



# MAGEC MESSENGER

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## *Why Social Work Students Don't Want to Work with Seniors*

**By Myra Marcus, D.S.W., M.S.W., LCSW**

There's good news and bad news on the social work front.

The good news: When it comes to seniors, there's plenty of work to do. The bad news: No one wants to do it.

Due to the increasing number of people living longer lives, and with projections of even greater longevity in the future, the need for competent, trained, professional social workers is increasing. The disparity between what currently exists and what needs to be is unsettling.

In planning their educational paths, career goals, and preferred client populations, most master's level social work students do not choose to work with older persons. This may stem from a perception that work in that area is not lucrative or high status. But it is equally true that this reluctance to work with elders may have less to do with stereotypes than it does with a lack of information and education.

There is a tremendous lag in attention paid to learning about older persons, not just in the social work profession but in medicine and psychology as well. A September 1998 article in the *New York Times*, "Medicine's New Frontier: Treating the Elderly," called attention to a critical shortage of doctors trained to treat the elderly. The article stated that by the year 2030, 36,000 physicians with training in geriatrics will be needed to care for 76 million older persons.

When you consider that only 14 of

128 medical schools nationwide currently require students to take a course in geriatrics, this is quite a reach. Reasons for steering clear of geriatrics have to do with its unglamorous image and its lower salaries. One physician noted that "old people aren't very sexy... Frail old people really aren't sexy."

Social work also has come up short in its commitment to elders, most notably at the level of professional education. Demographics tells us that over 32 million Americans, 12 percent of the total population, are age 65 or older. That number is projected to increase to 70 million by 2030, more than a 20 percent increase.

Florida has the highest proportion of older persons in its population and ranks third among all states in terms of the actual numbers of elderly residents. When the maturation of the Baby Boomers begins in 2010, more than a quarter of the U.S. population will be at least 55 years old. This will be an increasingly ethnically and racially diverse population.

At the same time, a decline is expected in the number of people under age 35, from 55 percent of the population in 1989 to 41 percent of the population in 2030. Obviously, this implies that there will be more older persons and fewer younger persons to take care of them.

The National Institute on Aging predicts that by next year, 40,000-50,000 social workers will be needed to provide

services to older persons. Despite efforts to recruit students to the field of aging, critical shortages exist. In 1994, the Council on Social Work Education reported that only 2.1 percent of M.S.W. students nationwide indicated a primary interest in aging. This figure is less than half of what it was in 1990.

While studies indicate that social workers, in general, perceive work with older persons as being important and beneficial, there is a reluctance on the part of social work students to consider a career in gerontology. Data also suggest that schools of social work have been less than responsive.

A 1992 study reports that the percentage of M.S.W. programs with aging concentrations dropped from 50 percent in 1984 to 34 percent in 1988. That leads to the conclusion that ambivalence about working with older persons may stem from the failure on the part of schools in social work to adequately prepare students to work with older persons.

Despite glowing testimonials to the benefits of getting older and countless studies upending myths about aging, the traditional stereotype of the physically and mentally impaired older person persists. Researcher R.C. Atchley pointed out that due to negative conditioning in television commercials, alone, "physical aging is associated with denture adhesive, constipation, and leaky bladders... You certainly don't embrace aging; you fight it."

**Continued on page 2 >**

## COVER STORY

### *Why Social Work Student Don't Want to Work with Seniors, cont.*

Older persons are felt by some to have outlived their usefulness and exhausted their quota of allotted services. Social work researcher M.N. Kane identified a "therapeutic nihilism," which see any interventions with older people as simply a waste of time. Instead of being viewed as a vulnerable population in need of services, social work professor T. Berman-Rossi wrote, the elderly are perceived as a "class apart from the mainstream of society, where they are less capable of acting on their own behalf."

This ageist thinking may discourage social work students from considering work with the elderly. With the profession's focus on healing and "getting better," the realities of the aging process and its physical, mental, emotional, cultural, and spiritual manifestations may not provide the measurable outcomes required to indicate effective practice. What constitutes "improvement" in work with the elderly is a radical departure from what is being taught in schools of social work.

While major government policy initiatives in the 1960s and 1970s recognized the elderly as a "special population" in need of direct services and backed this up with money for research, work with older persons did not seem to be a priority in social work education. It was not until 1974 that the National Association of Social Workers (NASW) set up a Council on Social Work Services to the Aging to look at policy and practice issues affecting this population. Even then, gerontological education was largely ignored until 1981 when a group of educators formed the National Committee for Gerontology in Social Work Education. Not much has changed since then, except that the general population is older.

An October 1997 article in *U.S. News and Work Report* on "The Hot Job Track" said that social work is one of

20 "jobs for the future" that promise not only a decent salary, but "fun."

The article predicted increasing demand for grief therapists and geriatric social workers. Why, then, isn't this bonanza reflected in what is being taught in schools of social work?

There has been a marked lack of commitment and support for aging curricula by schools of social work. Studies have cited fiscal constraints, lack of trained faculty, a too-full curriculum, lack of field work placements, student resistance, and low-priority population as possible reasons for this. Researchers report that only 10 percent of social work students have taken a course in aging prior to graduation. While those schools that have a gerontology center on campus may generate some interdisciplinary involvement, it is not sufficient to create any permanent change in the social work curriculum.

There is a general belief that social workers should be generalists, able to work in a variety of settings, within and across populations, and should possess the skills necessary to assess level of need in any given situation. While this is true, there is also a need for specialized knowledge about the elderly. This acquisition of knowledge and skills is what differentiates a profession from an occupation and is necessary to adequately prepare students for work with an elderly population.

David Solomon, M.D., a prominent geriatrician, was quoted recently in the *New York Times* as saying that in treating frail old people, "there is just no margin for error." The article went on to describe common errors made by physicians who had only minimal knowledge of the elderly. These include prescribing inappropriately high doses of medicine and failing to recognize symptoms of heart attack.

Without adequate education and training, social workers will not be able to effectively work with and advocate for our aging population. The bottom line is that there is a "performance gap."

It is incumbent upon social work faculty to strongly advocate for the inclusion of content on aging in current curricula, if not specific concentrations in aging. As faculty retire, a concerned effort should be made to replace them with those who have an expertise in the field of aging.

In addition, existing faculty should be provided the opportunity to increase their expertise in aging by attending continuing education programs. For example, the Miami Area Geriatric Education Center (MAGEC), a consortium of local universities and medical centers, provides education about the elderly to health care workers and those in academe.

A John A. Hartford Foundation recently launched a \$5.4 million initiative aimed at developing a cadre of social work faculty committed to geriatrics. The initiative also will attempt to develop innovative practicum sights and to assess and set standards for geriatric education. The National Association of Social Workers (NASW) hopes to create a "Section on Aging" in which interested practitioners would come together to advance both the practice and policy aspects of work with older person.

This is a beginning, but there is and will continue to be no substitute for informed practice in working with the elderly. If schools of social work fail to provide students with the proper education and expertise, they inadvertently will have colluded with other disciplines to deny social workers the opportunity to not only help, but to shine.



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## ***Group Aims To Make Long-Term Care Major Issue in Presidential Campaign***

Depending on the fate of reform efforts in congress, Social Security and Medicare could be issues in the 2000 presidential race. Now, a group including the two major nursing home industry groups is attempting to make long-term care a significant focus.

Citizens for Long-Term care wants to spend up to \$1 million of political activities in Iowa and New Hampshire, sites of the first caucuses and primary, respectively, of the election.

About \$600,000 has been committed so far by its nearly 50 members, which include the American Assn. of Homes

and Services for the Aging, American Health Care Assn. Paralyzed Veterans of American and AARP. Former Senator Durenberger (R-Minn.) is the group's chairman



The group's goal is to draw so much attention to long-term care during the presidential campaign that candidates can't help but make the issue a priority. But rather than advance its own solution, the organization aims to get contenders to develop their own plans. This is partly because, given the group's diversity,

## ***Communicating With the Doctor: Internet Information Often Fallible***

With the availability of information on the Internet about drugs and disorders, many families are doing their own research on their relatives condition. Dr. O'Toole urges her patients to share what they find with her. "Some of it may not apply to your particular case," she explains, adding that inappropriate information may end up being more worrisome than helpful.

If a diagnosed relative lives in a nursing home of assisted living facility, she recommends that family members find out when the doctor usually visits residents. A relative can then be there at that time. If this is not possible, ask if the doctor can call a family member later to relay more information on the condition of the specific patient or spouse.

She notes that it is all right to disagree with a care plan prepared by the doctor if you do not feel it will be in your family member's best interest. "Many older

adults grew up at a time when patients accepted that the "doctor knows best" and are not comfortable questioning a physicians authority. However, the best approach to Alzheimer's disease can vary widely, depending on the needs of the individual and family."

While tests, x-rays, and examinations tell a lot about an individual's condition, it is the people who live with the diagnosed person day in and day out who have first-hand knowledge of the disease's progress. If the care the physician is providing is not satisfactory, Dr. O'Toole recommends a second opinion of finding another doctor.

Communication is a two-way street," agrees Marie Haug, Ph.D., a medical sociologist and founder of CWRU's Center on Aging and Health. "With chronic illnesses, the patient and the family may actually have more first-hand experience with the condition than the doctor, and can provide useful information if the doctor elicits it."

## **LEGISLATIVE ISSUES**

coming up with a single recommendation would be nearly impossible.

The group faces a daunting task, since many candidates may be more inclined to focus on hot issues such as Medicare prescription drug coverage. But with President Clinton have proposed a \$1,000 long-term care tax credit, and boomers increasingly confronted with their parents' long-term care needs, the matter may be viewed more timely.

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## **FOR PRACTITIONERS**

### **Quick Tips for Improving Communication**

#### **Verbal Techniques**

- Use familiar words
- Speak slowly
- Limit conversational partners
- Provide direct information
- Be concrete
- Avoid arguing
- Provide additional information
- Present material matter-of-factly

#### **Non-Verbal Techniques**

- Use a well-modulated tone of voice
- Be aware of facial expressions
- Maintain a reassuring, open body posture
- Use appropriate gestures and touch to enhance message
- Utilize visual arts and music

*Article taken from Care Lines, the Alzheimer's Association - Greater Miami Chapter Newsletter, Fall 1999, page 5.*



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## CALENDAR OF CME/CEU EVENTS

Mark Your 1999 Calendar! Contact MAGEC for more information at (305) 243-6270

### December 10 & 11, 1999

Cognitive Rehabilitation Conference:  
 Putting the Pieces Together  
 CME/CEU hours: 20 for physicians,  
 PhD, OT, and SLP.  
 Location: Sheraton Bal Harbor,  
 Miami Beach, FL

*Call MAGEC to register!*

### January 7, 8, 9, 2000

Building Osteoporosis National  
 Education Summit (BONES)  
 CEU hours, 6 pending for N, PharmD,  
 PT, OT, RD and NHA.  
 Location: Boca Raton Resort & Club,  
 Boca Raton, FL

### January, 2000

IGT: Psychology Module  
 CME/CEU hours: 20 pending for PhD  
 Location: University of Miami,  
 Miami, FL

### January, 2000

IGT: Pharmacy Module  
 CME/CEU hours: 20 pending for PharmD  
 Location: Nova Southeastern University,  
 Ft. Lauderdale, FL

### May, 2000

IGT: Optometry Module  
 CME/CEU hours: 20 pending for OD  
 Location: Nova Southeastern University,  
 Ft. Lauderdale, FL

### March 9 & 10, 2000

Advances in Geriatrics XII  
 CME/CEU hours: 20 pending for all  
 disciplines  
 Location: Sheraton Ft. Lauderdale Hotel  
 Ft. Lauderdale, FL

Visit our website at [www.magec.org](http://www.magec.org)

## CE PROGRAM DESCRIPTION



### Building Osteoporosis National Educational Summit

January 7-9, 2000  
 Boca Raton Resort & Club  
 Boca Raton, FL

#### *Why We Need to Talk*

Osteoporosis affects more women over the age of 50 than any other chronic disease. Approximately 70% of individuals with the disease have gone untreated. Until recently, osteoporosis was both neglected and discouraging condition because of inadequate testing procedures and the lack of medications for successful treatment. New advances in preventive measures, accurate testing for diagnosis and pharmaceutical treatments now available have radically changed the perception of the disease:

osteoporosis is a preventable and treatable disease.

#### *Who's Talking*

This Summit offers you the opportunity to talk with the nation's top clinical researchers and policy leaders in the preventive, diagnosis, and treatment of osteoporosis. Key thought-leaders in the medical, public policy, citizen advocacy and state program administration arenas will present the latest news and attendees will gain new insights for patient care.