to older adults, motivation to work with this population, and relevance of psychodynamic psychotherapy for older adults. Examples of these items include: “I feel older adults can benefit from psychodynamic psychotherapy,” and “I feel SCSSW has adequately prepared me for work with older adults.” The nineteen items were grouped into four categories: preparedness (6 items), curriculum and field placement offerings (4 items), motivation to work with older adults (6 items), and positive attitudes toward elders (3 items). A 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*), with an *NA* option, was used to measure



responses. Composite scores were obtained for each category for purposes of analysis. However, all categories except “motivation” scored low on tests for internal reliability, as follows: motivation ( $\alpha = .643$ ) preparedness ( $\alpha = .449$ ); curriculum and field placement offerings ( $\alpha = .212$ ); and positive attitudes toward elders ( $\alpha = .318$ ). Therefore, study findings based on analysis using composite scoring are limited in value.

***Geriatric Attitudes Scale.*** Seven items were taken from the 14-item UCLA *Geriatric Attitudes Scale* (GAS) (Reuben et al., 1998). This scale was developed to measure general attitudes among internal and family medicine residents in primary care settings, including general impressions of older persons, perceived value of older people, distributive justice of societal resources toward older people, attitudes towards caring for older patients, perceived potential benefits to treating older patients, and personal economic concerns about caring for older patients. The internal consistency reliability of the original scale as measured by Cronbach’s coefficient alpha was .76 (1998, p. 1426).

The seven items selected for this study most closely reflected issues raised in the social work literature regarding attitudes of social workers and social work students toward work with older adults. They included items such as: “Treatment of chronically ill old patients is hopeless” and “Taking a medical history from elderly patients is frequently an ordeal.” A 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*), with an *NA* option, was used to measure responses. Because the items used in this survey achieved poor internal reliability as measured by Cronbach’s alpha ( $\alpha = .049$ ), composite scoring was not used, and responses to each of the seven items were scored separately for purposes of analysis.

***Geriatric Social Work Competency Scale.*** Fourteen items were taken from the 40-item *Geriatric Social Work Competency Scale II* (GSWCS) (Damron-Rodriguez, 2006; Damron-

Rodriguez, Lawrance, Barnett, & Simmons, 2007). This scale measures competencies that have been identified as important to effectively work with and on behalf of older adults and their families, with both micro and macro content grouped into four domains: Values, Ethics and Theoretical Perspectives; Assessment; Intervention; and Aging Services Programs and Policies. This measure uses a 5-point Likert scale ranging from 0 (*not skilled at all*), 1 (*beginning skill*), 2 (*moderate skill*), 3 (*advanced skill*), to 4 (*expert skill*).

This measure was derived from the 58-item *Geriatric Social Work Competency Scale* (GSWCS) (Damron-Rodriguez, 2006; Damron-Rodriguez et al., 2007), which contains five areas of focus including: Values, Ethics and Theoretical Perspectives; Assessment; Practice and Intervention (including Aging Programs, Services and Policies), Interdisciplinary Collaboration, and Evaluation and Research. This second iteration of the scale was, “developed to eliminate double-barreled, ambiguous, and redundant items, and to lessen the time for administration” (Council on Social Work Education, n.d.c).

Items in the original GSWCS were originally developed based on data from focus groups of BSW and MSW students specializing in geriatrics at 11 universities, convened as part of the Council on Social Work Education’s (CSWE) Strengthening Aging and Gerontology Education for Social Work (SAGE-SW). It was developed as a pre-post test to measure the effectiveness of innovative field education programs in aging in enhancing the skills of participating graduate social work students who were specializing in aging. The authors note that the instrument can also be used for educational planning after the pre-test (Damron-Rodriguez, 2006, p. 149).

The researcher selected relevant items from each of these areas for use in this study instrument. Using a 5-point Likert scale ranging from 1 (*not skilled at all*) to 5 (*expert skill*), (numbers were adjusted from 0-4 to 1-5 to maintain consistency with the rest of the study

instrument) participants were asked to rate their level of skill in such areas as: “Identify the availability of resources and resource systems for older adults and their families,” and “Identify and develop strategies to address service gaps, fragmentation, discrimination, and barriers that impact older persons.” Because the instrument from which items were derived has not been psychometrically tested, composite scoring, as employed by the original authors of this scale, were not used; rather, scores for individual items were calculated separately and used in the analysis.

**Open-ended questions.** Two qualitative questions were included at the conclusion of the survey, asking: “What is the most challenging aspect of working with older adults for you?” and “Is there an area you feel the curriculum can benefit from focusing more on?” For the second question, participants were first asked if they felt there was an area that could have more of an older adult focus in the curriculum by selecting ‘Yes’ or ‘No’. If they answered ‘Yes,’ they were then asked to describe a specific area.

### **Sample Characteristics**

Of the entire sampling frame (N=537), only 447 alumni from the years 2007 to 2011, for whom the School had a current email address, received recruitment materials. The final sample consisted of 77 participants, representing a 17.2% response rate. Mean age at the time of graduation for the sample was 30 to 39 years. By race/ethnicity, 80% (n=60) of participants identified as white; 8% (n = 6) as African American; 6.7% (n = 5) as mixed race; 2.7% (n = 2) as Asian, 1.3% (n = 1) as Latino, and 3.9% (n = 3) as ‘other’, including ‘Black’ and ‘Jewish’. Participation by year of graduation ranged from 10 (from years 2007 and 2009) to 25 (from 2011). Gender was not obtained for participants in the final sample.

For purposes of comparison with the sample, demographic data were obtained for the total population (N=537), as follows: Gender (89.8% “female”, 10.2% “male”, and .2% “undeclared”); Age (32 years; range=23 to 62); Race/Ethnicity (72.9 % “White”, 6.7 % “Black”, 4.7% “Asian”, 6.5% “Hispanic”, and .6% “multiracial”). Alumni population by year of graduation ranged from 98 (in 2008) to 114 (in 2009), with an average class size of 107 for the five years.

### **Data Analysis**

Quantitative data analysis was accomplished with the assistance of the SCSSW Data Analyst. Frequencies and measures of central tendency and variation were obtained for demographic and descriptive data. Bivariate statistical analysis was used to examine possible associations between selected variables, including one-way analysis of variances, t-tests, Spearman's rank correlation coefficients (Spearman’s rho), cross tabulations, and chi-square tests. Selected variables were analyzed for associations and correlations, with particular attention to uncovering possible associations between older adult caseloads, age, field experience, year of graduation, attitudes toward, motivation, and perceived competency with older adults. The researcher carried out a thematic coding process to analyze qualitative data obtained from responses to the open-ended questions.

## **CHAPTER IV**

### **Findings**

This study sought to learn about the perceptions of SCSSW alumni (years 2007-2011) regarding their motivation and preparedness to work with older adults. Alumni were asked about their aging-related work experience, attitudes towards aging, feelings of preparedness for work with older adults, and practice competencies, as well as perceptions of the SCSSW curriculum in the area of aging-related practice and the contribution of their educational experience to their preparedness, motivation, and decision to work in the field of aging. This chapter will present the findings from this study, beginning with sample characteristics and descriptive information including field and post-graduate experience with older adults. Following this, the findings regarding measures of perceived motivation and preparedness, attitudes toward older adults, perceived competencies in work with older adults and their association with descriptive variables will be discussed. Finally, themes from analysis of qualitative data in the area of perceived challenges of work with older adults, and recommendations for the MSW curriculum will complete this discussion.

#### **Sample Characteristics**

Only 77 of the 80 individuals that “signed” the Informed Consent Form allowing access to the on-line survey, by clicking “I agree”, continued on to take the actual survey. Of these 77 participants, only 29 (37.7%) answered all 50 survey questions.

Age was obtained by asking participants to indicate age range by ten-year increments, from 20-29 to 70+. The modal age range for the sample (N=77) was 30-39 years, with age

ranges from 20-29 to 50-59. The modal age range reflected the mean age for the sampling frame (age 32), while the sample age range was slightly younger than that of the sampling frame (23 to 62 years).

In terms of race and ethnicity, 77.9% (n=60) of participants identified as white; 7.8% (n = 6) as African American; 6.5% (n = 5) as mixed race; 2.7% (n = 2) as Asian, 1.3% (n = 1) as Latino, and 3.9% (n = 3) as 'other', including 'Black' and 'Jewish'. Compared to their numbers in the sampling frame, alumni identifying as White, African American and multiracial (72.9%, 6.7% and .6% respectively) are overrepresented, while alumni identifying as Hispanic and Asian (6.5% and 4.7% respectively) are underrepresented in the study sample (see Table 1). Note the race/ethnicity of a large number of alumni in the sampling frame (n=46 or 8.6%) in the combined "No Response" and "Other/Unknown" categories is unknown and may have had an effect on this comparison.

Table 1 illustrates comparisons in age, race/ethnicity and year of graduation between the final sample and the sampling frame from which it was derived. Gender is reported for the sampling frame only. Response rates from the years 2008 and 2011 were significantly higher than those other years, with participants from the year 2011 being more than double the rates from years 2007 and 2009. This could suggest a greater interest in work with older adults among alumni from the graduating years of 2008 and 2011. Interestingly one might think that SCSSW has done more recently in terms of curriculum and field placement to increase interest in older adults given increased demand for services (indicted possibly though a higher response rate the later the graduation year); whether or not this is the case this was not reflected in student interest in the this topic in terms of this survey.

Table 1

*Characteristics of Sample and Sampling Frame*

	Sample n=77		Total Alumni (Graduation years 2007-2011) n=537		
	n	%	n	%	
<b>Graduation year</b>					
2007	10	13.0	112	20.9	
2008	18	23.4	98	18.2	
2009	10	13.0	114	21.2	
2010	14	18.2	103	19.2	
2011	25	32.5	110	20.5	
Total	77	100.1%	537	100.0%	
<b>Age Range</b>					
Modal age range=30-39			Mean age (all graduation years) = 32		
20-29	25	32.5	Age range (all graduation years) = 23 to 62		
30-39	35	45.5			
40-49	13	16.9			
50-59	4	5.2			
Total	77	100.1%			
<b>Race/Ethnicity*</b>					
White	60	77.9	392	72.9	
African American	6	7.8	36	6.7	(Black)
Asian	2	2.6	25	4.7	
Native American	1	1.3	-----		
Latino	1	1.3	35	6.5	(Hispanic)
Mixed Race	5	6.5	3	.6	(Multi-racial)
Other	3	3.9	37	6.9	(Other/Unknown)
No response	-----		9	1.6	
Total	(78)	---	537	99.9%	
<b>Field Placement with older adults</b>					
Yes	28	36.4			
No	47	61.0			
Missing	2	2.6			
Total	77	100.0%			
<b>% of Current Caseload of Older Adults</b>					
0-20	62	80.5			
21-100	15	19.5			
Total	77	100.0%			
<b>Years Worked with Older Adults</b>					
			Cumulative %		
0	31	40.3	40.3		
1	11	14.3	54.6		
2	13	16.9	71.5		
3	8	10.4	81.9		
4	6	7.8	89.7		
5	5	6.5	96.2		
7+	3	3.9	100.1		
Total	77	100.1			

Note: All percentages do not add up to 100% due to rounding error.

\* One participant endorsed both 'Other' and 'White', totaling 78 responses. Race/Ethnicity percentages are based on N of 77

### **Field and Post-Graduate Experience with Older Adults**

The majority of participants ( $n = 62$ ) reported 0-20% of their post-MSW caseload consisted of older adults, with only 2 participants reporting 81-100% of an older adult caseload. The majority of participants, 40.3% ( $n = 31$ ), reported no post-MSW years of work with older adults. Another 14.3% ( $n = 11$ ) reported one year of this work, meaning more than half of the sample had one or no years of practice experience with older adults. Of the remaining participants, 16.9% ( $n = 13$ ) reported two years of experience, 10.4% ( $n = 8$ ) reported three years, 14.3% ( $n = 11$ ) between four and six years, and 3.9% ( $n = 3$ ) reported seven or more years practice experience with older adults. A Spearman's rank correlation coefficient (Spearman's rho) was run to determine if there was a relationship between caseload and age. No significant association was found.

Cross tabulation analysis was carried out to determine if there is a difference in caseload by graduation year. The variable was dichotomized for purposes of data analysis - 0-20% and 21-100%). A chi square analysis could not be carried out because there were more than 20% of cells with expected values of less than five. The majority of this group (80%) reported having a low caseload of older adults. There was minimal variation by year of graduation for all years except 2008, where, interestingly a larger percentage of that class ( $n = 6$ , 33.3%) reported a 21-100% caseload, higher than all other years. A Spearman's rho correlation was run to determine if there was a relationship between caseload and age, which found no significant association.

In response to the item "Did you have a field placement working with older adults as a part of your MSW training?" more than one half of the sample ( $n = 47$ , 62.7%) indicated they did not have a field placement with older adults (two participants did not answer this question). The



study also sought to learn if there was a difference by field placement with older adults and graduation year using a cross tabulation analysis. A chi square analysis could not be carried out as more than 20% of cells had an expected value less than five. However, there were some differences by year, with the lowest percent of older adult field placements occurring among the cohort in the 2007 graduating year (30%, n=3) and the highest percent of these field placements occurring the cohort in the 2009 graduating year (50%, n=7) (see Table 2). Since this increase was not sustained in the following years, this may indicate SCSSW provided increased opportunities for field placements providing contact with older adults in 2009.

Table 2

*Cross tabulation of field placement with older adults by graduation year*

What year did you graduate from the Smith College School for Social Work (SCSSW)?		Did you have a field placement working with older adults as a part of your MSW training?		
		Yes	No	Total
2007	Count	3	7	10
	% within year graduated	30.0%	70.0%	100.0%
	% within field placement with older adults	10.7%	14.9%	13.3%
2008	Count	7	11	18
	% within year graduated	38.9%	61.1%	100.0%
	% within field placement with older adults	25.0%	23.4%	24.0%
2009	Count	5	5	10
	% within year graduated	50.0%	50.0%	100.0%
	% within field placement with older adults	17.9%	10.6%	13.3%
2010	Count	5	8	13
	% within year graduated	38.5%	61.5%	100.0%
	% within field placement with older adults	17.9%	17.0%	17.3%
2011	Count	8	16	24
	% within year graduated	33.3%	66.7%	100.0%
	% within field placement with older adults	28.6%	34.0%	32.0%
Total	Count	28	47	75
	% within year graduated	37.3%	62.7%	100.0%
	% within field placement with older adults	100.0%	100.0%	100.0%

**Post-MSW work experience with older adults.** A large number of participants (n=32 or 41.6%) did not answer the item: “When you first entered work with older adults, how did it affect your income?” The researcher received feedback via email from a few participants who indicated that the wording of the question appeared to assume this experience among participants, despite having understood from the Informed Consent Form that such experience was not a requirement of participation. Unfortunately, confusion among participants in this regard may have dissuaded participants from continuing with the remainder of the survey. Because of the confusion that may have been generated by the wording of this question, it is fair to assume that the majority of those 32 participants who did not answer this question did not have experience working with older adults.

### **Perceived Motivation and Preparedness**

Nineteen items were original to this survey, derived from this writer’s review of the literature. These questions address participants’ perceptions of preparedness, motivation and attitudes towards work with older adults, based on their experience with the MSW curriculum. Only scores from participants who completed the entirety of this scale as well as the items from the UCLA GAS and GSWCS (n=68 or 88.3%) were used in the analyses. Using 5-point Likert scale responses, scores were calculated for each of four categories of items: preparedness, curriculum and field placement offerings, motivation to work with older adults, and positive attitudes toward elders.

The mean score ( $M = 3.35$ ) for the 6 items included in the “preparedness” category suggests that participants felt slightly toward agreeing that they felt prepared for work with older adults, and that their MSW curriculum had provided the necessary clinical tools for this work, including issues of death and dying. Overall participants felt more prepared than not, however

the highest percentage of responses fell between ‘neutral’ and ‘agree’. However, the strength of this finding is limited due to the low internal reliability ( $\alpha = .449$ ) for these items.

For the four items that asked for participants’ perceptions of the curriculum as having offered adequate course material and field placement experiences that included an older adult focus, the overall mean ( $M = 2.88$ ) indicates that although participants were close to neutral, they slightly disagreed. While limited in strength due to the low internal reliability of these items ( $\alpha = .212$ ), this finding provides important feedback to the School regarding curriculum. Implications from this finding will be discussed in greater depth the following chapter.

Six items were used to measure the extent to which participants felt motivated to work with older adults. These items achieved high reliability ( $\alpha = .643$ ). The mean response ( $M = 2.53$ ) indicates a relatively low level of motivation to work with older adults among participants.

This writer also developed her own questions to identify participant positive attitudes towards work with older adults. Given the clinical focus of the SCSSW curriculum, three items were constructed by the researcher for use in this study to learn of participants’ attitudes regarding the usefulness of psychodynamic psychotherapy with an older population, including: “I feel older adults can benefit from psychodynamic psychotherapy”; “What I imagined working with older adults would be like and how it actually is are much different”; and “I feel older adults are interested in psychotherapy.” The mean score of 3.62 indicated generally positive attitudes both toward using clinical skills with older adults and regarding the relative benefit of psychodynamic intervention for the older population; however, these items demonstrated low internal reliability ( $\alpha = .318$ ).

### **Attitudes Toward Older Adults: UCLA-Geriatric Attitudes Scale (GAS)**

Seven items were taken from the 14-item UCLA Geriatric Attitudes Scale. Three of the selected items reflected positive attitudes toward older adults and the remaining four, negative attitudes. Positive statements included: “I tend to pay more attention and have more sympathy towards my elderly patients than my younger patients”; “Elderly patients tend to be more appreciative of the care I provide than are younger patients”; and “It is society’s responsibility to provide care for its elderly persons.” Negative statements included: “If I have the choice, I would rather see younger patients than elderly ones”; “Treatment of chronically ill old patients is hopeless”; “Taking a medical history from elderly patients is frequently an ordeal”; and “As people grow older, they become less organized and more confused.”

Scores from the 63, or 81.8%, of participants who answered all 7 GAS items were used in the analysis (Table 3). Five other participants answered a portion of the seven questions and were removed for scoring purposes. Because of the poor internal reliability for these seven items ( $\alpha = .049$ ) per-item scores, rather than a composite score, was used in the analysis.

Table 3

*Participant Responses to UCLA Geriatric Attitudes Scale*

GAS Item:	Participant Response:										Total	
	1 Strongly Disagree		2 Disagree		3 Neutral		4 Agree		5 Strongly Agree			
	N	%	N	%	N	%	N	%	N	%	N	%
It is society's responsibility to provide care for its elderly persons.	0	0	0	0	2	2.9	33	48.5	33	48.5	68	99.9
If I have the choice, I would rather see younger patients than elderly ones.	0	0	10	14.9	24	35.8	19	28.4	14	20.4	68	99.5
Elderly patients tend to be more appreciative of the care I provide than are younger patients.	1	1.5	10	15.2	40	60.6	10	15.2	5	7.6	68	100.1
As people grow older, they become less organized and more confused.	1	1.5	23	34.3	35	52.2	8	11.9	0	0	68	99.9
I tend to pay more attention and have more sympathy towards my elderly patients than my younger patients.	2	3	21	31.8	34	51.5	9	13.6	0	0	68	99.9
Taking a medical history from elderly patients is frequently an ordeal.	4	6.1	26	39.4	22	33.3	14	21.2	0	0	68	100
Treatment of chronically ill old patients is hopeless.	37	55.2	29	43.3	1	1.5	0	0	0	0	68	100

*Note:* All percentages do not add to 100% due to rounding error

The statement 'It is society's responsibility to provide care for its elderly persons', garnered the highest level of agreement among participants. Interestingly, although more (22.8%) agreed than disagreed (16.7%) with the statement that elderly patients tend to be more appreciative of care provided, almost one-half of participants (48.8%) indicated a general preference for seeing younger patients.

**Attitudes toward older adults by sample characteristics.** The study also examined differences in attitude toward elders (using the GAS scores) by graduation year, field placement experience, and older adult caseload size. Although there was a problem with the internal reliability of the GAS, in the t-tests performed there was no significant difference in differences in attitudes by the above variables. These findings suggest that while participants report generally positive attitudes toward older adults, in this sample, attitudes toward work with older adults is unrelated to years of experiences and exposure to older adults via field placements and work experience.

### **Perceived Competencies in Work with Older Adults: Geriatric Social Work Competence Scale (GSWCS)**

Fourteen items were taken from the 40-item *Geriatric Social Work Competency Scale II* (GSWCS) (Damron-Rodriguez, Lawrance, Barnett, & Simmons, 2007, Damron-Rodriguez, 2008). The aim of the scale is to measure the degree of (self-rated) skill competency of graduate social work students specializing in aging, in work with older adults and their families in the following areas: Values, Ethics and Theoretical Perspectives (1 item); Assessment (5 items); Intervention (5 items); and Aging Programs, Services and Policies (3 items). Skills are based on the Likert scale responses, discussed in the previous chapter.

An analysis was carried out to determine possible associations between scores on selected GSWCS items and descriptive variables. The study sought to learn if there was a significant difference in competency by graduation year using a one-way ANOVA; no significant difference was found. For all graduation years, the mean level of perceived competency, based on a 5-point Likert scale, ranged from 2.5 to 3.1, indicating a relatively lower level of perceived competency in this sample. While scores varied, they did not vary enough by graduation year to draw any significant conclusions.

A t-test was performed out to learn if there was a difference in perceived competency by field placement with older adults, with no significant differences was found. Both those who indicated contact with older adults in their field placement and those who indicated no contact with older adults in their field placement, reported similar mean scores ( $M = 2.98$  and  $M = 2.79$ ), tending toward low levels of perceived competence. This suggests that having a field placement with older adults did not affect perceived level of skill in work with older adults.

A t-test was also performed to look at differences in perceived competency by caseload (0-20% vs. 21%+), with significant results ( $t(62) = 3.339, p = .001$ , two-tailed). The mean skill score was higher for those with 21%+ caseload ( $M = 3.37$ ) compared to those with lower (20 or under) caseload ( $M = 2.74$ ). Those who reported greater post-MSW experience working with older adults in terms of caseload size also reported higher levels of perceived competency in work with older adults. In-depth examination of differences in perceived competency within the four categories of competence, as provided in the GSWCS, yielded interesting findings as detailed below.

**Intervention.** For intervention skills, participants rated themselves most skilled in being able to “Advocate on behalf of clients with agencies and other professionals to help elderly

clients obtain quality services,” “Mediate situations with angry or hostile older adults and/or family members,” and “Enhance the coping capacities and mental health of older persons through a variety of therapy modalities (e.g., supportive, psychodynamic).” Overall participants rated themselves least skilled in their ability to “Use educational strategies to provide older persons and their families with information related to wellness, and disease management (e.g. Alzheimer’s disease, end of life care)” (see Table 4). These findings suggest these graduates of SCSSW feel more confident in their advocacy and clinical therapy skills, and less confident in their knowledge of the implication of health and medical conditions among older adults for social work practice with this population.



Table 4

*Geriatric Social Work Competency Scale (GSWCS) II: Intervention*

	Participant Response:										Total	
	1		2		3		4		5			
GSWCS item:	N	%	N	%	N	%	N	%	N	%	N	%
Enhance the coping capacities and mental health of older persons through a variety of therapy modalities (e.g., supportive, psychodynamic).	1	1.6	10	15.6	28	43.8	25	39.1	0	0	64	100.1
Mediate situations with angry or hostile older adults and/or family members.	1	1.6	17	26.6	27	42.2	16	25	3	4.7	64	100.1
Provide social work case management to link elders and their families to resources and services.	3	4.8	23	36.5	22	34.9	14	22.2	1	1.6	63	100
Use educational strategies to provide older persons and their families with information related to wellness, and disease management (e.g. Alzheimer's disease, end of life care).	6	9.4	26	40.6	20	31.3	12	18.8	0	0	64	100.1
Advocate on behalf of clients with agencies and other professionals to help elderly clients obtain quality services.	4	6.3	10	15.6	30	46.9	17	26.6	3	4.7	64	100.1

*Note:* All percentages do not add to 100% due to rounding error

**Assessment.** Overall, participants rated themselves more competent in the category of assessment than the other three categories, possibly reflecting the advanced level of clinical training and skill development provided to SCSSW students in classroom and field curriculum. The majority of participants rated themselves as having *moderate* and *advanced skill* in assessment skills (see Table 5). Of the five items in this practice competency category, participants rated themselves highest on “Use empathy and sensitive interviewing skills to engage older clients in identifying their strengths and problems,” with 12.5% (n = 8) rating themselves with *expert skill* and 43.8% (n = 28) rating themselves with *advanced skill*. Participants reported feeling least skilled in their ability to “Adapt interviewing methods to potential sensory, language, and cognitive limitations of the older adult” and “Ascertain health status and assess physical functioning (e.g., ADLs and IADLs) of older clients.” Similar to their ratings on intervention skills, these findings suggest that participants felt more confident in their general clinical skills and therapeutic interventions, but less skilled in their knowledge of the physical changes and functional challenges in later life. This may be a result of participants having had less coursework and exposure to older adults specifically, but receiving good training in clinical skills in general.

Table 5

*Geriatric Social Work Competency Scale (GSWCS) II: Assessment*

	Participant Response:											
	1		2		3		4		5		Total	
GSWCS item:	N	%	N	%	N	%	N	%	N	%	N	%
Adapt interviewing methods to potential sensory, language, and cognitive limitations of the older adult.	10	15.6	11	17.2	31	48.4	11	17.2	1	1.6	64	100
Use empathy and sensitive interviewing skills to engage older clients in identifying their strengths and problems.	0	0	5	7.8	23	35.9	28	43.8	8	12.5	64	100
Assess cognitive functioning and mental health status of older clients (e.g., depression, dementia).	0	0	17	26.6	30	46.9	16	25	1	1.6	64	100.1
Develop clear, timely, and appropriate service plans with measurable objectives for older adults.	4	6.3	14	22.2	25	39.7	19	30.2	1	1.6	63	100
Ascertain health status and assess physical functioning (e.g., ADLs and IADLs) of older clients.	7	10.9	19	29.7	23	35.9	13	20.3	2	3.1	64	99.9

*Note:* All percentages do not add to 100% due to rounding error

**Aging services, programs and policies.** Among all four areas of competencies, aging services, programs and policies received the largest percentage of responses in the perceived *beginning to moderate skill* category. Overall participants reported less competency in this category than in assessment and intervention, suggesting graduates of SCSSW feel more competent in their clinical abilities than in their ability to use, evaluate and identify older adult services, programs and policies. Of the three skill items listed in this category, ‘Apply evaluation and research findings to improve practice and program outcomes’ received the lowest score in perceived competency, with 46% (n = 29) reporting *no* or *beginning skill*. Only one participant (1.6%) reported feeling they had *expert skill* in any of these areas (see Table 6).

Table 6

*Geriatric Social Work Competency Scale (GSWCS) II: Aging Services, Programs and Policies*

	Participant Response:										Total	
	1		2		3		4		5			
GSWCS item:	N	%	N	%	N	%	N	%	N	%	N	%
Identify the availability of resources and resource systems for older adults and their families.	5	7.8	24	37.5	26	40.6	9	14.1	0	0	64	100
Identify and develop strategies to address service gaps, fragmentation, discrimination, and barriers that impact older persons.	8	12.7	18	28.6	24	38.1	12	19	1	1.6	63	100
Apply evaluation and research findings to improve practice and program outcomes.	12	19	17	27	25	39.7	9	14.3	0	0	61	99.7

*Note:* All percentages do not add to 100% due to rounding error

**Values, ethics and theoretical perspectives.** Lastly, one item measured participant perceived level of competency in the values, ethics, and theoretical perspectives category: ‘Support persons and families dealing with end of life issues related to dying, death, and bereavement.’ This item was selected based on discussion in the literature indicating death and dying as an area of practice with which clinicians feel least comfortable (Greene, 1981). The majority of participants (70.4%, n = 45) felt they had *beginning to moderate skill in this area*; however, unlike in the aging policy, program and services category, four participants (6.3%) reported *expert skill* in this area (see Table 7). This finding suggests that a portion of students may be gaining exposure to end of life issues in their field placements, regardless of whether their practice is with primarily older adults.

Table 7

*Geriatric Social Work Competency Scale (GSWCS) II: Values, Ethics and Theoretical Perspectives*

	Participant Response:										Total	
	1		2		3		4		5			
	Not skilled at all	Beginning skill	Moderate skill	Advanced skill	Expert skill							
GSWCS item:	N	%	N	%	N	%	N	%	N	%	N	%
Support persons and families dealing with end of life issues related to dying, death, and bereavement.	3	4.7	17	26.6	28	43.8	12	18.8	4	6.3	64	100.2

Note: All percentages do not add to 100% due to rounding error

### Responses to Open-Ended Questions

Two open-ended questions were included at the conclusion of the survey to gather data regarding participants’ perceptions of the challenges involved in work with older adults, and

recommendations for the curriculum to better prepare students for this work. The following section will discuss thematic content of the responses to each question.

**Challenges of work with older adults.** The first question, “What is the most challenging aspect of working with older adults for you?” yielded a 74% (n=57) response rate. The major themes that emerged from qualitative analysis of responses to this question include: a lack of understanding and comfort addressing differences in generational values, lifecycle issues -including death and dying - and countertransference in the helping relationship with older adults; understanding the physical and mental health comorbidities in older adults; and ageism. In addition, thirteen participants stated in their written response that they had no experience working with older adults.

***Differences in generational values and lifecycle issues.*** Participants mentioned that “having them be so much older is sometimes intimidating,” encountering “resistance to me being a young therapist,” and “the devaluing of approaches used by ‘people these days.’” One participant viewed “[statements like], ‘When I was younger, my parents would have just whooped me for something like that’” as challenges to the therapeutic process and alliance. Participants expressed they found it difficult to sit with issues common to clients who are later in their lives, as illustrated in the following comments: “Sometimes they aren’t motivated to create change in their lives”; “Their focus is on the past; with younger people you can focus on future hopes, plans, goals. With elders it is often acknowledging the decline and the losses and quite a lot of their friends and family (social supports) have died already or are too ill to help them”; and “feelings of abandonment and betrayal from family.” These responses indicate a level of discomfort regarding issues common to older adults, possibly leading to avoidance of work with this population. Just as there is a focus in training around “uncomfortable” topics including

suicide, abuse and trauma, it is important to address training needs of practitioner in the area of older adult issues, as above. Other issues participants noted include challenges around family involvement, including motivating families to participate in care and guardianship, issues of elder self neglect and abuse, identifying elder resources and barriers to care for those with fixed incomes, and countertransference in regard to grandparents.

***Understanding physical and mental health comorbidities in older adults.*** Another main area of focus for participants was the challenge of addressing the physical process of aging and the interplay of physical and mental health issues. Participants mentioned “medical comorbidities, late life cognitive and behavioral issues, learning to manage chronic illness; and “not fully understanding the impacts of natural aging, as well as aging-related illnesses (dementia, physical frailty, other health problems) on my patients' psyches and quality of life.” Participants also noted coping with lack of family support and psychoeducation around illnesses as a challenge.

***Ageism.*** Another theme that emerged was acknowledging the issue of ageism and feeling ill-equipped to address the impact ageism might on their practice with older adults. “Helping others have compassion for them”; “age discrimination compounding mental health issues”; and “other’s lack of empathy and their disregard for our elders” were all mentioned as challenges to this work.

In addition to themed responses outlined above, one participant mentioned “finding work with adequate pay” as a challenge in work with this population. However, as there was no opportunity for clarification it is unclear if this response referred to the challenge of locating adequately paying employment for older adults, or to the challenge of finding adequately paying social work employment with older adults.

**Recommendations for the MSW curriculum.** Participants had a choice of a “yes” or “no” answer to the item: “Is there an area related to older adults you feel could be focused more on in the curriculum?” If they chose “yes”, a space was provided for additional comments. More than half of the participants (59.3%, n=35) answered ‘yes’, however a greater number (n=38) provided a more detailed response. The three responses from participants who did not answer ‘yes’ but still provided an open-ended response included: “I don't think the required courses lacked in information on work with older adults any more than it lacked information on working with children/adolescents. I feel there are adequate electives for those who are interested in this population, but this is coming from a social worker who prefers working with youth!”; “No specific training that I recall”; and “n/a.”

The four major areas of further focus endorsed by those who answered “yes” to this question include: death and dying; biopsychosocial assessment with diverse groups of older adults; how to frame and participate in the therapeutic process with older adults; and knowledge of older adults healthcare systems and care management.

***Death and dying.*** The most widely endorsed recommendation was for additional training in end of life, death, dying, and bereavement (n = 13, 34.2%). Specifically two participants shared their thoughts that a death and dying course should be “required” and “mandatory” for all students covering such issues as palliative care, theory of life stages, and how to sit with the end of life. One participant offered, “It would be helpful if (like SCSSW is attempting to do with race) aging and dying were covered in all courses.”

***Biopsychosocial assessment.*** Another area in which participants endorsed further focus was in biopsychosocial assessment with older adults (n = 11, 28.9%). Participants referred to a number of assessment and clinical skills they felt were important, including tools to work with:



dementia, elder depression, trauma backgrounds, suicidality, developmental tasks for older adults, how the presentation of mental illness changes with age and life cycle, veterans, and substance abuse with elders. One participant stated he would generally like to “incorporate older adult issues more broadly into the curriculum.”

***Framing and participating in the therapeutic process.*** Participants also offered thoughts about the inclusion in the curriculum of additional content in the area of framing and participating in the therapeutic process with older adults, including psychotherapy and issues of countertransference. Responses included: “ways to frame the therapeutic process”; “how to sit with a lonely, isolated, ignored individual who is facing the end of their life”; and the experience of “work[ing] within that demographic (Vietnam veterans) tend to be more reflective and motivated than some of the substance abuse males I work with in their 30s and 40s.”

***Healthcare systems and care management.*** Finally, healthcare systems and care management, including Medicare and Medicaid, Social Security, and other government resources for older adults were content areas mentioned by four (10.5%) participants as requiring further focus in the curriculum.

Individual responses regarding areas of additional focus in the curriculum include: work with caregivers, LGBTQQ, older adults, cultural differences, and ageism. Two others shared that any training they did receive was outside of SCSSW. One participant wrote, “Focus on this population more in general. The most I learned was from taking CA pre-licensing online course.” Another stated “There were no electives during my time at Smith. My training was acquired after my Masters.”

## **CHAPTER V**

### **Discussion**

This study is meant to add to a growing body of research regarding social workers' motivation, preparation for, and experience with geriatric practice. This study look specifically at SCSSW alumni perceptions regarding their preparation for work with older adults, and their experience of aging content in the MSW curriculum. Findings are useful for SCSSW and the larger community of social work educators in informing efforts to increase interest among students and graduates in geriatric social work practice. This chapter will review the main findings of the study and compare results to previous research, making connections to the literature. The study's limitations are noted, followed by implications of this study for social work education, practice, and research.

#### **Summary of Major Findings**

Salient findings include demographic characteristics of the sample and experience in the field of aging, as well as perceptions of competencies in geriatric social work practice. The majority of participants in this sample of SCSSW alumni (years 2007 to 2011) reported having had little if any experience working with older adults, either through field placements or post-MSW employment. Most of the participants (59.3%, n=35) expressed the feeling that certain areas related to practice with older adults could receive greater focus in curriculum in order to better prepare them for, and interest them in, work with this population. Demographic characteristics of the survey sample included similarity in age to the total population from which the sample was derived. There was some variation between the study sample and sampling

frame by race/ethnicity and year of graduation. Participants felt more competent in their clinical skills than in skills involving navigating systemic resources and understanding medical issues related to the aging population. Participants voiced a desire for greater integration of older adult content in the curriculum, particularly in the areas of death and bereavement and in biopsychosocial assessment and treatment of older adults. These findings and their potential value for MSW programs, and ultimately to meeting the growing needs of older adults, are discussed in greater detail below.

**Comparisons between sample and sampling frame.** Of the 447 people in the sampling frame, there were 77 participants—a 14.3% response rate. Response rates from the years 2008 and 2011 were significantly higher than those from other years, with participants from the year 2011 being more than double the rates from years 2007 and 2009. This could suggest a greater interest in work with older adults among alumni from the graduating years of 2008 and 2011. It is also possible the highest rate among the most recent class (2011) illustrates that most recent alumni may be more “tied” to their graduate experience, and therefore more likely to respond to emails from students, in general, and more likely to read the alumni newsletter. However, this would not explain why the response rate for 2008 would be higher than 2009 and 2010. It is less likely that increased survey participation among 2008 and 2011 graduates reflect a greater emphasis on aging in the SCSSW curriculum during those years as differences of this type were not necessarily reflected in participant responses.

The modal age range for the sample (N = 77) was 30-39 years, with age ranges from 20-29 to 50-59. The modal age range reflected the mean age for the sampling frame (age 32), while the sample age range was slightly younger than that of the sampling frame (23 to 62 years, N=537). Alumni identifying as White, African American and multiracial in the sample (77%,

7.8% and 6.5% respectively) are overrepresented compared to their numbers in the sampling frame (72.9%, 6.7% and .6% respectively). Alumni identifying as Hispanic and Asian (6.5% and 4.7% respectively) are underrepresented in the study sample (1.3% and 2.6% respectively), although a large number of alumni in the sampling frame ( $n = 46$  or 8.6%) were included in the “no response” and “other/unknown” categories. These findings point to possible differences in alumni interest in aging by race/ethnicity, found in previous study (Kolb, 2008).

**Post-MSW work experience.** In 1990 it was estimated that 26% of practicing social workers were providing services to older adults, but only a small number of social work students were completing aging concentrations (Greene, Barusch, & Connolly, 1990, as cited in Kolb, 2008). For this study, in terms of post-MSW work experience, more than half of the sample had no or only one year of practice experience with older adults. The majority of participants ( $n = 62$ ) reported 0-20% of their post-MSW caseload consisted of older adults, with only two participants reporting 81-100% of an older adult caseload. The majority of participants, 40.3% ( $n = 31$ ), reported no post-MSW years of work with older adults. Another 14.3% ( $n = 11$ ) reported one year of work with this population. While participants report generally positive attitudes toward older adults and agree society has a responsibility to be active in their care, most alumni are not working with older adults. Participant endorsement of the societal provisions of care and resources toward older adults is a strength on both the part of participants and the School, and one which can serve as a foundation to bolster the curriculum and interest in this field.

**Attitudes toward and motivation to work with older adults.** While participants reported generally positive attitudes toward older adults, most participants did not actively seek employment with older adults ( $M = 2.17$ ) and expressed a preference for working with younger

patients ( $M = 3.55$ ). Findings in the area of motivation to work with older adults indicated neutral to low ( $n = 47, 70\%$ ) level of motivation to work with older adults among participants. This was further confirmed in another finding showing almost one-half of participants (48.8%) indicating a general preference for seeing younger patients. Lack of interest in work with the elderly appeared unrelated to their endorsement of a positive stance toward societal responsibility to older adults, as seen in the response to the statement, 'It is society's responsibility to provide care for its elderly persons', which garnered the highest level of agreement among participants. Participant lack of interest in work with this population also appears to be independent of perceptions of older adult patients' response to care, as the mean response indicates a slight agreement ( $M = 3.12$ ) with the statement "Elderly patients tend to be more appreciative of care provided."

**Usefulness of psychodynamic perspective in work with older adults.** Given the clinical focus of the SCSSW curriculum, this study aimed to learn about participants' attitudes regarding the usefulness of psychodynamic psychotherapy with an older population. There are conflicting views of the usefulness of psychodynamic psychotherapy with older adults in the literature, with one opinion being older adults are not suited for psychotherapy based on their incapacity to be flexible in their mental processes (Freud, 1912; Leigh & Varghese, 2001). There is also the thought that older adults may have increased capacity to turn inwards and be more reflective, psychologically oriented, and philosophical about life, which might suggest they are as suitable as younger persons for psychotherapy (Leigh & Varghese, 2001, Stern & Lovestone, 2000). Results from this study indicated generally positive attitudes ( $M = 3.62$ ) toward both using clinical skills with older adults and the relative benefit of psychodynamic intervention for the older population; indicating alumni do feel the clinical skills they learned in

their training are useful for this group. This finding has implications for practice as well as social work education.

### **Competency as a result of post-MSW experience and MSW field placements.**

Participants were asked to rate themselves on a number of skills to measure competency of social workers in terms of older adults. Increased exposure to older adults through MSW field placements did not increase this sample's perceived competency in working with older adults; however, those who reported greater post-MSW experience working with older adults (as measured by percent of caseload) did report higher levels of perceived competency.

More than one half of the sample ( $n = 47$ , 62.7%) indicated they did not have a field placement with older adults, while 36.4% ( $n = 28$ ) stated they did. A t-test was performed to learn if there was a difference in perceived competency by field placement with older adults, with no significant difference found. Both those who indicated exposure to work with older adults in their field placement and those who indicated no exposure to work with older adults in their field placement reported similar mean scores ( $M = 2.98$  and  $M = 2.79$ ), tending toward low levels of perceived competence. This suggests having a field placement with older adults did not affect perceived level of skill in work with older adults.

However, those who reported greater post-MSW experience working with older adults in terms of caseload size did report higher levels of perceived competency in work with older adults. A t-test was also performed to look at differences in perceived competency by caseload (0-20% vs. 21%+), with significant results ( $t(62) = 3.339$ ,  $p = .001$ , two-tailed). The mean skill score was higher for those with 21%+ caseload ( $M = 3.37$ ) compared to those with lower (20 or under) caseload ( $M = 2.74$ ).

While the finding of increased competency among those with post-MSW experience is encouraging, the finding regarding a lack of association between MSW field placement and perceived competency is somewhat at odds with the literature in this area. Previous studies have demonstrated that if social work students are exposed to older adults via field placements and personal life, most report a reduction in stereotypes, improved appreciation of older adults' capacities and strengths, increased skill in working with the population and an increased likelihood of pursuing a position working with older adults as a result of their field placement (Gelman, 2012). Another study found the amount of contact students had with older adults, level of perceived competency with the population, and degree of reward previously experienced with this population all were positive predictors in desire to work with elders (Cummings & Adler, 2007).

However, this sample did not demonstrate that increased contact with older adults through field placement increased their perceived competency in working with this population. Given that the cited studies (Cummings & Adler, 2007; Gelman, 2012) looked at students and not post-MSW social workers, these findings may indicate that further review of this area is needed. One possible implication is that SCSSW and field placement supervisors must do more in terms of teaching clinical skills with older adults to students in coursework and at field placements. If students were exposed to this population but did not feel adequately trained throughout exposure, this may indicate that more specific older adult training is needed.

The above findings appear in contrast with the theory behind competency-based education which posits that providing students with increased exposure to older adults (through course work and field placements) has the potential to create more opportunities to build competencies in clinical work with this population. As people build the competencies they need

to feel equipped to serve older adults, they are more likely to pursue it as a career (Gelman, 2012). Given participants did report higher perceived competency as a result of post-MSW work, this may suggest participants are receiving more specialized on-the-job training and supervision or pursuing their own older adult- specific training post graduation.

**Perceived competence by practice area.** Specific areas of competencies were measured by select questions from the GSWCS II, broken into four competency categories: intervention; assessment; aging services, programs and policies; and values, ethics and theoretical perspectives. Overall, participants felt more competent in their clinical skills than in the skills involved in navigating systemic resources and understanding the medical issues related to the aging population.

For intervention, findings suggest these graduates of SCSSW feel more confident in their advocacy and clinical therapy skills, and less confident in their knowledge of the implication of health and medical conditions among older adults for social work practice with this population.

For assessment, overall participants rated themselves more competent in this category than the other three categories, possibly reflecting the advanced level of clinical training and skill development provided to SCSSW students in classroom and field curriculum. Similar to their ratings on intervention skills, these findings suggest participants felt more confident in their general clinical skills and therapeutic interventions, but less skilled in their knowledge of the physical changes and functional challenges in later life. This may be a result of participants having had less coursework and exposure to older adults specifically, but receiving good training in clinical skills in general.

Among all four areas of competencies, aging services, programs and policies received the largest percentage of responses in the perceived *beginner to moderate skill* category. Overall



participants reported less competency in this category than in assessment and intervention, suggesting graduates of SCSSW feel more competent in their clinical abilities than in their ability to use, evaluate and identify older adult services, programs and policies.

One item was included from the values, ethics and theoretical perspectives category: ‘Support persons and families dealing with end of life issues related to dying, death, and bereavement.’ This item was selected based on discussion in the literature indicating death and dying as an area of practice with which clinicians feel least comfortable (Greene, 1981). The majority of participants (70.4%, n = 45) felt they had *beginning to moderate skill in this area*; however, unlike in the aging policy, program and services category, a higher percentage of participants (6.3%, n = 4) reported *expert skill* in this area (see Table 7). This finding suggests a portion of students may be gaining exposure to end of life issues in their field placements regardless of whether their practice is with primarily older adults, or that there are other factors affecting competency in this skill (i.e., personal exposure to death and dying). As discussed in the literature, fear of death has been shown to decrease with age, except among those who work with aged (Crowley, 2005; Gross & Eshbaugh, 2011).

**Older adult focus in the curriculum.** In response to an open-ended question requesting their input regarding changes in the curriculum, over one-half (59.3%) of participants voiced a desire to have greater integration of older adult coursework, particularly in the areas of death and dying; biopsychosocial assessment with diverse groups of older adults; how to frame and participate in the therapeutic process with older adults; and knowledge of older adults healthcare systems and care management. These responses are indicative of alumni perceptions of major gaps in curricular content in areas common to practice with older adults; such gaps in knowledge and skills has been shown to lead to avoidance of work with this population (Gelman, 2012).

Four items asked for participants' perceptions of the curriculum as having offered adequate course material and field placement experiences that included an older adult focus. The overall mean score ( $M = 2.88$ ) for these items indicates that although participants were close to neutral, they slightly disagreed that adequate curricular content had been available. While limited in strength due to the low internal reliability of these items ( $\alpha = .212$ ), this finding provides important feedback to the School regarding curriculum.

Participants reported challenges to their work with older adults the following areas: a lack of understanding and comfort addressing differences in generational values, lifecycle issues—including death and dying—and countertransference in the helping relationship with older adults; understanding the physical and mental health comorbidities in older adults; and ageism. These findings are helpful as guides for consideration of further curricular development in the area of aging, taken up in greater detail later in this chapter.

### **Implications for Social Work Education, Clinical Practice, and Research**

**Implications for social work education.** SCSSW and other MSW programs can consider the feedback of MSW alumni and utilize findings to enhance the MSW curricula to better meet the societal and ethical demands of social work to prepare its graduates for work with older adults. Findings can inform the SCSSW curriculum in its efforts to more effectively meet the increasing demand for qualified and interested clinicians to work with older adults.

Specifically, this study illustrates that alumni feel positively about the effectiveness of, and their ability to use, psychodynamic skills with older adults. These results may demonstrate SCSSW has already overcome the hurdle of shifting students' attitudes toward and the usefulness of their clinical skills with this population. The curricula may build on this strength in both the field and the classroom to provide students with more opportunities to learn more specific clinical skills, as illustrated in the GSWCS skills sets.

In terms of findings regarding specific GSWCS skills, MSW programs may wish to build on curricular content in the areas where alumni already feel competent and have an interest. Considering survey findings, these may include clinical skills involved in advocating on behalf of clients for services, mediating complex and adversarial familial situations, and using empathy and sensitive interviewing skills to engage older clients in identifying their strengths and problems. Findings of perceptions of fewer skills in the area of evaluation and identification of older adult services, programs and policies argue strongly for further integration of this content into required policy classes. Integration of aging content into the core curriculum provides an opportunity for all graduates to be exposed to this material, in contrast to the current format offering an elective with this focus.

Responses also favored the incorporation of older adult content into required courses rather than offering it in the form of an elective. One participant expressed a desire for the School to “incorporate older adult issues more broadly into the curriculum.” Currently, there is a *Practice with Older Adults* course offered which focuses on clinical practice with older adults and does incorporate many of the issues participants voiced a desire for additional training in. However, as with all electives, there is limited space and only those students who already have an interest will receive this training. A broader incorporation of older adult practice content into students’ first and second summer required practice classes may serve to expose, prepare, and increase interest in this work.

The most widely endorsed recommendation was the desire for additional training in end of life, death, dying, and bereavement. Two participants stated a death and dying course should be “required” and “mandatory” for all students and include a focus on issues including palliative care, theory of life stages, and how to sit with the end of life. One participant stated, “It would

be helpful if (like SCSSW is attempting to do with race) aging and dying were covered in all courses.” While issues around death and bereavement may be more prevalent with an older population, they are not limited to older adults. Considering participants’ comments, it would be helpful to integrate such content into required courses, or possibly create a mandatory course with a major focus on this content. Currently there is a *Death & Bereavement Over the Lifecycle* seminar offered only to third-summer MSW students as an elective. Just as there is a focus in social work training around uncomfortable topics including suicide, abuse and trauma, these results indicate the importance of addressing training needs of practitioner in the area of older adult issues, as above.

The majority of participants stated they did not have a field placement with older adults (n = 47, 62.7%). Given that exposure to this population is one of the major motivators for future work in this area, increased field offerings that include exposure to older adults is one way to increase interest in working with this population. However, findings also suggests the need for additional enrichment efforts beyond increased aging field opportunities, as 89.7 % (n = 61) stated they felt neutral or disagreed that they were not offered but would have liked a field placement with older adults. Finally, findings that exposure to older adults in field placement was unrelated to perceived competency imply a need for enhancement of existing older adult field opportunities.

As the aging U.S. population is projected to become increasingly diverse, there is also a need for increased curriculum focusing on practice with racially and ethnically diverse aging populations. In 2003, almost 83% of older adults were non-Hispanic Whites, 8% identified as Black, 6% Hispanic, and 3% indicated that they were of Asian ancestry (Wan, Sengupta, Velkoff, & DeBarros, 2005, as cited in Kolb, 2008). Projections regarding ethnic and racial

diversity predict that by 2030, 72 % of older adults will be non-Hispanic White, 11 % Hispanic, 10 % Black, and 5% Asian (Wan et al., 2005, as cited in Kolb, 2008). The need for increased racial and cultural competencies in work with a diverse older population is a reality for which MSW students and practitioners must be adequately prepared.

**Implications for research.** Study findings have highlighted several potential areas for further study. These might include study of a more encompassing sample of SCSSW alumni dating back further than five years. Information from this type of study could provide a greater breadth of comparison regarding changes in the curriculum, field placements, alumni attitudes toward older adults and perceived competencies over time. It would also be interesting to compare findings with those from studies of other programs to better gauge areas in which SCSSW excels and areas in which further growth is needed. Many participants provided open-ended responses where the option permitted; given the richness of the data collected, further qualitative study may add considerably to our understanding of alumni attitudes toward the curriculum and an older adult focus. It may be interesting, in a more qualitative study, to try to understand why participants are not drawn to this population and if there are specific conditions that prevent them from entering this work.

### **Strengths and Limitations of this Study**

**Methods of data collection.** The strengths of using an online survey instrument for this study were its ability to reach a large number of participants in a relatively quick and efficient way, regardless of geography. Using the SCSWW alumni database provided access to a large number of potential participants who were familiar with the SCSSW MSW thesis process, and, because of their own experience with the process, perhaps provided some incentive to participate in the study. Through the use of alumni this writer was also able to access the email addresses of

potential participants and additionally reach them through the monthly alumni newsletter, *In Brief*. This form of outreach proved to be an efficient method for reach the desired population.

A limitation of this study included the use of an online survey method of data collection. This method required participants to have access to the Internet and a computer to participate in the survey. The use of an on-line written survey rather than an in-person interview, specifically for open-ended questions, also may have had a limiting effect on richness of the qualitative data. Because of the closed nature of the online survey, follow up and clarifying questions by participants were not permitted, so participants may have had different interpretations of certain questions.

Another important limitation to this study was the inclusion of a survey item, “When you first entered work with older adults, how did it affect your income?” This was interpreted by many participants to mean that experience working with older adults was necessary in order to continue with the survey. Because this was confusing, almost half the participants (n=32 or 41.6%) did not answer this question.

A further limitation was posed by the decision to use seven items from the 14-item UCLA-GAS, resulting in the inclusion of a measure of unknown psychometric strength. Also, as the GAS was developed and tested with medical residents, questions may have been limited in their relevance to this study population.

Finally, an important and unintentional omission was a survey question asking for participant gender, limiting the ability to learn about possible gender differences in experience with and motivation to work with older adults.

**Recruitment methods.** As only alumni who had provided a current email to the alumni office of the School received recruitment materials, approximately 90 alumni from the selected

graduation years (2007-2011) were not included in the sampling frame. Further, it is possible those alumni who chose to participate were more likely to already have some interest in the older adult population given their awareness of the survey topic.

The five-year look-back (to 2007) also placed limits on the ability to obtain information regarding changes in the curriculum over a greater period of time. For example, it may be that the most recent five-year period has shown gains as compared with earlier years. Additionally, the restrictions imposed by this time period prevented the collection of data from older alumni, with a greater number of years of practice experience, who may have provided a different point of view. On the other hand, sampling recent MSW graduates can be viewed as a strength of this study in that it provided a current understanding of the curriculum and areas for further development in the area of older adults.

## **Conclusion**

This study explores recent SCSSW alumni exposure to practice opportunities with older adults through field placement and work experiences and attitudes towards older adults. Also explored are attitudes towards practice with older adults, including the relative effectiveness of psychodynamic psychotherapy with this population. In addition, the study gathered data regarding alumni perceptions of the MSW curriculum in terms of its ability to prepare students for this work, self-perceived competencies in work with older adults, and recommendations for the curriculum to better address issues in work with older adults. The findings suggest that while recent graduates of SCSSW hold generally positive attitudes toward older adults and recognize the importance of serving this population, on the whole they feel underprepared to carry out professional work with the older adult population and are generally not seeking employment in this field. Alumni feel more competent in their clinical skills than in skills involved in

navigating systems and identifying resources. They feel less prepared in their understanding of the medical issues related to the aging population, and express a desire for greater integration of older adult coursework in the curriculum, particularly in the areas of death and bereavement, and the biopsychosocial assessment and treatment of older adults. Given the results of this study, SCSSW is well positioned to build on its strengths in clinical areas by augmenting curriculum with aging content, further strengthening the MSW program. Findings point to the need for SCSSW and other social work programs to explore ways to increase student and alumni interest in and preparedness for work that will enable the profession to better meet the growing demands of our aging society.



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## Appendix A

### Survey Instrument

#### *Survey Questions*

Descriptive questions:

1. What year did you graduate from the Smith College School for Social Work (SCSSW)?
2. What is your age?
  - 20-29, 30-39, 40-49, 50-59, 61-70, 70+
3. What percent of your caseload is currently older adults (age 60+)?
  - 0-20, 21-40, 41-60, 61-80, 80-100
4. How many years, if any, have you worked in a setting that served older adults? (Please enter zero if you have never worked with this population)
5. (Only for those who answer more than 0 to question 4) When you first entered work with older adults, how did it affect your income?
  - Increase in income, Decrease in income, Income was unaffected, NA
6. Did you have a field placement working with older adults as a part of your MSW training?
7. I identify as:
  - Caucasian, African American, Asian, Native American, Latino, mixed race, Other (please specify)\_\_\_\_\_
8. Research on this topic suggests there may be a relationship between interest in older adults and earlier relationships in life. Did you live with or have a significant relationship with an older adult prior to accepting your first position with older adults?

Quantitative questions will use a Likert scale (1- strongly disagree; 2 – disagree; 3 - neutral; 4- agree; 5- strongly agree; and an “NA” choice) and include:

\*Note: for the purpose of this study older adults are defined as people ages 60+

9. SCSSW contributed to my interest in working with older adults. 1-5
10. I feel SCSSW has adequately prepared me for work with older adults. 1-5
11. The clinical tools I learned at SCSSW are useful in work with older adults. 1-5
12. I was offered an elective at SCSSW based on work with older adults. 1-5
13. I was not offered, but would have liked a field placement working with older adults. 1-5
14. I wish SCSSW had offered more training in regards to working with older adults. 1-5
15. I feel older adults can benefit from psychodynamic psychotherapy. 1-5
16. I was strongly motivated to work with older adults. 1-5
17. I was motivated to work with older adults because of the financial opportunities the work provides. 1-5

18. What I imagined working with older adults would be like and how it actually is are much different. 1-5
19. I have always been interested in working with older adults. 1-5
20. I actively sought employment with older adults. 1-5
21. My experience working with older adults has made me want to work with a different population. 1-5
22. I feel older adults are interested in psychotherapy. 1-5
23. I feel satisfied I can use my psychodynamic skills with older adults. 1-5
24. I have received adequate training to understand how working with death and dying may affect me. 1-5
25. I have grown more comfortable thinking about death as a result of my work with older adults. 1-5
26. My field placement prepared me well to work with older adults. 1-5
27. My coursework prepared me to work with older adults. 1-5
28. If I have the choice, I would rather see younger patients than elderly ones. 1-5
29. It is society's responsibility to provide care for its elderly persons. 1-5
30. Elderly patients tend to be more appreciative of the medical care I provide than are younger patients. 1-5
31. I tend to pay more attention and have more sympathy towards my elderly patients than my younger patients. 1-5
32. Treatment of chronically ill old patients is hopeless. 1-5
33. Taking a medical history from elderly patients is frequently an ordeal. 1-5
34. As people grow older, they become less organized and more confused. 1-5

The following is a listing of skills recognized by geriatric social workers as important to effectively work with and on behalf of older adults and their families. Please use the scale below (0 =Not skilled at all; 1= Beginning Skill; 2= Moderate skills; 3= Advanced skill; 4= Expert skill) to thoughtfully rate your current skill:

35. Identify the availability of resources and resource systems for older adults and their families. 1-5
36. Identify and develop strategies to address service gaps, fragmentation, discrimination, and barriers that impact older persons. 1-5
37. Apply evaluation and research findings to improve practice and program outcomes. 1-5
38. Support persons and families dealing with end of life issues related to dying, death, and bereavement. 1-5
39. Adapt interviewing methods to potential sensory, language, and cognitive limitations of the older adult. 1-5
40. Use empathy and sensitive interviewing skills to engage older clients in identifying their strengths and problems. 1-5
41. Assess cognitive functioning and mental health status of older clients (e.g., depression, dementia). 1-5
42. Develop clear, timely, and appropriate service plans with measurable objectives for older adults. 1-5
43. Ascertain health status and assess physical functioning (e.g., ADLs and IADLs) of older clients. 1-5



44. Enhance the coping capacities and mental health of older persons through a variety of therapy modalities (e.g., supportive, psychodynamic). 1-5
45. Mediate situations with angry or hostile older adults and/or family members. 1-5
46. Provide social work case management to link elders and their families to resources and services. 1-5
47. Use educational strategies to provide older persons and their families with information related to wellness, and disease management (e.g. Alzheimer's disease, end of life care). 1-5
48. Advocate on behalf of clients with agencies and other professionals to help elderly clients obtain quality services. 1-5

#### Qualitative

49. What is the most challenging aspect of working with older adults for you?
50. Is there an area related to older adults you feel could be focused more on in the curriculum?" If yes, please describe.

Thank you for your participation!

## **Appendix B**

### **Informed Consent Form**

Dear Participant,

I am a Master's student at Smith College School for Social Work (SCSSW) and I am conducting a research study exploring educational and post-graduate practice experience in the area of aging among SCSSW alumni. The purpose of this study is to gain knowledge regarding SCSSW curricular strengths and areas needing enhancement in preparing social work students for work with older adults. The data gained in this study will be presented in the form of a Master's thesis for the Smith College SSW, will be shared among the Smith community and will be made available to those outside of it.

You are being asked to participate in this study because you are a SCSSW alumni who graduated between the years of 2007 to 2011 who has provided the School with an active email address. I have received support to contact you through the Smith SSW Alumni Office. The online survey includes 50 questions with pre-set Likert scale responses regarding your personal and professional experience, attitudes, and feelings of preparedness to work with older adults, your perceptions of your educational experience, and some demographic information. There is also one open-ended question asking about your experience and perceptions of professional preparation and curricular need in this field of practice. Completion time for the survey is approximately 25-35 minutes.

Minimal risk from participation is anticipated. You may experience mild distress when being asked to evaluate the level of training and preparation offered by SCSSW when you were a student there. All identifying information of participants and information collected will be held in confidence. By participating in this study, you may gain new insight into the impact of your MSW training on your interest in and ability to work with older adults, your attitudes and beliefs about older adults, and how these have and continue to shape your work. There is no monetary compensation for participating in this study.

This is an online survey that will be anonymous. The link to the survey does not retain email addresses: you will not be asked to provide your name. Survey Monkey collects and initially compiles the data for further research; the researcher is given this data in aggregate form with no names, email addresses, locations, or other identifying information about the participants except the data included in the survey responses. Only my research advisor, the Smith College School of Social Work Data Analyst and I will have access to this information. Data in professional publications or presentations will be presented about participants as a group without reference to identifying information; quoted comments will be disguised. All materials related to the study - informed consent forms, data, tapes, and notes - will be kept for three years as stipulated by the

Federal Guidelines and data stored electronically will be protected. Should I need the materials beyond this three year period, they will continue to be kept in a secure location and will be destroyed when no longer needed. In your response to open-ended questions regarding your practice experiences, caution should be taken in not identifying clients specifically.

Your participation in this study is voluntary. Given the anonymous nature of participation, after submission of the survey it will not be possible to withdraw from the study. You may stop participation of the survey at any point during its completion. Should you have any questions about this study, you are encouraged to call this researcher at (201) 230-0200. For any concerns regarding your rights as a participant or the ethics of the study, please contact the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

**YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.**

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Researcher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please keep a copy of this form for your records. Thank you for your participation.

## Appendix C

### Human Subjects Review Committee Approval Letter



School for Social Work  
Smith College  
Northampton, Massachusetts 01063  
T (413) 585-7950 F (413) 585-7994

January 12, 2013

Nicole Loux

Dear Nicole,

You have done a very nice and complete job in responding to all the Committee's concerns and requests. We thank you. Your project is now approved by the Human Subjects Review Committee.

*Please note the following requirements:*

**Consent Forms:** All subjects should be given a copy of the consent form.

**Maintaining Data:** You must retain all data and other documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

**Amendments:** If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

**Renewal:** You are required to apply for renewal of approval every year for as long as the study is active.

**Completion:** You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Happy New Year and good luck with your study!

Sincerely,

A handwritten signature in cursive script that reads 'Marsha Kline Pruett / haw'.

Marsha Kline Pruett, M.S., Ph.D., M.S.L.  
Vice Chair, Human Subjects Review Committee

CC: Beth Lewis, Research Advisor

## Appendix D

### Initial Email to Potential Participants

Hello,

My name is Nicole Loux and I am a Smith School of Social Work (SCSSW) MSW student. As part of my master's thesis I am conducting a study to learn about SCSSW alumni perceptions of motivation and preparedness to work with older adults, specifically in terms of course and field learning opportunities and work history. This research will be used to inform the SCSSW and other MSW curriculums in the area of geriatric practice about how programs can better prepare and motivate students for work with this population. Your name and email has been provided to me by the SCSSW for the purpose of this study per protocol between the Thesis Coordinator and the Alumni Office. As a graduate of SCSSW, classes of 2007 through 2011, your participation is requested in an online survey.

Participating in the study involves filling out an anonymous, user-friendly online survey that should take between 25 and 35 minutes to complete. Below is a link to the Web site containing my thesis survey. Potential participants will be presented with an informed consent form as part of the online survey. Participants will not be asked for their signatures, but only to check a box if they agree to participate. The deadline to submit completed surveys is **March 15, 2013**.

To find out more details of study or to participate, please go to (Survey Monkey link)  
If you have any questions about my research or the nature of participation, please feel free to contact me by email at \_\_\_\_.

Thank you for your time, assistance, and interest in my research topic!

Sincerely,

Nicole Loux

MSW Candidate, Smith College School for Social Work, 2013

## Appendix E

### Follow-up Email to Potential Participants

Hello,

This is a reminder that the deadline to participate in the study to learn about SCSSW alumni perceptions of motivation and preparedness to work with older adults is MARCH 15, 2013. This research will be used to inform the SCSSW and other MSW curricula in the area of geriatric practice. As a graduate of SCSSW, classes of 2007 through 2011, your participation is requested in an online survey, the findings from which will be used to inform the SCSSW curriculum in the area of practice with older adults. If you wish to participate and have not already submitted your survey, please do so now. The option to participate in the survey will be available until March 15, 2012.

Participating in the study involves filling out an anonymous, user-friendly online survey that should take between 25 and 35 minutes to complete. Below is a link to the Web site containing my thesis survey. Potential participants will be presented with an informed consent form as part of the online survey. Participants will not be asked for their signatures, but only to check a box if they agree to participate. The deadline to submit completed surveys is March 15, 2013.

To find out more details of study or to participate, please go to (Survey Monkey link)

If you have any questions about my research or the nature of participation, please feel free to contact me by email at \_\_\_\_\_.

Thank you for your time, assistance, and interest in my research topic!

Sincerely,

Nicole Loux

MSW Candidate, Smith College School for Social Work, 2013

## Appendix F

### Request for Participation in "In Brief" Newsletter for SCSSW Alumni

#### Attention alumni from graduating classes of 2007-2011:

Please participate in an online survey as part of a master's thesis studying SCSSW alumni perceptions of motivation and preparedness to work with older adults, specifically in terms of course and field learning opportunities and work history. This research will be used to inform the SCSSW and other MSW curriculums in the area of geriatric practice and how programs can better prepare and motivate students for work with this population.

Participating in the study involves filling out an anonymous, user-friendly online survey that should take between 25 and 35 minutes to complete. Below is a link to the Web site containing my thesis survey. Potential participants will be presented with an informed consent form as part of the online survey. Participants will not be asked for their signatures, but only to check a box if they agree to participate. The deadline to submit completed surveys is **March 15, 2013**.

To find out more details of study or to participate, please go to (Survey Monkey link)  
If you have any questions about my research or the nature of participation, please feel free to contact me by email at \_\_\_\_\_.

Thank you for your time, assistance, and interest in my research topic!

Sincerely,  
Nicole Loux  
MSW Candidate, Smith College School for Social Work, 2013

## Appendix G

### Approval for SCSSW Recruitment



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**School for Social Work**

Smith College

Northampton, Massachusetts 01063

T (413) 585-7977 F (413) 585-4456

December 1, 2012

Nicole Loux

Dear Nicole,

I have reviewed your HSR proposal and your research topic is directly related to the curriculum offered by Smith College School for Social Work. Thus, I approve your request to recruit your sample from the SCSSW community.

I would also strongly suggest that you consult with Phebe Sessions as she is the Chair for the Practice sequence where courses on aging are lodged. Dr. Sessions also has expertise on clinical work with the aging population and would be an excellent resource.

Sincerely,

Jean LaTerz, MSW, Ed.D.  
Thesis Coordinator

Cc: Phebe Sessions, Ph.D., Chair of Practice  
Beth Lewis, Ph.D. Research Advisor  
Student Record