

2014

Infusion of gerontological competencies in social work

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INFUSION OF GERONTOLOGICAL
COMPETENCIES IN SOCIAL WORK

A Thesis

Submitted to the Graduate Faculty of the
Louisiana State University and
Agricultural and Mechanical College
in partial fulfillment of the
requirements for the degree of
Master of Social Work

in

The School of Social Work

by
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B.S.W., Southeastern Louisiana University, 2012
May 2014

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ABSTRACT

This study aimed to evaluate the effectiveness of the Graduate Certificate in Gerontology Program (GCGP) at Louisiana State University School of Social Work (LSUSSW). Thirty advanced year students participating in the GCGP in the 2012-2013 academic year participated in the study. All of the participants were female, and the majority (n=25) identified as Caucasian. The mean age of the participants was twenty-seven years. The study utilized a pre-experimental, one group pretest-posttest design. Participants were surveyed pre-certificate program and upon completion of the program using a two-part, self-report survey which utilized the *Geriatric Social Work Competency Scale II*. Participants reported their perceived skill levels in four competencies, or subscales, of social work practice with older adults. Global scores of each competency were used to measure increases in students' perceived abilities within the arenas. Participants' scores at posttest were significantly increased from pretest with significance levels at less than .01. These results indicated that at posttest students felt more able to work with older adults than at pretest. Correlation analyses indicated significant and positive relationships between each competency at pretest and at posttest. Finally, using Cronbach's alpha, each competency within the scale demonstrated strong internal consistency, illustrating reliability of the measure used. Utilizing these methods, this study demonstrated the effectiveness of the LSUSSW GCGP as evidenced by increases in participants' scores from pre-certificate program to post-certificate program.

CHAPTER 1: INTRODUCTION

According to the U.S. Census Bureau (2011), the number of those ages forty-five to sixty-four, experienced an increase in population of over thirty percent from 2000 to 2010, and a fifteen percent increase in those ages sixty-five and older for the same years. These age groups experienced a higher increase than any other age group surveyed (U.S. Census Bureau, 2011). Further, the U.S. Census Bureau (2012) projects that by 2060, the population of those sixty-five and older will increase to over twenty percent. With this ever-increasing aging population, it is apparent that the need will continue to grow for professionals well versed in gerontology (Perkinson, 2013).

In order to meet this need, schools of higher education across the nation are providing specializations in studies related to the older adult population. Among the areas offering specialized education is the field of social work. Social work with and concerning older adults is often referred to as gerontological social work (Council on Social Work Education, National Center for Gerontological Social Work Education [CSWE Gero-Ed Center], n.d[a]). The need for gerontological social workers is great, as Emlet (2010) pointed out that increases in the older adult population will mean social workers across the profession will need to understand how to practice with older adults as exposure to them heightens.

To help adequately prepare social workers to engage with the older adult population, the Council on Social Work Education (CSWE) launched the National Center for Gerontological Social Work Education (Gero-Ed Center), which provides educational facilities and members with the tools necessary to train its students (CSWE Gero-Ed Center, 2014a). One of the tools provided is the Geriatric Social Work Competency Scale. Modified throughout the years as necessary, the scale measures behaviors social workers working with older adults deem

necessary when engaging with this population (CSWE Gero-Ed Center, 2014c). The scale is broken down by competencies, or subscales, which delineate important practice areas (CSWE Gero-Ed Center, n.d.[b]). The scale is, then, broken down further with each subscale comprised of numerous items, or practice behaviors (CSWE Gero-Ed Center, n.d.[b]). The scale is used to measure students' perceived abilities within the subscales through scores given for each of the practice behaviors (CSWE Gero-Ed Center, 2014c).

Among the educational facilities hoping to prepare new professional social workers to work with older adults is Louisiana State University School of Social Work (LSUSSW). Offering specialization, the LSUSSW maintains the Graduate Certificate in Gerontology Program (GCGP) as a certificate program for its advanced year students (LSUSSW, 2014b). The purpose of this study is to conduct a program evaluation of LSUSSW GCGP. Effectiveness of the program is measured by changes in students' perceived abilities in working with older adults as set forth by the individual subscales of the competency scale. Because the scale used in the study has been revised and is no longer available, the scale cited throughout is the latest revision, which includes a fifth competency not used in the study, the Lifelong Leadership Skills competency (CSWE Gero-Ed Center, n.d.[b]).

Discussed below is a review of relevant literature outlining the various educational specializations concerning older adults, including gerontology, geriatrics and gerontological social work. A review of the LSUSSW GCGP is also discussed. Then, study methods and results will be reported, including characteristics of the study sample, as well as the research design. Finally, implications of the research and study limitations will be provided.

CHAPTER 2: REVIEW OF LITERATURE

To understand the history, progress and obstacles concerning specialization to work with older adults, it is important to understand the educational specializations as respective fields. History and progress concerning gerontology, geriatrics, and then, gerontological social work will be discussed below, as will the obstacles each educational arena face in helping to build an adequately prepared workforce. This section will also delve into the processes required for social work specialization in depth, outlining the specific educational competencies required to garner the proper training. Lastly, this section discusses how LSUSSW is helping to meet the need for those trained to work with older adults through the GCGP offered.

Gerontology and Geriatrics

Gerontology. *Gerontology* refers to the study of the processes of aging, ranging from midlife to death (Association for Gerontology in Higher Education [AGHE], n.d. [b]).

Beginning in 1939, focus on aging and related issues got its start with the conception for the idea of a formal organization dedicated to promoting the advancement of age-related studies (The Gerontological Society of America [GSA], 2008b). Officially incorporated in 1945, the GSA became an emerging leader in the, then, burgeoning field of geriatrics (GSA, 2008b). It was not until the 1970s, though, that education, not just research, in the field of gerontology began to take hold (Ferraro & Sterns, 2008). At this time, the GSA also provided for the advent of the Association for Gerontology in Higher Education (AGHE) (GSA, 2008b). The AGHE has since established a reputation of leadership in advancing and progressing education concerning older adults (AGHE, n.d.[a]). Since the inception of the Gerontological Society of America, numerous national organizations and foundations devoted to researching and serving the needs of the aging population have emerged, not including the numerous advancements made on the state

and local levels (U.S. Department of Health and Human Services, Administration on Aging (AOA), n.d.; GSA, 2008a).

Education in gerontology offers professionals the opportunity to work in various arenas and to be a part of emerging policy, advocacy and innovation, as modern science continues to delve into the needs and issues surrounding the aging population (AGHE, n.d.[c]). The educational advancement of gerontology has emerged from several societal contributors, such as the increasingly aging population, concerns associated with this population and an increase in resources (Ferraro & Sterns, 2008). Although each institution's gerontology program may differ, Alkema and Alley (2006) highlight three main components for gerontological study. These components include studying age as a specific moment in an individual's life and what events may occur during these moments, the process of aging, and studying those that make up the older adult population (Alkema & Alley, 2006).

As a discipline, gerontology has seen much progress; however, obstacles concerning a unification of gerontological study and theory have created setbacks for advancement of the discipline (Alkema & Alley, 2006). Because of the multidisciplinary needs of the elderly, many aging researchers may hail from fields outside of gerontology. For this reason, an interdisciplinary approach to gerontology may be useful in defining its practice and educational parameters within the discipline (Ferraro & Wilmoth, 2007). Combining resources of professionals and researchers from various disciplines, but focused on aging, could mean that the future of gerontology may only progress from this point on, offering a rich context from which to develop an integrative mission and purpose for the discipline (Alkema & Alley, 2006). According to Perkinson (2013), however, gerontology may lack the momentum it needs as a worldwide recognized discipline due to several factors. The first, a lack of resources may hinder

the interdisciplinary approach that it needs (Perkinson, 2013). Also, in many locations, the aging are often cared for by their families and, as such, would not warrant a specific provider versed in the issues they may face (Perkinson, 2013). Lastly, worldwide, geriatric care does not generate the income and respect necessary to maintain as a profession and field of study (Perkinson, 2013).

Despite the obstacles, the future of gerontology as a discipline remains to be seen, as those who have educated and trained the first generations of gerontological scholars gives way to new educators and professionals (Ferraro & Sterns, 2008). Given the progress made within the past few decades in the study of aging, and with the eventual increase in elderly populations, it may be that those with higher levels of training and specialization within gerontology become a much needed commodity within the academic arena. Some institutions, though, are finding that the number of students taking age related courses are dwindling, and as such, have found inventive methods to attract and recruit new students (Haber, 2008; Mangan, 2011). It is this mindset and dedication to the discipline of gerontology that will help to establish it as a credible stand-alone discipline and help it to develop and grow within the academic and professional arenas.

Geriatrics. Another aspect of working with the aging population pertains to its application in the field of healthcare. Commonly referred to as *geriatrics*, this specialization assists patients in older age, consisting of assessment, treatment and discharge needs that work toward the goal of increasing and fostering independence in this population (American College of Physicians, 2014). Geriatrics differs from gerontology in the primary focus of age-related issues (AGHE, n.d.[b]). Geriatric specialties are primarily concerned with the health of the aging, and those health conditions associated with becoming older; whereas gerontologists focus

themselves on studying the developmental processes of and environmental and social contexts surrounding the progression of age (AGHE, n.d [b].) Professions that may utilize geriatric specialization in healthcare include internal medicine physicians, nurses and nurse practitioners, and social workers, among others.

Geriatrics in healthcare has been present in numerous cultures since ancient history (Mulley, 2012). The study and application of care for the elderly in healthcare that we know today, though, may be due in part to Marjory Warren (Mulley, 2012). Ribera Casado (2012) and Mulley (2012) both credit Warren, a European surgeon, with the modern clinical experiences geriatrics is comprised of today, such as proper assessment and treatment of conditions once thought of as chronic staples of old age. In the past, many geriatric patients were “sentenced” to remain bed-ridden (Ribera Casado, 2012). Today, geriatric healthcare professionals base their practice on much different principles: the need for geriatric education, collaborative work with multiple disciplines, rehabilitation and maintenance of functioning, and practicing with the understanding that illness presentation among older adults may vary, as well as, call for more encompassing treatment methods (Ribera Casado, 2012). According to the American Board of Internal Medicine (ABIM) (2014) and the American Nurses Credentialing Center (ANCC) (2014), both internal medicine physicians and nurses at various professional levels have the option to specialize in geriatric/gerontological practice. These specializations are primarily awarded following a particular amount of experience and/or the passing of an examination (ABIM, 2014; ANCC, 2014). DeBarros, He, Sengupta, and Velkoff (2005) reported that those over 74 years old were most likely to visit an emergency room, and that in 2000, over ninety percent of people over the age of 64 had seen a medical professional within the previous year (p. 64). In the current healthcare environment, the American Geriatrics Society’s (AGS) Choosing

Wisely Workgroup (2013) stated that caring for older individuals can mean a myriad of potential dilemmas for professionals, such as drug interactions, multiple conditions or ailments, and choosing appropriate treatment methods. This information further iterates the need for health professional certification in geriatrics.

Despite its long history and progress, some suggest that the need for geriatric specialization in health care has not yet been met, and may actually be stagnant (Bardach & Rowles, 2012; Burger, McCallion, Mezey, & Mitty, 2008). Burger, McCallion, Mezey, and Mitty (2008) highlighted that healthcare professionals specializing in geriatric care may be insufficient to meet the needs of a growing aging population, with less than five percent of internal medicine physicians and two percent of nurses seeking geriatric certification. Ribera Casado (2012) suggested that the problem in building a geriatric healthcare workforce may lie in the identity of geriatric specialists. Ribera Casado (2012) stated that it is common for the necessity and benefit of geriatric specialists to be questioned.

Identification of profession-specific issues in geriatrics may help to establish future measures of support for the growth of each specialization. Internal medicine physicians specializing in geriatrics face many challenges. Among these challenges, as outlined by Golden, Mintzer, and Silverman (2012), poor compensation compared to other physicians' specialties, lack of necessity to seek certification to secure employment in geriatric environments and lack of generalizable research on the effectiveness of attaining geriatric certification. Also, given the interdisciplinary approach needed for competent care for the elderly, Burger et al. (2008) stated that a lack of interdisciplinary experience may support the finding that physicians in residency did not perceive a collaborative team as beneficial to the patient except to aid in attaining the

goals set forth by the physician. This could mean that physicians may view an interdisciplinary team as working *for* them, as opposed to working *with* them for the patient's benefit.

In the field of nursing, practitioners working with the aging may experience low professional esteem compared to other areas of the field, and younger nursing professionals may harbor ageist attitudes towards elderly populations (Heise, Himes, Johnsen, & Wing, 2012; Kydd, Nelson, & Wild, 2013). Bednash, Mezey, and Tagliareni (2011) pointed out that nurses are aging as well, as a profession, which could have implications for the education of new nurses by qualified geriatric educators.

Although obstacles to geriatric specialization among physicians and nurses remain, progress has been made in outlining the need for specialists as well as in researching better ways to recruit students interested in geriatrics. Positive outcomes of the progress made by geriatric advocates in the fields of medicine and nursing include initiating competencies for specialization, and identifying the need for a particular skill set when working with geriatric populations (ABIM, 2014; ANCC, 2014; Burger et al., 2008). Heise, Himes, Johnsen, & Wing, (2012) reported that nursing students who were able to take courses in gerontology felt more marketable for future positions of employment. Lastly, Kydd, Nelson, and Wild (2013) found that in a comparison of nursing professionals from two studies conducted a decade apart, they reported much fervor in their interest towards working with older adults. In terms of building the future of medical and nursing workforce interested in specializing in geriatric care, some ascertain that the best way to promote the study of gerontology is to require it by their respective governing licensing boards (Bardach & Rowles, 2012; Section for Enhancing Geriatric Understanding and Expertise Among Surgical and Medical Specialists (SEGUE), American Geriatrics Society, 2011). Ribera Casado (2012) stated that research should display how geriatric

populations may increase and/or maintain functioning, which, also, may help to further illuminate the necessity of those specializing in geriatric care by iterating how the specialty may improve the lives of those they help.

Finally, promising research exists displaying findings that suggest exposure to older adult populations may also have a positive impact on future health professionals (Goldenhar, Margolin, & Warshaw, 2008; Gray, Hoffman, Hosokawa, Lu, & Zweig, 2010). Goldenhar, Margolin, and Warshaw (2008) found that through a variety of methods, such as reflective writing about experiences with the elderly and social exposure to elderly populations, resulted in medical students obtaining a more comprehensive image of the plight of the aging in healthcare. Gray, Hoffman, Hosokawa, Lu, and Zweig (2010) found that medical students exposed to older adults in their community through a program partnering the students with an older community member gained positive insight and perceptions about the aging. Although the study initially hoped to show that the students would become more versed in aging related issues, that interest in and positive perception of the geriatric community increased, may show that exposure to this population could be a valuable resource for recruitment into specialization.

Important to the care of the aging are those allied health professions that interact with the patient in different aspects of their care than that of medical and nursing professionals. Social workers are often a valuable resource for aging populations and Damron-Rodriguez (2007) outlined that social workers dealing with the aging engage in such tasks as resource location and allocation, helping to establish best practices for treatment of older adults in agency settings, and aiding the them and their support systems in strategies that promote resiliency, independence and self-determination. Based upon the competencies set forth for gerontological social work professionals, social workers are in an ideal position to merge the gerontological with the

geriatric to ensure the best outcomes for the aging populations within healthcare and beyond (CSWE Gero-Ed Center, n.d.).

Gerontological Social Work

Social work can be defined in many ways through what the profession is and what social workers do. The National Association of Social Workers (NASW) (2014b) stated that social work is a profession in which workers aid others in developing the skills necessary to effectively work through or cope with any personal, environmental, organizational or institutional dilemmas that may arise, as well as, engage in resource brokerage. Similarly, the Bureau of Labor Statistics (BLS) (2012) stated that social work professionals do work directly with specific populations, helping to implement supportive measures and through diagnosis and treatment of conditions affecting a number of aspects of one's mental well-being. As a profession, Damron-Rodriguez (2007) stated that social work is comprised of a knowledge base and ethical adherence specific to the field. Furthermore, social work professionals must be graduates of a post-secondary institution with a degree in social work (NASW, 2014b).

Social work professionals are guided by values and standards specific to the field of social work as outlined by the *NASW Code of Ethics* (NASW, 2008). These values, which provide a foundation for the profession, include a commitment to the service of others, recognizing that each individual has the right to self-determination, recognizing that social work professionals are to act in accordance with the values and standards set forth in the *Code of Ethics*, as well as, continuously engage in learning throughout their careers (NASW, 2008). Lastly, social work professionals receive education and training that adheres to the competencies set forth by the CSWE and integration is required for accreditation as a school of social work (CSWE, 2012). The *NASW Code of Ethics* outlines the profession's mission as one that serves to

promote and encourage social and human justice in order to ensure that all individuals have the tools necessary for their well-being (NASW, 2008). *Social work* is defined, here, as a professional occupation requiring post-secondary training and licensure, in which professional workers assist others in achieving their goals, combat social injustices, and advocate for human rights (BLS, 2012; Damron-Rodriguez, 2007; NASW, 2014b; NASW, 2008).

There are many specializations available in the field of social work. One such specialization is gerontology. According to the BLS (2012), social workers in gerontological settings aid those in the aging population and their support systems. According to the CSWE Gero-Ed Center (2014a), whose mission is to advance gerontology in social work in higher education, gerontological social work is a necessary specialization in order to better serve the increasingly aging population, and also because social workers in all settings will be exposed to this population. For the purpose of this paper, we will define gerontology in social work, or *gerontological social work*, as social work practice directly with or concerning older individuals and those they interact with across various practice settings (BLS, 2012; CSWE Gero-Ed Center, 2014a).

The need for gerontological social work. The importance of gerontological social work is highlighted by the overwhelming need for workers versed in the field. This need as a response to the increasing aging population is widely documented (Adler & Cummings, 2007; Bonifas, Gammonley, & Simons, 2011; Gelman, 2012; Hooyman, 2006). Emlet (2010) stated that due to this population increase, the need for knowledge concerning the aged and aging will be necessary for all practicing social workers, despite the field, as exposure to this population increases, leaving them ill-equipped in working with older individuals. Adler and Cummings (2007) pointed out that in conjunction with the population to be served increasing, social workers

working with the aged are decreasing. These workers are leaving the field, exacerbating the need for an influx of new practitioners, as well as, highlighting the growing shortage of gerontologically trained social workers (Adler & Cummings, 2007).

The need for gerontological social workers is also stressed by the lack of social workers available in or entering the specialization (Emlet, 2010; Gelman, 2012; Hooyman, 2006). The aging of our society has created a demand for workers that have yet to be met (Hooyman, 2006). Hooyman (2006) and Adler & Cummings (2007) illustrated that new social workers and students are not pursuing gerontological social work because of a lack of interest in working with the aging. This disinterest may be attributed to many factors. Ageism and bias among social workers towards the aging have significant effects on whether the workers or future workers display an interest in working with the aged (Adler & Cummings, 2007; Chonody & Wang, 2013; Gelman, 2012; Holody & Kolb, 2011). Other factors found to impact a worker's interest in working with the aging include perceived lower financial gain, inadequate training to perform job functions, and little prior exposure to older adults (Adler & Cummings, 2007; Chonody & Wang, 2013; Gelman, 2012). Lastly, barriers to receiving educational training in gerontological social work have been documented as social work programs offering gerontology courses decreases and as students display little interest in the courses offered (Gelman, 2012; Hooyman, 2006).

Despite the barriers faced in advancing the gerontological workforce, there are some findings that suggest alleviations to these obstacles (Adler & Cummings, 2007; Chernesky, Gutheil, & Heyman, 2009; Chonody & Wang, 2013; Gelman, 2012; Hooyman, 2006). Chernesky, Gutheil, and Heyman (2009) found that as students age they may be more inclined to consider a position in gerontological social work, stating that their younger cohorts may not have

had enough exposure to issues facing this population, such as caring for an elderly family member or issues related to aging themselves. Also, exposing students and workers to the aging population may decrease negative attitudes (Chonody & Wang, 2013; Gelman, 2012). Chonody and Wang (2013) pointed out that this exposure is highly correlated to an interest in practicing with this population. Finally, it is evident that faculty and educators can help prepare students to work with the aging by decreasing negative attitudes through positive and knowledgeable instruction (Chernesky et al., 2009). In their study, Bonifas, Gammonley, and Simons (2011) found that those already employed in gerontological social work were more apt to continue in the career field when positions were of their level of training, if they had accumulated significant experience, were working with clients with particular insurances, and worked as the lone social worker in the agency or department. These findings iterate that adequate training to perform higher-level job functions and exposure to older adults can lessen the barriers proposed to advancing gerontological social work. These findings also highlight that social work with the aging in certain settings, may contribute to findings regarding ageist attitudes. For instance, regarding insurance, the type of insurance often is used based on the need of the client (Bonifas et al., 2011). The study found that those serving Medicare recipients were more likely to continue in gerontological social work, which may be due to Medicare coverage being used in settings other than nursing homes, for example (Bonifas et al., 2011).

As previously mentioned, although findings suggest a decrease in the number of social work institutions offering gerontology course work, currently, fifty-eight master of social work programs offer a concentration in gerontology, forty-one master's and bachelor's degree programs offer a certificate in gerontology, and a total of eleven master's degree programs offer both the certificate and the concentration (CSWE Gero-Ed Center, 2014b). The University of

Southern California (USC) School of Social Work (2014) explained that a *concentration* is part of a student's advanced year of study, in which attention is paid to a particular practice area. A *certification*, however, may be considered more official, acting as valid proof of one's attainment of a particular skill set (NASW, 2014a). According to the NASW (2014c), minimum credentialing eligibility requirements for credentialed social workers in gerontology call for documented training or educational concentration in the area, which the latter may be shown through transcripts or through a certificate. This could mean that a concentration does not result in a certificate, but that a certificate implies a concentration.

Gerontological social work educational competencies. Due to the demographic statistics previously discussed and the myriad of agency settings in which social workers encounter the aging, social work has seen implementation of competencies specific to geriatric specialization and education. The uniqueness of the social work profession is illuminated in these competencies, as Burger et al. (2008) illustrated that social work's geriatric competencies differ from numerous healthcare professions in their focus, and others have shown interest in educational infusion of these competencies so that all students are prepared to work with aging populations (Holody & Kolb, 2011; CSWE Gero-Ed Center, 2013). The competency scale, adapted for educational assessment of learning and skill in gerontological social work, contains specific areas evaluation with varying behaviors to assess in each (CSWE Gero-Ed Center, n.d.[b]). These measures include a worker's knowledge and ethics, assessments with the aging, the practice behaviors used in aiding the aging, and behaviors associated with macro level work, such as policy and programs with the aging (CSWE Gero-Ed Center, n.d.[b]). As an example of assessment behavior, supportive services for caregivers of the aging and showing respect to those who are aged communicates that a worker is skilled in applying knowledge and ethics to practice

with this population (CSWE Gero-Ed Center, n.d.[b]). In order to determine a worker's skill level in performing assessments with older adults, they will be evaluated on actions such as portraying and using empathic communication that is comprehensible to the client based on their particular needs (CSWE Gero-Ed Center, n.d.[b]). When intervening, worker's may be assessed on their ability to meet with the client, establish a trusting relationship, and offer appropriate services to the client, such as group support, location of needed resources, and proper termination of services (CSWE Gero-Ed Center, n.d.[b]). Lastly, and on a broader level, workers will need to show skills in advocating and serving the older population at a community level and beyond, through program evaluation, critical thinking about how policies may affect this population, and removing barriers to service with older adults (CSWE Gero-Ed Center, n.d.[b]).

Along with adhering to the competencies mentioned above, students wishing to specialize in gerontological social work may have the opportunity to gain experience while in school in an agency that primarily serves the aging population (Gelman, 2012). This internship experience is important for two reasons. The first, as previously mentioned, exposure to older adults has been shown to result in an increase in positive attitudes towards this population (Chonody & Wang, 2013; Gelman, 2012). Also, experience in gerontological social work is crucial in applying the competencies to practice behaviors. There are many settings that serve the aging in which internship requirements can be fulfilled. These include hospice care, hospital settings, settings that serve veterans, and substance abuse settings, among others (CSWE, 2014d).

Louisiana State University School of Social Work Graduate Certificate in Gerontology Program

Beginning in the 2010-2011 academic year, the Louisiana State University School of Social Work Graduate Certificate in Gerontology Program (LSUSSW GCGP) received its start through a grant secured from the Hartford Geriatric Social Work Initiative in 2009 (S. Wilks, personal

communication, September 6, 2013; LSUSSW, 2014f). This grant was given for the purpose of creating a specialized curriculum centered on the field of gerontological social work (LSUSSW, 2014f). Serving only 8 students in its initial year, the gerontology certificate program has grown monumentally, graduating over 30 students in the 2012-2013 academic year (S. Wilks, personal communication, September 6, 2013).

The goals of the LSUSSW GCGP are to prepare students for practicing with, and building a knowledge base around, the aging and the aging processes in various social contexts (LSUSSW, 2014d). The program also strives to allow students to practice in field education settings that center on engaging them with this population, as well as, provide the opportunity to understand the multifaceted needs of the aging through electives offered outside of the discipline (LSUSSW, 2014d). Lastly, this program seeks to enhance for students the gerontological social work competencies previously mentioned (S. Wilks, personal communication, September 6, 2013).

Among the LSU faculty, the LSUSSW GCGP employs two gerontology faculty members, each with extensive training and research specific to aging. Dr. Priscilla Allen, the program coordinator, is responsible for securing the initial grant and received certification in gerontological social work; and Dr. Scott Wilks, associate professor and former coordinator of the LSUSSW GCGP, is a John A. Hartford Foundation Faculty Scholar in Geriatric Social Work (LSUSSW, 2014c). As previously mentioned, educator training is pertinent to student growth in gerontological social work (Chernesky et al., 2009). The faculty members at LSUSSW GCGP are well equipped to serve the needs of the program and its goals in educating future gerontological social workers.

Admittance into the LSUSSW GCGP requires only acceptance into the LSU School of Social Work graduate program (LSUSSW, 2014e). According to the LSUSSW (2014e) once a student chooses to obtain a certificate in gerontology, the student must choose to either complete a graduate portfolio and comprehensive exam, or completion of a graduate thesis. Further, if the student chooses not to undertake a thesis, then they must complete nine hours of electives with focuses on aging and age related issues (LSUSSW, 2014e). Each course is generally three hours of credit, and students may opt to take courses in scopes other than social work, so long as the course content is focused on aging or issues of aging (LSUSSW, 2014e). Lastly, the LSUSSW (2013d) stated that for those students choosing to write and present a thesis, completion of three hours of age focused elective courses must be pursued and six hours must be in research. A thesis for the gerontology certificate program must also focus on an aging related topic, and six hours of coursework in independent research must be taken (LSUSSW, 2013e). This flexibility in curriculum allows students to cater their aging related education to their place settings or interests.

Students in the LSUSSW GCGP are required to complete a field placement in a setting in which at least fifty percent of the population served is considered part of the aging population (LSUSSW, 2013e). Currently, at LSUSSW, over 60 active participating placement agencies spanning over 10 regions of the state are available (LSUSSW, 2013a). The LSUSSW GCGP also utilizes a rotational field experience that offers students a look at multiple agencies that engage with the aging population (LSUSSW, 2013e). According to Traci Lilley, director of field education at LSUSSW, for the 2013-2014 academic year students will engage in practice at the American Association for Retired Persons (AARP) and at an agency offering Alzheimer's

services, as well as, attend a gerontology certificate program orientation in which multiple agency employees act as guest speakers offering education about the various services offered to the aging (personal communication, August, 28, 2013).

CHAPTER 3: PURPOSE, RESEARCH QUESTIONS AND HYPOTHESES

The purpose of this study is to evaluate the effectiveness of the Graduate Certificate in Gerontology Program at LSU School of Social Work. Evaluative measures result from the following research questions surrounding the four gerontological competencies. These questions are assessed both before and after completing the certificate program.

1. What are students' skill levels in applying the knowledge and practice of relevant ethical principles towards older adults?
2. What are students' skill levels in performing assessment measures with older adults?
3. What are students' skill levels in carrying out various interventions with older adults?
4. What are students' skill levels in knowledge, understanding and utilization of resources and policies concerning older adults?

The presence of significant difference between pre-and post-certificate answers to these questions is essential to illuminating the effectiveness of the LSUSSW GCGP. For this study, the hypotheses are as follows:

- Hypothesis 1: a significant difference will exist between students' pre and post-certificate perceived skill levels in their ability to apply ethical principles and values to work with older populations.
- Hypothesis 2: Students' perceived skill levels will be significantly different pre and post-certificate regarding their ability to perform assessments with older adults.
- Hypothesis 3: Students' perceived skill levels will be significantly different pre and post-certificate concerning their ability to carry out interventions with older adults.
- Hypothesis 4: Students' perceived skill levels will be significantly different pre and post-certificate in understanding and applying knowledge of resources for older adults.

CHAPTER 4: METHODOLOGY

Design and Sampling

This study is a pre-experimental, one group pretest-posttest design. The sample consisted of thirty master of social work (MSW) GCCP advanced year students from the 2012-2013 cohort of the LSUSSW GCCP. The data were collected through a survey consisting of a self-report questionnaire administered via *SurveyMonkey* and reported to Dr. Scott Wilks, former coordinator of the GCCP (SurveyMonkey, Inc., 2014). The pretest survey was sent to students within the first two weeks of the fall 2012 semester, with the posttest survey sent in the last week of April 2013, roughly a week before the cohort graduated. Participation in the study was voluntary and the surveys were completed pre-certificate program and post-certificate program. The data collected were kept by Dr. Wilks in a secure location.

Instrumentation

The instrument used utilized a self-report questionnaire with two portions. The first determined demographic information, while the second reported on students' perceived skill levels in various competencies pertaining to social work practice with older adults. The demographic information collected provided characteristics of the sample to include names of the students and students' genders, a nominal level variable. The competencies are measured through the *Geriatric Social Work Competency Scale II* (CSWE Gero-Ed Center, n.d.[b]). This scale was created by the Hartford Partnership Program in Aging Education (HPPAE) and began as a fifty-eight point scale (CSWE Gero-Ed Center, 2014c). It was eventually pared down to forty items, and then, again, reevaluated in 2009 when an additional realm was incorporated to reflect the leadership skills necessary for working with older adults (CSWE Gero-Ed Center, 2014c). According to the CSWE Gero-Ed Center (2014c), the purpose of the scale was to

provide an avenue to evaluate gerontological social work educational programs and the field experiences students undergo while enrolled. The scale measures five competencies, or subscales, with ten skill sets for evaluation within each competency, for a total of fifty measurable skills (CSWE Gero-Ed Center, 2014c). The scale used for this research, The *Geriatric Social Work Competency Scale II*, did not include the fifth subscale, Lifelong leadership skills, however. The *Geriatric Social Work Competency Scale II with Lifelong Leadership Skills* was not available at pretest, and because the students were not able to provide pretest scores using the revised scale, they were not asked to at posttest.

The scale utilizes an ordinal, nonparametric Likert scale response system with each skill rated from 0, not skilled at all, to 4, expert skill (CSWE Gero-Ed Center, n.d.[b]). Ratio level, parametric global scores for the scale were assessed at 0-200, with 200 meaning the student perceives themselves at expert level in all subscales. Global scores for each subscale were assessed through finding the sum of the scores for the skills within each, ranging from 0-40 for each, with 40 meaning the student has a perceived skill level of expert for that particular competency. The global scores for each subscale determine students' areas of highest and lowest perceived skill levels based upon competency.

Analytic Strategy

For this study, the descriptive statistics were reported first regarding the sample data and the competency scale. Each research question was addressed by reporting the median, mean and standard deviation of the data on the scale. For each hypothesis, one through four, a *t*-test was conducted. The significance level was set at .05. A *p*-value of less than 0.05 indicated a statistical significance. Specifically, this study analyzed whether a statistically significant difference exists between pre-and posttest global scores reported on the *Geriatric Social Work*

Competency Scale II among MSW students at LSUSSW in the GCGP. Because the psychometric properties have not been published for this scale, reliability statistics will be reported on the scale in its entirety, as well as, each subscale.

CHAPTER 5: RESULTS

Descriptive Statistics

Sample characteristics. The total sample size for this study included thirty students. All students in the sample were female. The largest percentage of students described their ethnicity as Caucasian (83.3%, $n = 25$), followed by African American (13.3%, $n = 4$). An overwhelming majority of the sample were students in the advanced year of their two year program, meaning *not* an advanced standing student, or a student entering the program with an undergraduate degree in social work from an accredited school of social work (93.3%, $n = 28$). The mean age of the students in the program was 27 years old. A complete description of the sample is outlined in Table 1.

Table 1. Descriptive statistics of sample. (N = 30)

Variable	Valid %	(n)	Mean (SD)
<i>Gender</i>			
Male	0.0	0	
Female	100.0	30	
<i>Ethnicity</i>			
Caucasian	83.3	25	
African American	13.3	4	
Hispanic	3.3	1	
<i>MSW Program Status</i>			
Advanced (2 year)	93.3	28	
Advanced Standing	6.7	2	
<i>Age</i>			27.03 (8.41)

Primary variables. The students' pretest mean reported for subscale one was 19.21 (SD = 6.66), while the posttest mean for subscale one was 33.20 (SD = 3.74). For subscale two, students' reported a pretest mean of 16.52 (SD = 8.54) , and a posttest mean of 30.82 (SD = 5.76). Students reported a pretest mean of 14.93 (SD = 7.64) on subscale three, and a posttest mean of 31.20 (SD = 5.48). Students' reported pretest mean on subscale four was 12.04 (SD = 6.18), while their posttest mean reported was 27.00 (SD = 7.90). Details of each subscale are displayed in Table 2.

Table 2. Descriptive statistics of subscales I-IV of *Geriatric Social Work Competency Scale II*.

	N	Min Global Score	Max Global Score	Mean	SD
<i>Subscale I</i>					
Pretest	29	4.0	33.0	19.21	6.66
Posttest	25	25.0	40.0	33.20	3.74
<i>Subscale II</i>					
Pretest	29	3.0	34.0	16.52	8.54
Posttest	25	18.0	40.0	30.82	5.76
<i>Subscale III</i>					
Pretest	29	3.0	31.0	14.93	7.64
Posttest	25	22.0	40.0	31.20	5.48
<i>Subscale IV</i>					
Pretest	25	1.0	24.0	12.04	6.18
Posttest	25	8	39	27.00	7.90

Correlation Analysis

Correlation analyses were done to show significant relationships between the pretest global scores of each subscale and between the posttest global scores of each subscale. The global scores between all of the pretest subscales were significantly and positively correlated, with the strongest correlation between subscales two and three ($r = .907, p < .01$). Posttest global scores from each subscale were significantly and positively correlated. The strongest correlation existed between subscales three and four ($r = .786, p < .01$). Tables 3 and 4 outline the correlation analyses between each subscale pretest and posttest, respectively.

Table 3. Correlation of the global score of the primary variable at pretest.

	Pretest Global Scores Subscale 1	Pretest Global Scores Subscale 2	Pretest Global Scores Subscale 3	Pretest Global Scores Subscale 4
Pretest Global Scores Subscale 1	--			
Pretest Global Scores Subscale 2	.818**	--		
Pretest Global Scores Subscale 3	.752**	.907**	--	
Pretest Global Scores Subscale 4	.584**	.542**	.704**	--

** correlation is significant at the 0.01 level

Table 4. Correlation of the global score of the primary variable at posttest.

	Posttest Global Scores Subscale 1	Posttest Global Scores Subscale 2	Posttest Global Scores Subscale 3	Posttest Global Scores Subscale 4
Posttest Global Scores Subscale 1	--			
Posttest Global Scores Subscale 2	.773**	--		
Posttest Global Scores Subscale 3	.743**	.657**	--	
Posttest Global Scores Subscale 4	.562**	.531**	.786**	--

** correlation is significant at the 0.01 level

Addressing Research Questions and Hypotheses

A *t*-test analysis was performed on each subscale for both pre and posttest. Each *t* was negative, indicating that the posttest means were greater than those of the pretest. Significance levels for each test were less than .01 ($p < .01$). Each research question will be addressed below, along with the corresponding hypothesis.

Research question and hypothesis one. Pretest, students' mean global score depicting their ability to apply ethical knowledge and practices (subscale I) was 19.21 out of a possible score of 40.00. At posttest, this mean increased to 33.20. A significant difference exists between students' pre and post certificate global scores for subscale one ($t = -10.890, p < .01$), indicating that hypothesis one is true.

Research question and hypothesis two. Students' perceived skill levels in their ability to perform assessments with older adults (subscale II), increased by 14.30 points between the

mean global scores pretest and posttest. The t -test analysis showed a t of -9.055 and a significance of .000 ($p < .01$). A significant difference exists between students' perceived ability in performing assessments with older adults pre-certificate program and post-certificate program. Therefore, hypothesis two is true.

Research question and hypothesis three. Students' pretest perceived ability to carry out interventions with older adults (subscale III) had a mean global score of 14.93. At posttest, this global score increased by 16.27 points to a mean of 31.20. A statistically significant difference exists between students' perceived ability to carry out interventions with older adults pre-certificate program and post-certificate program ($t = -13.639$, $p < .01$), indicating that hypothesis three is true.

Research question and hypothesis four. Concerning students' perceived awareness of and ability to utilize resources and policies relating to older adults, the pretest global mean was 12.04, while the posttest global mean increased to 27.00. A statistically significant difference exists between the pretest global scores and posttest global scores for subscale four ($t = -10.072$, $p < .01$), indicating that hypothesis four is true.

Scale Reliabilities

Cronbach's alphas were run for each subscale, pretest and posttest. Cronbach's alphas for subscale one, pretest and posttest were .893 and .815, respectively. Cronbach's alpha for subscale two pretest was .952, while subscale two posttest was .910. Subscale three pretest Cronbach's alpha was .932. Subscale three, posttest Cronbach's alpha was .855. Cronbach's alphas for subscale four pretest and posttest were .918 and .921, respectively.

CHAPTER 6: DISCUSSION

Interpretation of Results

Subscale 1. Students' mean scores at pretest were 19.21. Because the possible range of scores is 0.00 to 40.00, 19.21 can be interpreted as an aggregate moderate ability to apply ethical principles in work with and advocacy for older adults. At posttest, students' mean score is increased from pretest, from 19.21 to 33.20, and this score can be interpreted as an aggregate high perceived ability to carry out the above mentioned skills. The difference between the two scores is significant at the .01 level, which indicates a substantial advancement, especially in comparison to significance set at the .05 level. Because students' scores significantly increased at posttest from pretest, hypothesis one is supported.

Subscale 2. At pretest, students' mean scores were 16.52. This score is lower than the first subscale's pretest scores, indicating an aggregate lower-than-average perceived ability at pretest in students' perceived ability to administer assessments with older adults. At posttest, however, this score increased to 30.82. This score, although not very high, is high, as it is in the upper score range. This indicates that at posttest, students felt very able to administer assessments with older adults. The increase in mean score from pretest to posttest is significant at the .01 level, which as stated above means a strong improvement exists, and that hypothesis two is supported.

Subscale 3. Concerning students' perceived ability to carry out interventions with older adults, mean scores at pretest were 14.93, indicating an aggregate low perceived ability in this area. At posttest, the mean score increased to 31.20, highlighting that at posttest students' indicated an aggregate high ability to carry out interventions with older adults. This increase is significant at the .01 level, and, thus, hypothesis three is also supported.

Subscale 4. Student's mean scores for subscale four, pretest, were 12.04, and can be interpreted as an aggregate low ability to understand and utilize resources available to older adults. At posttest, however, students' mean score was 27.00, indicating an aggregate above-average level of perceived ability in understanding and utilizing these resources. This increase is significant at the .01 level, and therefore, demonstrates a strong difference in pretest and posttest mean scores, illustrating that hypothesis four is supported.

Implications

The purpose of this study was to determine the effectiveness of the Graduate Certificate in Gerontology Program at LSU School of Social Work. This effectiveness is measured through increases in skills and knowledge regarding specific areas as determined by the Geriatric Social Work Competency Scale. As today's populations become increasingly older, social workers should be competent when working with older adults, and have the ability to engage in the practice behaviors set forth by the scale. Specifically, those social workers setting out to engage in work with older adults need to understand how to apply the concepts of each subscale to their practice. Applying ethical principles and values to the older adult population (subscale 1) is an important skill set, especially because few workers show interest in working with older adults due to preconceived notions of the aging population (Adler & Cummings, 2007; Chonody & Wang, 2013; Gelman, 2012). It is also important for social workers to increase their skill levels in not only assessing older adults (subscale 2), but also in intervening with them (subscale 3) because older adults may present certain conditions in very particular ways, which require the knowledge and understanding in order to properly ask the right questions to help decide on an appropriate path to solutions (AGS Choosing Wisely Workgroup, 2013; American Psychological Association [APA], 2014). Lastly, students need to have a very strong understanding of the

resources and general knowledge about programs concerning older adults (subscale 4) in order to properly advocate for their needs, as well as, provide them with the tools to carry out their lives in the most appropriate ways.

It is possible to assert that because there is such a high need for social workers in the field due to an increasingly aging population and an overall shortage of workers, an increase in ability to carry out the four skill sets outlined in the competency scale will mean that older adults will have the opportunity to have the advocacy and treatment they deserve. This study set out to show that students at LSU School of Social Work increased their knowledge and skills in these four areas, and although this study cannot establish causality, there is evidence to propose that this certification program is effective in this endeavor.

Limitations

Limitations of this study include sample size, lack of a control group, and lack of a diverse participant pool. The small sample size in this study indicates that further research is needed for this school's certificate program in order to establish results across a larger sample size. Another limitation is the lack of control group. Because no control group for this study exists, causality cannot be established. Lastly, the sample was majority white and female, which furthers the need for future research to reach a more diverse population in order to establish results that are generalizable to other gerontology programs within schools of social work.

CHAPTER 7: CONCLUSION

This study aimed to determine the effectiveness of the Graduate Certificate in Gerontology Program at LSU School of Social Work through utilization of the Geriatric Social Work Competency Scale. The need for professionals versed in knowledge of working and intervening with older adults will only become more pronounced as our nation's population continues to age. This need will span across specialties of practice as the general population seeking services will be older (Emlet, 2010). Social workers will be especially necessary in aiding older adults as both more individuals seeking services will be aging, as well as, because of a lack of professionals entering the field as former professionals exit (Adler & Cummings, 2007; Emlet, 2010).

Gerontology certificate programs attempt to prepare students in areas deemed necessary by the Geriatric Social Work Competency Scale (CSWE Gero-Ed Center, 2014c). This scale is used in order to provide social work students with a guide of practice behaviors that are felt to be necessary for working with older adults (CSWE Gero-Ed Center, n.d.[b]). Although complete perfection in regards to scores within the scale are unlikely, the ultimate goal of the scale is to allow social work students to increase their skill levels in specific areas.

This study examined the use of this scale at LSU School of Social Work Graduate Certificate in Gerontology Program to determine whether or not students' skills in each of the four concepts increased from the onset of beginning the program to completion of the program. The results indicated that in each of the subscales within the scales, or the four specific areas previously mentioned, students' posttest mean scores were significantly greater than those at pretest. This means that the LSU School of Social Work Graduate Certificate in Gerontology Program can be deemed effective at increasing students' perceived skill levels in terms of

applying ethics and values, performing assessments and interventions, and utilization of resources when working with older adults.

Social workers are held to the ethical standards as outlined by the National Association of Social Workers (NASW) (2008). These standards directly impact current practice and help to develop future professionals. These standards clearly outline that social workers must remain competent in their field, and as the number of clients in the older adult population begin to surface due to the increasing age of the population, it will be imperative for social workers to be properly trained and competent in this area (NASW, 2008). In order for the future of gerontological social work to advance, further research is needed to confirm whether schools of social work across the nation are effective in helping students to increase their level of ability in the competency areas set forth by the Geriatric Social Work Competency Scale.

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APPENDIX: IRB APPROVAL

Application for Exemption from Institutional Oversight



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Unless qualified as meeting the specific criteria for exemption from Institutional Review Board (IRB) oversight, ALL LSU research/ projects using living humans as subjects, or samples, or data obtained from humans, directly or indirectly, with or without their consent, must be approved or exempted in advance by the LSU IRB. This Form helps the PI determine if a project may be exempted, and is used to request an exemption.

– Applicant, Please fill out the application in its entirety and include the completed application as well as parts A-F, listed below, when submitting to the IRB. Once the application is completed, please the completed application to the IRB Office or to a member of the Human Subjects Screening Committee. Members of this committee can be found at <http://site01.lsu.edu/irb/ored/human-subjects-screening-committee-members/>

– A Complete Application Includes All of the Following:

- (A) A copy of this completed form and a copy of parts B thru F.
- (B) A brief project description (adequate to evaluate risks to subjects and to explain your responses to Parts 1&2)
- (C) Copies of all instruments to be used.
 *If this proposal is part of a grant proposal, include a copy of the proposal and all recruitment material.
- (D) The consent form that you will use in the study (see part 3 for more information.)
- (E) Certificate of Completion of Human Subjects Protection Training for all personnel involved in the project, including students who are involved with testing or handling data, unless already on file with the IRB. Training link: (<http://phrp.nihtraining.com/users/login.php>)
- (F) IRB Security of Data Agreement: (<https://site01.lsu.edu/irb/ored/files/2013/07/Security-of-Data-Agreement.pdf>)

1) Principal Investigator: Rank:
 Dept: Ph: E-mail:

2) Co Investigator(s): please include department, rank, phone and e-mail for each. *If student, please identify and name supervising professor in this space

Jessica M. Rawls, Social Work
 Master of Social Work student
 ph: 985-981-0321 E-mail: jraw11@tigers.lsu.edu
 Supervising professor: Dr. Scott Wilks

IRB#	ERS64	LSU Proposal #
<input checked="" type="checkbox"/>	Complete Application	
<input checked="" type="checkbox"/>	Human Subjects Training	
<input checked="" type="checkbox"/>	IRB Security of Data Agreement	

3) Project Title:

STUDY EXEMPTED BY:
 Dr. Robert C. Mathews, Chairman
 Institutional Review Board
 Louisiana State University
 130 David Boyd Hall
 225-578-8692 / www.lsu.edu/irb

4) Proposal? (yes or no) No Yes If Yes, LSU Proposal Number

Also, if YES, either This application completely matches the scope of work in the grant OR More IRB Applications will be filed later

Exemption Expires: 11/13/2016

5) Subject pool (e.g. Psychology students)

*Circle any "vulnerable populations" to be used: (children <18; the mentally impaired, pregnant women, the aged, other). Projects with incarcerated persons cannot be exempted.

6) PI Signature Date (no per signatures)

** I certify my responses are accurate and complete. If the project scope or design is later changes, I will resubmit for review. I will obtain written approval from the Authorized Representative of all non-LSU institutions in which the study is conducted. I also understand that it is my responsibility to maintain copies of all consent forms at LSU for three years after completion of the study. If I leave LSU before that time the consent forms should be preserved in the Departmental Office.

Screening Committee Action: Exempted Not Exempted Category/Paragraph 4
 Signed Consent Waived? (Yes/No) Yes No
 Reviewer Mathews Signature [Signature] Date 11/14/13

VITA

Jessica Marie Rawls, a native of Hammond, Louisiana, graduated *cum laude* and with an honors degree from the University Honors Program from Southeastern Louisiana University in 2012 with a Bachelor of Arts in Social Work. She hopes to obtain her Master of Social Work in May 2014. Jessica has been involved as a student representative on the Board of Directors for the National Association of Social Workers, Louisiana Chapter from 2012-2014. She currently resides on a 250 acre farm and has a special interest in social work within rural communities.