



Best Of Both Worlds: A Conceptual Model For Integrating An Aging Specialization Within An Advanced Generalist MSW Program

By: **Emily K. Dakin**, Louise M. Quijano, Pamela S. Bishop, and Bradford W. Sheafor

Abstract

Must a master's of social work (MSW) program's orientation be either advanced generalist or some form of specialist? Or is there the possibility of a hybrid curriculum that provides enough breadth to prepare MSW graduates for a wide range of social work jobs, but that also addresses students' and community agencies' demands for student specialization? This article suggests a model for integrating an aging specialization within an advanced generalist curriculum. Although this model specifically concerns an aging specialization, the model is also applicable to any number of other specializations as well. We describe lessons learned and discuss implications for integrating specializations within other advanced generalist MSW programs.

Emily K. Dakin, Louise M. Quijano, Pamela S. Bishop & Bradford W. Sheafor (2015) Best of Both Worlds: A Conceptual Model for Integrating an Aging Specialization Within an Advanced Generalist MSW Program, *Journal of Social Work Education*, 51:3, 535-549, DOI: 10.1080/10437797.2015.1043203. Publisher version of record available at: <https://www.tandfonline.com/doi/full/10.1080/10437797.2015.1043203>

Best of Both Worlds: A Conceptual Model for Integrating an Aging Specialization Within an Advanced Generalist MSW Program

Emily K. Dakin, Louise M. Quijano, Pamela S. Bishop, and Bradford W. Sheafor

Must a master's of social work (MSW) program's orientation be either advanced generalist or some form of specialist? Or is there the possibility of a hybrid curriculum that provides enough breadth to prepare MSW graduates for a wide range of social work jobs, but that also addresses students' and community agencies' demands for student specialization? This article suggests a model for integrating an aging specialization within an advanced generalist curriculum. Although this model specifically concerns an aging specialization, the model is also applicable to any number of other specializations as well. We describe lessons learned and discuss implications for integrating specializations within other advanced generalist MSW programs.

Most social work educators in advanced generalist master's of social work (MSW) programs can recall criticism from advisory groups, student groups, or social work employers and practitioners about their MSW graduates knowing a little about a lot of things, but not enough about specific topics. For example, employers may complain about the inability for newly hired MSW graduates to "hit the ground running" in a particular area of social work practice after graduating. There may be a call for greater preparation in clinical assessments and intervention, cultural competence, human behavior concepts pertaining to specific populations (e.g., aging; lesbian, gay, bisexual, and transgender [LGBT]; ethnic minorities), and so on. For faculty teaching in advanced generalist programs, the frustrated response is often, "We can't prepare students to be all things for all people." So how do we choose our areas of curriculum orientation? Student demand? Faculty preference? Local agency job expectations? Our history in social work education has been that MSW programs have selected either specialization or advanced generalist concentrations, with neither orientation satisfying all of a school's stakeholders.

To address the limitation of MSW programs being either specialized or advanced generalist in nature, this article presents a conceptual model for integrating a competency-based aging specialization within an advanced generalist MSW program. This specialization began in 2008 through a 3-year Hartford Partnership Program in Aging Education (HPPAE) grant from the

Emily K. Dakin is assistant professor at Appalachian State University. Louise M. Quijano is associate professor and MSW program director, Pamela S. Bishop is instructor, and Bradford W. Sheafor is professor emeritus at Colorado State University.

Address correspondence to Emily K. Dakin, Appalachian State University, Department of Social Work, P.O. Box 32155, Boone, NC 28608, USA. E-mail: dakinek@appstate.edu

John A. Hartford Foundation. Approximately 10% of our concentration year cohort participated in our aging specialization over its first 5 years; a total of 21 students participated overall, indicating a mean of just over four specialization students per year. Research has found that only 3% of MSW students typically select an aging or gerontological social work concentration (Scharlach, Damron-Rodriguez, Robinson, & Feldman, 2000). It was noteworthy to have almost 10% of our concentration year MSW students participate in an aging specialization, possibly indicating that our approach was helpful in generating interest in this much-needed area of social work practice. Our aging specialization students rated the seminars that they participated in for the specialization very highly and expressed strong agreement about recommending our specialization program to other students in aging. Our specialization students also moved from beginning to nearly advanced proficiency in specific geriatric competencies during the course of their participation in the specialization. In this article we further describe our aging specialization model (including more detail on the competencies and evaluation) with the hope of informing the creation of other specializations within the large and growing number of advanced generalist MSW programs.

THE HISTORY AND APPEAL OF THE ADVANCED GENERALIST SPECIALIZATION

Any discussion about advanced generalist practice would be incomplete without linking its origins with generalist social work practice and the profession's origins. The social work profession has always been inherently generalist in nature, because throughout the profession's history social workers have emphasized person-environment interactions and intervention across system levels (Landon & Feit, 1999; Sallee, 2003; Sheafor & Landon, 1987). Yet the history of our profession also includes the movement toward specialization, as when there have been trends toward social workers working within private clinical practice during economically strong periods within the United States (Leighninger, 1980; Sallee, 2003; Sheafor & Landon, 1987). Although our profession has always had de facto generalist elements, it was not until the 1970s that we began to see the emergence of an integrative approach to social work practice that, beginning in the 1980s, would come to be called "generalist" (Derezotes, 2000; Johnson, 1998; Landon & Feit, 1999; Sheafor & Landon, 1987). A number of articulations of generalist social work practice emerged beginning in the 1980s (e.g., Anderson, 1982; Irey, 1980; Johnson, 1983; Sheafor & Landon, 1987). As part of the larger scholarship involved with the developing concept of generalist social work, several scholars (Butler, 1975; Leighninger, 1980; Nelson, 1975) explored the tension between generalist and specialist orientations in social work practice and education.

Some overall themes are evident in the various articulations of generalist social work practice from the classic original literature to more recent scholarship. Generalist social workers possess broad knowledge and skills and are able to practice across system levels (micro to macro) in a variety of roles (e.g., Anderson, 1982; Gibbs, Locke, & Lohmann, 1990; Kirst-Ashman & Hull, 2006; Landon & Feit, 1999; Sheafor & Horejsi, 2012; Schatz, Jenkins, & Sheafor, 1990). Generalist social work practice is theoretically eclectic and open (e.g., Landon & Feit, 1999; Schatz et al., 1990; Sheafor & Horejsi, 2012; Sheafor & Landon, 1987), emphasizes human well-being (e.g., Anderson, 1982; Schatz et al., 1990), and uses a problem-solving approach (e.g., Anderson, 1982; Johnson, 1998; Schatz et al., 1990; Sheafor & Landon, 1987). A final central idea is that generalist social work practice is less concerned with ability to work at

different system levels and more concerned with working at the interface between system levels (e.g., Anderson, 1982; Irely, 1980; Johnson, 1998; Schatz et al., 1990).

Baccalaureate-level accreditation, which was fully implemented by the Council on Social Work Education (CSWE) in 1974, helped to pave the way for the emergence of the advanced generalist perspective by creating two professional entry points (bachelor of social work [BSW] and MSW; CSWE, 1974; Gibbs et al., 1990). The purpose of baccalaureate-level social work education was to prepare social workers for entry-level generalist practice. BSW and first-year MSW education, per CSWE policy, were to provide a generalist curriculum, whereas the second or concentration year of MSW education would have a specialist curriculum. These specializations have traditionally been based on field of practice (e.g., children, youth, and families; medical; mental health; gerontology) or method (e.g., clinical, administration, group work). By definition, the master's-level social worker should be practicing at a more advanced level than the baccalaureate-level social worker. Thus inception of the baccalaureate degree as the entry-level degree for generalist social work practice opened the conceptual possibility that the master's degree could prepare social workers for advanced generalist practice. Therefore, in 1988 CSWE began to allow advanced generalist as a specialization in MSW programs, leading to a flurry of scholarship efforts that attempted to make sense of the seemingly contradictory notion of a generalist specialist. Included in this scholarship was a perspective critical of the notion of a continuum of generalist practice, from entry level to advanced, arguing instead that baccalaureate and master's-level social work education should be conceptualized as training social workers for fundamentally different kinds of social work practice (Raymond & Atherton, 1991). More than one quarter of all MSW programs now use an advanced generalist curriculum model as their only or as one of several concentration options; as of 2015, 61 MSW programs out of 253 total accredited MSW programs had an advanced generalist concentration (CSWE, n.d.a). Advanced generalist is the fourth most accredited concentration behind clinical or direct practice (135 accredited MSW programs with this concentration); children, youth, and families (90); and management or administration (69; CSWE, n.d.a).

Most of the research and scholarship pertaining to advanced generalist social work occurred in the 1980s and 1990s in response to CSWE's 1988 *Curriculum Policy Statement* that allowed advanced generalist as an MSW concentration year specialization. Scholarship and research on the topic of advanced generalist slowed down in the late 1990s, with relatively little happening after 2000. For example, in June 2015 we conducted a search in Social Work Abstracts of literature since 2000 using the search term *advanced generalist*, which yielded only four peer-reviewed journal articles (though the search was not limited to articles). Of these four, only Lavitt's (2009) conceptual discussion of advanced generalist social work practice was directly relevant, whereas the other three (Bushfield, 2005; Holliman, Dziegielewska, & Datta, 2001; Lawson & Alameda-Lawson, 2001) focused on different topics and discussed advanced generalist education or practice in relation to these topics. We also used two current books in our literature search and review that had not appeared in our search in Social Work Abstracts: *Advanced Generalist Social Work Practice* by Derezotes (2000) and *Thoughts on an Advanced Generalist Education* (2004), edited by Roy and Vecchiolla. Considering the growth and popularity of the advanced generalist specialization, current research and conceptual work on this topic is sorely needed.

There are a number of reasons why an advanced generalist specialization is so appealing. It was originally believed to be especially valuable in rural or frontier regions with few available

resources, where social workers would need to be able to work concurrently within different roles and at different system levels—for example, as clinician and administrator (Campbell & Shepard, 1990; Gibbs et al., 1990; Lavitt, 2009). However, it has been noted that resource and personnel shortages are not limited to rural or frontier regions, and so an advanced generalist model holds appeal in urban or metropolitan regions as well (Lavitt, 2009). Furthermore, even micro-level practitioners need macro skills to be effective, and the emphasis on micro, mezzo, and macro practice skills in advanced generalist MSW programs is especially strong in this regard (Lavitt, 2009).

A variety of research supports the value of the advanced generalist specialization. For example, Raymond, Teare, and Atherton (1996) found that social workers perform the same essential tasks across various fields of practice, and Holliman et al. (2001) found that hospital discharge planners were functioning as generalist practitioners. These studies indicate the value of an advanced generalist model for social work education and practice as opposed to a specialization based on field of practice. Raymond and colleagues (1996) also found that nearly one half of MSW social workers are employed in management positions within 5 years of obtaining their MSW. This reveals the importance of having content on management and supervision as a standard part of the MSW curriculum, thereby further supporting the value of an advanced generalist curriculum that prepares students to be effective at micro, mezzo, and macro levels of practice. Finally, York, Denton, and Moran (1990) surveyed a sample of MSW-level social workers and found that only half were working in fields consistent with their specialization in graduate school, highlighting the limitation of a specialization-only model for the concentration year.

DEFINING THE ADVANCED GENERALIST SPECIALIZATION

The seeming paradox in the concept of a generalist specialization underscores the importance of defining advanced generalist practice. Schatz, Jenkins, and Sheafor (1990) presented a model for approaching generalist social work practice at the initial (BSW, foundation year MSW) and advanced (concentration year) levels based on a national Delphi study conducted with 42 generalist social work scholar and educator panel members. This model describes generalist social workers as having a perspective on practice that emphasizes systems interactions, takes a problem-solving approach, is client centered, and includes an openness to using multiple theoretical approaches. The model also specifies generalist practice competencies and the knowledge, values, and skills that together form the foundation for social work education. In comparison with initial generalist social work, data from the Delphi study indicate that advanced generalist social work involves a more complex learning process and greater breadth and depth of practice. Whereas the initial generalist social worker is believed to be competent to engage in micro- to macro-level interventions within an agency, the advanced generalist practitioner is seen as competent to practice independently and to hold supervisory and administrative roles in agencies. Schatz and colleagues (1990) also identified five areas in which advanced knowledge or skills are needed to move from initial to advanced levels of generalist practice: (1) knowledge in theories, practice models, and knowledge of self, (2) skills to address complex client systems with multiple, chronic problems, (3) indirect practice skills in administration and management and organizational and community development, (4) ability to engage in eclectic practice that is

systematic and disciplined, and (5) ability to conduct research and evaluation to advance the profession's knowledge and practice base.

Although there is a need for current theoretical and empirical efforts to expand on and clarify our understanding of advanced generalist practice, several efforts since 2000 have made important contributions. GlenMaye, Lewandowski, and Bolin (2004) built on the finding from the Schatz and colleagues' (1990) Delphi Study that advanced generalist practitioners engage in practice settings with extensive system dysfunction and complexity. They apply practice principles from complexity theory to advanced generalist social work practice, arguing that the ability to address complexity distinguishes advanced generalist from the MSW foundation and baccalaureate level of practice. Derezotes (2000) emphasizes the conscious use of self as an essential feature of advanced generalist practice, arguing, for example, for its importance in enabling a practitioner to work with client diversity more effectively.

Another effort to expand our understanding of the advanced generalist concept has been put forth by Lavitt (2009), who developed a process-oriented framework for advanced generalist practice. The first component of this framework, *multidimensional assessment*, posits that the advanced generalist practitioner has an approach to assessment that is more open-ended than one might see in a micro-oriented clinical specialization. The second component, *leadership and reflection*, involves the practitioner's use of reflection to respond to complex situations presenting challenges such as instability, ambiguity, and value conflicts. Indicative of the notion that advanced generalist practice is not wed to any particular practice model, the skill emphasized in this component is the ability to critically reflect on the fit between theoretical model and desired outcome. Overall, this involves an emphasis on reflection and a movement away from accumulating information. The third component of the framework is *ethical advocacy*, in which Lavitt suggested that advanced generalist practitioners' skill with self-reflection and multidimensional assessment enables them to be more purposeful in promoting social justice in their interventions. This framework has yet to be empirically tested, however.

THE CONCEPT OF A "HYBRID" SPECIALIZATION WITHIN AN ADVANCED GENERALIST MSW PROGRAM

Despite the appeal of the advanced generalist approach to graduate social work education, there is clearly still value in models of social work education that allow for some type of specialization. Incorporating a specialization within an advanced generalist MSW program—thus creating a type of generalist/specialist hybrid—allows a core curriculum reflective of national standards and trends while also remaining responsive to community needs. Scholars in advanced generalist practice and education often take a national rather than local or regional approach when developing curricular models for advanced generalist education. In contrast, Campbell and Shepard (1990) provided a helpful example of an advanced generalist curricular model that was responsive to community needs by including an emphasis on American Indian populations and that also allowed some student specialization. Yet what is still needed is a conceptual model specifying process and content components that other advanced generalist programs could draw from in developing a specialization of their own.

BUILDING A HYBRID ADVANCED GENERALIST/SPECIALIST CURRICULUM MODEL: A CASE EXAMPLE

The School of Social Work at Colorado State University has adopted an advanced generalist MSW curriculum, recognizing the need to prepare graduates to work in areas ranging from direct practice roles to those of researcher, supervisor, administrator, and community change agent. Advanced generalist MSW programs regularly experience the dilemma of valuing their advanced generalist orientation while also getting requests by students and agencies to prepare students for various specializations (e.g., child welfare, aging, clinical practice). Although our school highly values its advanced generalist curriculum, demographic trends within our community also strongly indicated the need for an aging specialization within the overall curriculum. In response to community trends, we have incorporated an aging specialization within the concentration year of our MSW program, enabling our school to retain the value of an advanced generalist curriculum while additionally meeting this community need. Our example of incorporating an aging specialization into an advanced generalist MSW program yields a conceptual model that we hope will be useful for guiding the development of specializations within other advanced generalist programs. Below we provide the background and context for our aging specialization by describing the grant that initially guided its development. We then describe the key features of our specialization that together form the basis of a conceptual model for incorporating an aging specialization within an advanced generalist MSW program.

Background and Context for Our Aging Specialization

Receiving a Hartford Partnership Program in Aging Education (HPPAE) grant was a stimulus and guide for developing our aging specialization. During the 1990s the Social Work Leadership Institute (SWLI) at the New York Academy of Medicine developed a comprehensive plan for developing a skilled workforce of specially trained geriatric social workers (Volland & Sisco, 2005). Given their unique training, social workers are particularly skilled in providing older adults and their families with needed assistance in navigating multifaceted health and community-based systems of care. Yet at the time that SWLI began developing this plan, and despite the burgeoning older adult population, few social work students were seeking careers in aging, and many social workers who did have experience in the field were retiring (New York Academy of Medicine, n.d.b; Scharlach et al., 2000). Furthermore, many MSW programs did not have aging specializations, and employers were reporting that many social workers employed in aging settings were unable to “hit the ground running” (New York Academy of Medicine, n.d.b). To work toward developing a skilled workforce of geriatric social workers, SWLI and the John A. Hartford Foundation began a collaborative process of training new geriatric social workers through a project called the HPPAE to be disseminated in schools of social work throughout the country. The goals of the HPPAE program were to strengthen social work students’ interest in working in the field of aging and to increase the number of highly trained geriatric social workers to meet the needs of the growing older adult population in the United States (New York Academy of Medicine, n.d.a).

The HPPAE program was established in 1999 through 11 demonstration programs across the country. By the spring of 2012, the HPPAE program had been implemented in 69 schools within 33 states and had graduated more than 2,600 students, with approximately 75% of these employed in an aging-related position (New York Academy of Medicine, n.d.c). Each MSW program's HPPAE grant was for \$75,000 total over 3 years, with a \$75,000 match from each school, and each school was allowed flexibility in designing and implementing a model within the parameters of the national HPPAE model. Our school's HPPAE program is implemented by three faculty; in addition, one senior faculty served as consultant for our project during its initial 3 years. The majority of our funding went toward student stipends, with smaller amounts going to support additional expenses such as summer salaries, travel costs, and small honoraria for guest speakers from our community partner agencies. Matching funds came primarily in the form of time from our school's director and our senior faculty consultant. We were the last cohort of schools to receive money, and now schools are implementing HPPAE programs on a volunteer basis with other schools mentoring them. Although receiving this grant was certainly helpful in supporting the development of our aging specialization, external funding is not strictly necessary to develop a specialization within an advanced generalist MSW program, a point that is discussed further in the Challenges and Lessons Learned section below.

Community-Based Specialization

A particular advantage of incorporating a specialization within an advanced generalist MSW program is that it allows the program to be responsive to local community needs and also to follow national advanced generalist trends. Indeed, an essential component of our school's aging specialization is the fact that designing, implementing, and evaluating this specialization has been a collaborative effort with our community partners. The strong community support for creating our aging specialization has additionally helped to generate faculty and student support for the program, and on a practical level it would have been difficult to develop and implement our specialization without this community support.

Our community partners include our county's Area Agency on Aging, Medicaid Waiver functional eligibility determination and case management program, and Adult Protective Services; a hospice provider; long-term care and rehabilitation services providers; the Alzheimer's Association; and Catholic Charities. Typically, one or two people from each partner agency participate as a representative of the agency, so we have approximately 10 community collaborators on this project. A particular way in which our community partners have been helpful has been through participating in the University–Community Student Recruitment Panel to interview student applicants to the program. Students apply to participate in the specialization and are interviewed by a selection panel consisting of at least one faculty member and one community partner. The community partners have also been key instructors and participants in the Gero-Seminars and Gero-Rounds, described further below.

Competency-Based Education and Use of Curriculum Matrix Evaluation Tool

The process of designing and implementing our aging specialization was guided, in part, by the geriatric social work competencies specified in the national HPPAE model. The national model specifies competencies in four domains: values, ethics, and theoretical perspectives; assessment;

intervention; and aging services, programs, and policies.¹ To begin the process of integrating an aging specialization within an advanced generalist curriculum, we created a matrix that listed all of the required courses and each student's field placement on one axis and the geriatric social work competencies on the other axis. All MSW program syllabi were reviewed, and each faculty member teaching in the MSW program was interviewed to learn whether any of his or her classroom content or assignments related to the geriatric social work competencies. The specialization students' field instructors were also interviewed to identify how the learning objectives for each field placement related to the geriatric social work competencies. This method allowed for the systematic review of competencies addressed in the MSW courses and field placements as well as a clear depiction of gaps that needed to be addressed in the aging specialization. An additional benefit of conducting this review was that it brought overall awareness to the School of Social Work faculty of the importance of including aging-related topics within the curriculum.

Gero-Seminars and Gero-Rounds

After completing our systematic review of courses and field placements using the matrix evaluation tool, we then created an educational programming plan. This programming takes place outside of the regular advanced generalist curriculum and addresses gaps in the geriatric competencies in our advanced generalist curriculum that were uncovered during the review with the matrix evaluation tool. One component of our programming is an educational program that we call the Gero-Seminars that educated specialization students about various topics related to geriatric social work. The Gero-Seminar topics had been identified during the systematic review of the courses and field placements using the matrix evaluation tool. The Gero-Seminars are held on a monthly basis and team-taught in the School of Social Work by one of the HPPAE faculty and a representative from one of our community partner agencies. Gero-Seminar topics have included conducting assessments, service planning, adaptive interventions, budgeting and grant writing, ethical issues in aging, and aging policy.

The other educational program that we created is called Gero-Rounds, based on the concept of medical grand rounds. Gero-Rounds emphasize real-world learning in that they typically take place within the community, are taught by staff from community agencies, and focus on local community-based services. They have been attended by a wide audience that includes the HPPAE students, staff from community partner agencies, and older adult community members. The first Gero-Round was a panel discussion of older adult service needs at the local, county, and state levels. Other Gero-Rounds have focused on adult protective services; long-term care services; legal issues affecting older adults; memory loss and dementia; hospice; needs and services pertaining to LGBT elders; disability services; veterans' services; and specialization students' presentations on community research (see Integration of Aging Specialization Content within Regular Advanced Generalist Coursework section below for further detail on student presentations). We have found the Gero-Rounds component of our program to be an enjoyable

¹ Examples of competencies within each of the four domains include *values, ethics, and theoretical perspectives* (assess and address values and biases regarding aging); *assessment* (use empathy and sensitive interviewing skills to engage older clients in identifying their strengths and problems); *intervention* (mediate situations with angry or hostile older adults or family members); and *aging services, programs, and policies* (evaluate the effectiveness of practice and programs in achieving intended outcomes for older adults).

way of learning about geriatric social work in a variety of real-world settings. The agencies that we have visited similarly report enjoying hosting students and social workers from other agencies to see and learn about their programs and services.

Integration of Aging Specialization Content Within Regular Advanced Generalist Coursework

In addition to the separate educational programming our aging specialization students receive, the specialization is also integrated with assignments in the regular advanced generalist curriculum. Aging specialization students are asked to focus on aging wherever possible in their various course assignments. For example, to complete an assignment in their advanced social work policy course, our specialization students focus their efforts on a social or health care policy affecting older adults. Assignments in the concentration year research courses center around a year-long research project (program evaluation, needs assessment, or direct practice evaluation) completed within students' field placement agencies. At the completion of these research projects, the specialization students present their research to one another and the broader community within a Gero-Round. Presenting this research to the community is a valuable leadership development activity. One example of a research project was a mixed-methods study evaluating the effectiveness of grief and loss support groups provided by a local hospice agency, and another example was an assessment of our county's aging services needs.

Dual Micro–Macro Field Placements

Field education is the cornerstone of social work education because it is the setting in which students translate classroom knowledge into a real-world setting, develop their practice skills, and try out working as professional social workers (Fortune, McCarthy, & Abramson, 2001). Recognizing the central role of field education in social work education, a unique approach to field education is a core feature of our aging specialization model. The field education component of our MSW program is arranged so that two thirds (720 hours) of the student's total 2-year field instruction hours occur in the concentration year of the MSW program. The conventional concentration year field placement at Colorado State University takes place at one agency and has a predominantly micro or macro focus. Having the majority of field hours in the concentration year allowed enough required hours for us to create a unique approach to field in our aging specialization in which each specialization student is placed in two concurrent field placements (one micro and one macro) during their concentration year. These field placements occur either at two separate agencies, or, if the agency is large enough, a student could complete both the micro and macro placements in one location. We adopted the model of concurrent micro and macro field placements with the view that it aligned well with a generalist approach to social work practice and education in its emphasis on intervention across system levels. As an example of the dual field placements, one of our specialization students completed her micro placement at a skilled nursing facility and her macro placement at a community foundation whose mission is to make the community aware of identified challenges facing the older adult population and to facilitate solutions to address those problems.

An agency MSW supervisor provides field instruction for each student's field placement, and our three specialization faculty serve as field liaison for our specialization students. Field liaison is the name given at our school to the position that serves as the intermediary between each student and his or her field placement agency. The success of our aging specialization particularly depends on the expanded role of the field liaison, who, in addition to the traditional liaison duties, also coordinates between the two placements and mediates between them when needed. Coordination between the two field placements is important to ensure that the student is meeting the competencies specified by our aging specialization as well as the school's overall advanced generalist knowledge, values, skills, and roles. Further detail on the additional aspects of the liaison position is provided in the Challenges and Lessons Learned section that follows.

Benefit of Networking Opportunities Within Our Aging Specialization Model

In addition to the benefit of the formal educational component of our aging specialization, our curricular model also provides expanded networking opportunities for the specialization students. As indicated above, each Gero-Seminar is team-taught by a staff from one of our community partner agencies and a School of Social Work faculty member involved with our specialization program. By participating in the Gero-Seminars, specialization students get to know our school's specialization faculty as well as professionals from community partner agencies outside of their field placement sites. Similarly, our model calls for Gero-Rounds to be taught in the community by community members—often by staff from our community partner agencies. These sessions have been well-attended by community members in addition to the specialization students. The Gero-Rounds are another way for specialization students to get to know professionals from a broader range of community agencies than they otherwise would. The dual field placement model also provides specialization students with broader networking opportunities than they would receive in the traditional single field placement approach. Our specialization program provides students with a small peer group with shared interests who get to know one another well during the course of the year, and they cite this as a strong benefit of the program. Finally, our model builds in a variety of social gatherings attended by students, faculty, and community partners. This builds camaraderie and relationships among the specialization students, School of Social Work specialization faculty, and geriatric social workers from community partner agencies. All of the networking opportunities in our model benefit the specialization students as they seek employment after graduation and embark on their careers as geriatric social workers.

Evaluation of Our Aging Specialization

Our aging specialization was evaluated in two ways: (1) the students who were enrolled in the funded demonstration program participated in a pretest posttest assessment of the geriatric competencies specified in the national HPPAE model, and (2) an internal satisfaction survey was conducted of all Gero-Seminars for the purpose of quality improvement. A total of 15 students participated in the evaluation of the geriatric competencies over a 3-year period, and during that time mean scores for the four domains of aging competencies (values, ethics, and theoretical perspectives; assessment; intervention; and aging services, programs, and policies) increased from beginning proficiency ($M = 2.3$) at pretest to moderate, trending toward advanced

by the posttest ($M = 3.7$) using a Likert scale ranging from 1 = *not skilled at all*, 2 = *beginning skill*, 3 = *moderate skill*, 4 = *advanced skill*, and 5 = *expert skill*. All of the students either agreed (7.7%) or strongly agreed (92.3%) with the statement “I would recommend the Hartford internship to other students in aging.” In addition, students were asked to rate Gero-Seminars after each presentation using a Likert scale ranging from *not at all* (1) to *extremely* (5) in the areas of helpfulness to practice, new information on the topic, effectiveness of faculty presenter, and effectiveness of community presenter. Aggregate mean scores for all of the seminars (4.3) suggests that, overall, students were very satisfied with the information they received in the seminars. In written evaluation comments, students noted how they were able to immediately apply the information to their work with clients in their field placements. For example, one student wrote, “Glad to learn more about Medicare/Medicaid and poverty effects on older adults. It gave me something to consider with my clients.” The program has completed its fifth year, and students interested in aging are still applying and participating despite lack of stipend funding.

CHALLENGES AND LESSONS LEARNED

Workload Issues for Specialization Faculty

Designing, implementing, and sustaining an aging specialization within an advanced generalist MSW program is labor- and time-intensive and requires commitment and buy-in from multiple stakeholders. Although our specialization was initially supported through the HPPAE grant, a specialization could readily be developed even without external financial support. The support of the dean or director of the school of social work is critical to ensuring the long-term success of a specialization, particularly in the absence of external funding. The dean or director can support specialization faculty by providing them with administrative support (e.g., a graduate assistant) and teaching or service (committee) workload credit for their time on behalf of the specialization. Ideally, there would also be some money for stipends for students participating in the specialization, although in our experience students have still been eager to participate in our aging specialization even when stipends have no longer been available. The HPPAE grant funding initially supported our school’s HPPAE faculty by “buying” workload time and summer salary. However, the funding period for this grant ended, and we now implement the program without external financial support. The director of our School of Social Work is continuing to support our aging specialization by designating it as an official school committee (i.e., providing workload credit) and by continuing to provide this committee with the support of a graduate assistant.

The dual micro-macro field placement in our aging specialization necessitates greater time and effort on the part of the specialization faculty, who serve as field liaisons for our specialization students. This is because they are monitoring two field placements and two learning plans for each specialization student, as opposed to one field placement for each student in the regular advanced generalist curriculum. In addition to monitoring a greater number of field placements for each student, the nature of the field model can sometimes necessitate the field liaison taking a more active role with each field placement. This can occur, for example, if conflict arises between field agencies over the desired number of

hours per week that the specialization student works at each field placement, because our specialization students divide their allotted field hours over two field placement sites.

Workload Issues for Specialization Students

One of the lessons that quickly became apparent was that in addition to the demands placed on the specialization faculty and community partners, our aging specialization similarly requires a large commitment of time and energy from its participating students. Specialization students have Gero-Seminars, Gero-Rounds, and two field placements in addition to their regular coursework, and this places significantly more demands on them compared with their peers in the regular concentration year advanced generalist MSW program. During the interview by the University–Community Student Recruitment Panel, we take care to explain to specialization applicants that participating in the aging specialization will add demands to an already rigorous MSW program. We also ask applicants to talk about their organizational and time management skills, their ability to handle stress, and whether they can afford to participate in the specialization if its added time requirements reduce or prevent seeking employment during the concentration year. We have found students applying to participate in the aging specialization overall to be very motivated, enthusiastic, and hardworking and therefore up to the challenge. Payoffs for students include special recognition at commencement and a certificate in geriatric social work that helps give them a leg up as they seek jobs postgraduation.

SUMMARY OF CONCEPTUAL MODEL AND IMPLICATIONS FOR OTHER ADVANCED GENERALIST PROGRAMS

Our description of integrating an aging specialization within an advanced generalist MSW program reveals certain core features that together form a conceptual model that could be similarly followed by any advanced generalist program interested in creating a specialization of their own. The first core feature of the model is that it is community-based, and this includes the following: (1) the chosen specialization reflects a community-identified need; (2) there is community buy-in for creating the specialization; and (3) developing, implementing, and sustaining the specialization is a collaborative effort between a school of social work and its community partners. The second core feature of the model is that the specialization addresses identified specialization competencies (addressed further in the next paragraph). The third core feature of the model is a matrix evaluation of the advanced generalist curriculum (coursework and field) using the identified specialization competencies to determine where these competencies are and are not being addressed in the curriculum. The fourth core feature of our model is an educational programming plan for filling gaps in the specialization competencies within the overall advanced generalist curriculum. This education plan has the following features seen in our aging specialization's Gero-Seminars and Gero-Rounds: (1) it is provided collaboratively by both school faculty and community members; (2) it includes exposure to a wide variety of community services; and (3) it includes the opportunity for students to develop leadership abilities and to network with one another, specialization faculty, and community members. The fifth core feature of the model is the integration of specialization content within regular advanced generalist coursework whenever possible to maximize exposure to this content. The

sixth core feature of our model is the use of dual micro–macro field placements, recognizing that a central aspect of advanced generalist practice is the ability to intervene across system levels.

The emphasis that we are placing on competency-based education in our conceptual model for integrating a specialization within an advanced generalist curriculum is consistent with current standards of social work education and general trends in higher education. Regional organizations that accredit universities in the United States and specialized organizations that accredit professional programs (e.g., social work, nursing, law) are increasingly emphasizing competency-based educational models. These models focus on accreditation based on demonstrated educational outcomes, such as competencies indicating a level of proficiency that is sufficient for practice in the real world (Holloway, 2013). The 2015 Educational Policy and Accreditation Standards (EPAS) issued by CSWE are the social work profession's identified competencies for the foundation level of practice, and use of these competencies is required for BSW and MSW programs to be accredited.

There are a variety of ways in which advanced generalist MSW programs seeking to incorporate one or more specializations could identify associated specialization competencies. First, because our conceptual model specifies that specializations be community-based, community partners should play a central role in developing specialization competencies. Second, programs may draw on advanced practice competencies that have been developed by CSWE in various areas, such as trauma, military social work, and gerontology (CSWE, n.d.b). Third, communication and collaboration with schools of social work offering MSW specializations (e.g., health, international social work, children, youth, and families) could assist with identifying specialization competencies. Fourth, local, regional, and national organizations relevant to particular specializations could be a useful source for competencies. For example, the National Alliance on Mental Illness could be helpful for identifying specialization competencies for an advanced generalist MSW program seeking to develop a mental health specialization. Fifth, the Association of Social Work Boards (n.d.) provides a content outline of knowledge, skills, and abilities to assist with preparation for the clinical social work licensing examination. This document could be helpful for developing competencies for a clinically oriented specialization. Finally, the National Association of Social Workers (2015) has developed social work practice standards for a wide variety of practice settings (e.g., school social work, health, hospice and palliative care, behavioral health) that would be valuable in developing specialization competencies.

There are innumerable promising specialization opportunities that could be implemented within other advanced generalist programs. Some suggestions could include other nonadvanced generalist MSW concentrations currently accredited by CSWE—for example, school social work; health; mental health; children, youth, and families; housing services; occupational social work; military social work; rural social work; international social work; criminal justice; addictions; or disabilities (CSWE, n.d.a). However, the possibilities are not limited to existing accredited concentrations. For example, specializations in mediation, trauma, environmental justice, or family violence could also be endorsed by local communities as highly relevant.

A great deal of excitement about our aging specialization has been expressed by students and within the community, and we have even been contacted by potential MSW program applicants whose interest in our program is specifically centered around our aging specialization. The value of our specialization graduates is also recognized in the community. For example, one of our former students reported to us that participating in our aging specialization was a key selling point to the

aging services organization where she now works. We consider the conceptual model presented here to be the best of both worlds: a model for MSW education that combines the value of advanced generalist education with the benefits of a specialization for all of a school's stakeholders.

REFERENCES

- Anderson, J. D. (1982). Generic and generalist practice and the BSW curriculum. *Journal of Education for Social Work, 18*(3), 37–45.
- Association of Social Work Boards. (n.d.). *Content outlines and KSAs: Social work licensing examinations*. Retrieved from <https://www.aswb.org/wp-content/uploads/2014/02/ClinicalKSAs.pdf>
- Bushfield, S. (2005). Field clusters online. *Journal of Technology in Human Services, 23*, 215–227.
- Butler, B. (1975). Generalism and specialism in social work training. *International Social Work, 18*, 9–17.
- Campbell, J. A., & Shepard, M. (1990). Social work education for rural practice: The advanced generalist. *Human Services in the Rural Environment, 14*, 21–24.
- Council on Social Work Education. (1974). *Standards for the accreditation of baccalaureate degree programs in social work*. New York, NY: Author.
- Council on Social Work Education. (n.d.a). *Directory of accredited programs*. Retrieved from <http://www.cswe.org/Accreditation/Accredited-Programs.aspx>
- Council on Social Work Education. (n.d.b). *EPAS implementation*. Retrieved from <http://www.cswe.org/Accreditation/EPASImplementation.aspx>
- Derezotes, D. S. (2000). *Advanced generalist social work practice*. Thousand Oaks, CA: SAGE.
- Fortune, A. E., McCarthy, M., & Abramson, J. S. (2001). Student learning processes in field education: Relationship of learning activities to quality of field instruction, satisfaction, and performance among MSW students. *Journal of Social Work Education, 37*, 111–126.
- Gibbs, P., Locke, B., & Lohmann, R. (1990). Paradigm for the generalist-advanced generalist continuum. *Journal of Social Work Education, 26*, 232–243.
- GlenMaye, L. F., Lewandowski, C. A., & Bolin, B. (2004). Defining complexity: The theoretical basis of advanced generalist practice. In A. W. Roy & F. J. Vecchiolla (Eds.), *Thoughts on an advanced generalist education* (pp. 117–135). Peosta, IA: Eddie Bowers.
- Holliman, D. C., Dziegielewski, S. F., & Datta, P. (2001). Discharge planning and social work practice. *Social Work in Health Care, 32*(3), 1–18.
- Holloway, S. (2013). *Some suggestions on educational program assessment and continuous improvement for the 2008 EPAS*. Retrieved from <http://www.cswe.org/File.aspx?id=31582>
- Irey, K. V. (1980). The social work generalist in a rural context: An ecological perspective. *Journal of Education for Social Work, 16*(3), 36–42.
- Johnson, L. C. (1983). *Social work practice: A generalist approach*. Boston, MA: Allyn and Bacon.
- Johnson, L. C. (1998). *Social work practice: A generalist approach* (6th ed.). Boston, MA: Allyn and Bacon.
- Kirst-Ashman, K. K., & Hull, G. H. (2006). *Understanding generalist practice*. Belmont, CA: Thomson.
- Landon, P., & Feit, M. (1999). *Generalist social work practice*. Dubuque, IA: Eddie Bowers.
- Lavitt, M. R. (2009). What is advanced in generalist practice? A conceptual discussion. *Journal of Teaching in Social Work, 29*, 461–473.
- Lawson, M. A., & Alameda-Lawson, T. (2001). What's wrong with them is what's wrong with us. *Journal of Community Practice, 9*, 77–97.
- Leighninger, L. (1980). The generalist-specialist debate in social work. *Social Service Review, 54*, 1–12.
- National Association of Social Workers. (2015). *NASW standards*. Retrieved from <http://www.socialworkers.org/practice/standards/index.asp>
- Nelson, J. C. (1975). Social work's fields of practice, methods, and models: The choice to act. *Social Service Review, 49*, 264–270.
- New York Academy of Medicine. (n.d.a). *HPPAE goals*. Retrieved from <http://www.hartfordpartnership.org/overview.html>
- New York Academy of Medicine. (n.d.b). *Program rationale*. Retrieved from <http://www.hartfordpartnership.org/rational.html>

- New York Academy of Medicine. (n.d.c). *Impact of HPPAE on social work education*. Retrieved from http://www.nyam.org/social-work-leadership-institute-v2/docs/hppae/HPPAE_Impact_Report.pdf
- Raymond, G., & Atherton, C. R. (1991). Blue smoke and mirrors: The continuum in social work education. *Journal of Social Work Education, 27*, 297–305.
- Raymond, G. T., Teare, R., & Atherton, C. R. (1996). Is “field of practice” a relevant organizing principle for the MSW curriculum? *Journal of Social Work Education, 32*, 19–30.
- Sallee, A. L. (2003). A generalist working definition of social work: A response to Bartlett. *Research on Social Work Practice, 13*, 349–356.
- Scharlach, A., Damron-Rodriguez, J., Robinson, B., & Feldman, R. (2000). Educating social workers for an aging society: A vision for the 21st century. *Journal of Social Work Education, 36*, 521–538.
- Schatz, M., Jenkins, L. E., & Sheafor, B. W. (1990). Milford redefined: A model of initial and advanced generalist social work. *Journal of Social Work Education, 26*, 217–231.
- Sheafor, B. W., & Horejsi, C. R. (2012). *Techniques and guidelines for social work practice* (9th ed.). Upper Saddle River, NJ: Pearson Education.
- Sheafor, B. W., & Landon, P. S. (1987). Generalist perspective. In A. Minahan et al. (Eds.), *Encyclopedia of social work* (18th ed., pp. 660–669). Silver Spring, MD: National Association of Social Workers.
- Volland, P., & Sisco, S. (2005). The aging imperative: Preparing the social work labor force. *Currents, 49*(7), 3–10.
- York, R. O., Denton, R. T., & Moran, J. R. (1990). Congruence between specializations in graduate school and post-graduate employment patterns for social workers. *Journal of Teaching in Social Work, 4*, 3–15.