

# **Gerontological Social Work**

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## **Introductory Guide to Gerontological Social Work**

By Kaitlin Louie

Gerontological social workers, also known as geriatric social workers, coordinate the care of elderly patients in a wide variety of settings, including hospitals, community health clinics, long-term and residential health care facilities, hospice settings, and outpatient/daytime health care centers. In outpatient settings, gerontological social workers serve as advocates for elderly individuals, helping to ensure they receive the mental, emotional, social, and familial support they need, while also connecting them to resources in the community that can provide additional support. In inpatient and residential care settings, gerontological social workers conduct intake assessments to determine patients' mental, emotional, and social needs; collaborate with a larger team of physicians, nurses, psychologists, case managers, and other health care staff to develop and regularly update patient treatment plans; discuss treatment plan options with patients and their families; and manage patient discharges.

Elderly individuals can grapple with isolation, depression, financial instability, dementia, anxiety, and other psychological,

emotional, and social challenges. They may also experience declining health and increased reliance on medical care and family support, and this shift in independence can prove difficult for both them and their families. Gerontological social workers help their clients manage these and other challenges by providing counseling and therapy, advising clients' families about how to best support aging loved ones, serving as the bridge of communication between clients and the rest of the care team, and ensuring that clients receive the services they need if or when they move between inpatient and outpatient treatment programs, in-home care, day treatment programs, etc.

Geriatric social workers encounter numerous challenges on the job, including having to contend with complicated medical and mental health care systems, managing the different interests of various parties involved in a client's care, shouldering the emotional burdens of clients and family members, and general overwork and overwhelm. However, social workers who care for the elderly note the unique rewards of the profession, which include making deep and meaningful connections with clients and their families, opportunities to change problematic systems within medical and mental health care for the elderly at both the individual and community levels, and the knowledge that their daily work has a direct positive impact on individuals in need.

### **Where Gerontological Social Workers Work**

Social workers can work with elderly populations in many different settings; in general, at any organization that serves the physical, mental, emotional, and/or social needs of senior citizens, social workers may play a crucial role in providing direct care (counseling and advising, resource navigation services, etc.), as well as care coordination services (contacting different departments, care providers, and organizations to ensure clients get the inpatient or outpatient support they require). Common work environments that employ gerontological social workers include but are not limited to medical settings, adult day health programs, programs for all-inclusive care for the elderly, hospices, nursing homes and residential care facilities.

### **Hospitals and Medical Centers**

Hospitals and medical centers typically have inpatient and outpatient divisions devoted specifically to supporting elderly patients who suffer from either chronic or acute health conditions. For example, hospitals may have geriatric acute and emergency care units, fracture care centers, palliative care, and a geriatric oncology unit. Gerontological social workers can work in the geriatric departments of hospitals and medical centers, either as part of a specific unit, or across multiple units.

Gerontological social workers who work at hospitals and medical centers collaborate with a larger medical team of

physicians, nurses, medical assistants, psychologists, and other staff to evaluate patients' needs, develop a treatment plan, coordinate geriatric patients' care according to their needs and circumstances, and maintain and submit patient records and documentation. They also provide counseling, advising, and resource navigation services to patients and their families.

Some medical centers also have adult day health programs that provide daily activities, counseling, and social support services to senior citizens, with the goal of supporting patients so that they can remain at home instead of transitioning to a nursing home. Social workers in these settings can coordinate activities, programs, and other services for their clients, provide counseling services as necessary, and connect senior citizens and their families to resources within or outside of the program.

### **Programs of All-Inclusive Care for the Elderly**

Programs of All-Inclusive Care for the Elderly (PACE) provide comprehensive medical, mental health, and behavioral health care to elderly individuals who are eligible for Medicaid and/or Medicare. These programs employ an interdisciplinary team of medical, mental health, behavioral, and social service specialists that provide patients with care in their homes, and/or at day treatment centers.

Laura Burns, MSW is a Medical Social Worker at On Lok Lifeways, which is a PACE program located in San Jose, CA. In

an interview with OnlineMSWPrograms.com, she described the different services that On Lok provides. “We have a day health center (DHC) where participants come to receive different types of activities, socialization, and cognitive stimulation including pet therapy and bingo,” she explained, “There’s also a clinic on site with three doctors and one nurse practitioner and several nurses. All of our participants are given a full physical exam before they are enrolled and they are evaluated every 6 months, or as health conditions occur. We also have a rehab team, which includes occupational therapists and physical therapists. [...] We have a home care team of nurses and aids who provide people with showers, assist them with meals, provide medication reminders, and assist them with chores and laundry in their home.”

Ms. Burns also explained how social workers are an important part of PACE programs’ interdisciplinary team, in that they serve as patient advocates and as the bridge of communication between patients and caregivers, as well as between different health providers and teams. “Social workers are connected to all of the aforementioned teams. It is our job to connect our patients with the services that these teams provide, and to connect the teams with one another as necessary to ensure proper emotional, mental, and physical care for our participants,” she said, “We also are the primary point of contact for our participants’ family members. Social workers at On Lok also play

an important role in the initial assessment of patients, and in the development of their care plan.”

Social workers who work at PACE programs have similar work settings and responsibilities as social workers who work in geriatric departments of hospitals and medical centers; however, as PACE programs provide a more comprehensive set of services (because they combine medical, mental, and behavioral health care), and serve clients who are eligible for Medicare and/or Medicaid, social workers at PACE programs may connect with more organizations, provide a wider range of care coordination services, and travel across different settings. For example, they may also conduct home visits, help patients and their families navigate the process of applying for medical benefits, and communicate with medical, mental health and behavioral, and social services departments within their program.

### **Specialized Senior Assistance Programs**

Gerontological social workers may work for specialized programs that support senior citizens with a certain area of their life, such as financial literacy, community engagement, housing coordination, and low-income support services. For example, social workers may work for a community service organization that serves low-income senior citizens and helps them find stable housing, health care, and/or disability assistance, or they might work for an organization that provides financial advising,

subsidized nutrition programs, or home care services to the elderly.

Some larger organizations, such as San Francisco's [Area Agency on Aging](#), fund a wide range of programs that serve elderly individuals, and also conduct research on how society and local, state, and federal governments can better support elderly populations. Social workers may work for these larger organizations, within one or more programs.

### **Hospices**

Hospice settings provide palliative and end-of-life care to individuals who are suffering from terminal illnesses or conditions. Gerontological social workers in hospice settings work with elderly patients and their families, providing them with emotional support, grief and bereavement counseling, resource navigation services, and care coordination services. Hospices typically provide patients with services such as symptom and pain management (palliative care), as well as assistance in end-of-life planning. Hospice social workers engage in all of the non-medical aspects of a patient's care, including coordinating community resources, answering patients' and family members' questions, helping family members cope with the loss of a loved one, and assisting clients in managing their family and social relationships during their time in hospice care.

### **Nursing Homes and Residential Care Facilities**

Nursing homes provide residential support to elderly individuals who cannot live independently due to mental or physical conditions such as dementia or disability. The transition to a nursing home or a residential care facility can be challenging psychologically, emotionally, and financially for elderly individuals and their families. Gerontological social workers in these settings help clients during this transition and ensure that they receive the services that they require both during their admission and throughout their stay. They can also participate in the development and review of nursing home policies and procedures to ensure that residents receive the care and attention they need.

### **What Gerontological Social Workers Do**

Gerontological social workers support clients and their families through a combination of psychosocial assessments, care coordination services, counseling and therapeutic work, crisis management and interventions, and discharge planning.

#### **Psychosocial Assessments**

Gerontological social workers conduct psychosocial assessments to determine their clients' mental, emotional, and social needs, and to understand how these needs connect with their physical health and medical conditions. Mental and physical health are closely linked, and by gaining a holistic picture of



clients' mental, emotional, and social circumstances, social workers help clients' medical care providers and their families better understand how to develop a care plan that is as comprehensive and compassionate as possible.

Psychosocial assessments gather information on a client's:

- Mental and emotional health, including past and/or present psychological conditions (ex. depression, dementia, anxiety, bipolar disorder, etc.)

- Behavioral health challenges, such as substance abuse, anger management issues, social anxiety and/or isolation, suicidal desires, etc.

- Social, financial, familial, educational, and occupational history and current situation, including available support systems (community, family, friends, colleagues, etc.)

- Medical and mental health treatment history

- Current medications and adherence to treatment schedules/plans

Gerontological social workers complete psychosocial assessments at the time of a client's admission into a given care program (this type of psychosocial assessment is called an intake assessment), and also conduct regular assessments throughout a client's time in the program.

Ms. Burns explained to [OnlineMSWPrograms.com](http://OnlineMSWPrograms.com) how social workers evaluate multiple facets of clients' cognitive,

emotional, and behavioral health. “The social workers’ intake of a candidate is focused on the person as a whole and explores their support systems, psychosocial risks, cognition and mood,” she said, “The three main things that we assess for are changes in mood, behavior and cognition. We test for changes in cognition and mood every six months.” Ms. Burns also noted that interacting closely with clients and connecting with them regularly allows her to evaluate their emotional and cognitive health at any point in time, and to convey any concerning changes to the larger treatment team. “[E]ach time I’m checking in on someone, even if it seems just like a social visit, I’m also checking in on their emotional well-being,” she said, “As social workers we don’t just do formal screenings; we also do informal check-ins with the participants all the time. Also we don’t have to wait until a participant is due for a formal assessment to make an adjustment in their care plan; we are able to modify it at any time.”

In addition to being essential for the development and improvement of a client’s care plan, psychosocial assessments help social workers determine if a client is at risk of experiencing certain adverse mental, physical, and/or behavioral health outcomes (for example, if a client shows signs of severe depression, has suicidal tendencies, or is neglecting his/her medication). These evaluations of risk to clients, also known as

risk assessments, help social workers and other members of a client's care team determine the appropriate courses of action to address factors that may seriously compromise a client's well-being.

### **Care Coordination**

One of the most important responsibilities that gerontological social workers have is care coordination, which is defined as the purposeful organization of different teams and services in order to effectively address a client's overall health care needs (physical, cognitive, emotional, and social). Care coordination involves not only completing psychosocial assessments to inform the larger treatment team of a client's needs, but also participating in or facilitating meetings between different providers to discuss patient treatment and health outcomes; conveying the concerns and desires of the patient and his/her family to the teams involved in their care; and connecting clients and their caretakers with resources within the larger community that can provide additional support.

### **Counseling and Therapy**

Gerontological social workers provide counseling and therapy to clients to help them cope with the psychological, emotional, social, and financial challenges that come with aging. They also provide therapy and advising as necessary to clients' families and loved ones. During their sessions with elderly clients,

social workers can employ a variety of different psychotherapeutic techniques to help their clients manage negative emotions, set objectives for life improvement, address behavioral problems or psychological barriers to meeting certain goals, and (where applicable) make end-of-life preparations.

When working with the families of their clients, gerontological social workers may help them manage the various difficulties they can encounter around caring for an aging loved one, including strains on financial resources and familial relationships, and processing grief and other emotions around loss.

Specific therapeutic techniques that gerontological social workers may use in their work with clients and families include but are not limited to cognitive behavioral therapy and dialectical behavioral therapy, problem solving therapy, motivational interviewing, and mindfulness based stress reduction. (For more information about these and other therapeutic modalities that social workers can use when providing clinical therapy to clients, please refer to our [Guide to Clinical Social Work](#).)

### **Crisis Management and Interventions**

Depending on their role and work setting, gerontological social workers may encounter a variety of client crisis situations. For example, some clients may struggle with severe depression and/or suicidal desires, acute dementia that renders them unable

to care for themselves, family conflicts about treatment decisions, traumatic experiences that require immediate support, or mental or emotional disorders that pose a danger to themselves or others. In other instances, elderly clients may be the victims of neglect, domestic abuse, exploitation, and other crimes. In these instances, gerontological social workers may have to intervene through a number of measures to ensure client safety and well-being; such measures may include providing emotional support and counseling to clients and their family members as needed; managing difficult conversations between client, family, and care providers as necessary; contacting relevant organizations and/or the authorities (in the case of elder abuse), and developing a short and long-term support plan for clients and their loved ones.

Ms. Burns explained some of the crisis intervention services that she provides at On Lok Lifeways, Inc. “Since we screen for changes in mood, if someone is doing fine emotionally and then all of a sudden they’re severely depressed or suicidal or homicidal, that’s obviously something to communicate immediately to the medical team and the participant’s family,” she said, “We consult with Adult Protective Services to report cases of abuse or neglect. We let their doctor know to see if they need to have a medication adjustment, and we’ll usually also recommend meetings with the chaplain or the mental health counselor who works on site as well.”

Gerontological social workers can also provide crisis support and interventions in non-medical settings. Charis Stiles, MSW, who is a Friendship Line Manager at the Institute on Aging (IoA) in San Francisco, CA, also helps elderly individuals during crisis situations by coordinating volunteer services for the IoA's suicide prevention and grief support hotline. "The Friendship Line at the Institute on Aging provides suicide prevention and trauma grief support to older adults and adults with disabilities. It's a 24-hour hotline that operates from 8am to 8pm in the office and after hours remotely," she explained to [OnlineMSWPrograms.com](http://OnlineMSWPrograms.com), "Callers are primarily over the age of 60 and are dealing with isolation, loneliness, depression, grief, and illness. Many have mental health conditions, some treated and some untreated, and many also have a history of trauma. We have between 50-70 volunteers who are the primary hotline counselors."

### **Resource Navigation and Benefits Application Guidance**

Gerontological social workers also help clients and their families understand and apply for health care benefits, as well as other financial or social assistance at the federal, state, and local community levels. Clients and their loved ones may have a hard time navigating health insurance benefits, applying for Medicare and/or Medicaid benefits, and making use of community support systems. Social workers can guide clients through these steps and connect them with local support systems, such as senior centers,

discounted or pro bono counseling, free community clinics, and subsidized food and housing if necessary.

### **Discharge Services**

Consistent with their role as care coordinators, gerontological social workers are often responsible for developing and coordinating a discharge plan for clients when the time comes for them to transition from one care setting to another—for example, from inpatient to outpatient care, or from residential care to home care. When coordinating a client's discharge from a care setting, social workers typically contact the relevant parties involved in the transition and organize logistics such as transportation, health insurance and medical financial aid, and paperwork and documentation. They may also consult with the client and his/her family in order to prepare them for the change.

### **The Challenges and Rewards of Gerontological Social Work**

Gerontological social work provides the opportunity to connect deeply with individuals in need who are often deeply appreciative of the support, and who have a wealth of life experiences and perspectives to share. Serving as an advocate for elderly clients who would not otherwise have a voice in their care can also be gratifying and empowering. In addition, this field of social work

involves working with clients' families and loved ones, which can form unique and rewarding connections as well.

“One of the most rewarding experiences are the long-term relationships I have with my participants and knowing that I am able to make a difference in their lives, Ms. Burns said, “I find it very rewarding to build relationships with my participants and know that part of my treatment plan is to check in with them. I feel really blessed that I get paid to do this work, to connect and learn about people who have lived very interesting lives—very different, often, from the life that I have led.”

She also noted how her role as a geriatric social worker enables her to share more about herself with her patients, relative to other types of medical settings, which at times allows for deeper and more rewarding connections. “I think one thing that I’ve noticed in geriatric social work is because I have such long-term relationships with people, [I’m] able to share a little bit more of [myself],” she explained, “In hospitals you’re working with someone for a short amount of time, and you just need to focus on them, and they don’t get as much of an opportunity to also learn a little about you.”

In addition to her work at the Institute on Aging, Ms. Stiles worked as a Medical Social Worker, Bereavement Coordinator, and Bereavement and Volunteer Manager at Odyssey Healthcare, a hospice setting in which she served a number of geriatric



patients and their families. In both her past and current roles, she has found the positive impact she has had on patients' well-being and relationships, and her preservation of their comfort and dignity as they manage difficult health conditions, to be deeply fulfilling. "I have had so many rewarding experiences with clients—so many frail, dying individuals I've had the honor of working with and being present for, so many people I've been privileged to advocate for when they were not able to speak for themselves, so many grieving families I've been able to comfort and counsel," she said, "It's been really incredible how many clients have really touched me."

Some of the primary challenges of gerontological social work include the complexity and severity of some clients' challenges (which at times necessitate difficult conversations about end-of-life care and planning), instances of elder abuse or neglect, age-based discrimination, family conflicts that interfere with appropriate or sufficient care, and the challenges and limitations within the health care system that can prevent elderly patients from receiving the medical attention and resources they need.

Ms. Stiles described how prejudice against aging and the elderly, senior citizens' changing occupational and/or financial status, and the physical and mental declines that often come with aging can all combine to make the difficulties that elderly individuals face particularly challenging. "Older adults face many

of the same concerns and issues as any adult—limited resources, mental health issues, substance abuse, history of trauma, systemic racism, homophobia, classism, etc.,” she said, “What makes older adults ‘unique’ is that they are dealing with these concerns with the added pressure of ageism (discrimination against people based on their age) and ableism (discrimination against individuals with disabilities), as well as potential physical health changes and accumulated losses.”

Managing family members’ concerns (or their lack of concern) can also prove challenging. “While many families are wonderful to work with, other families are very difficult to work with,” Ms. Burns noted, “Families often are at one end or the other of the spectrum, very, very involved and high maintenance and then there are other families that you call and call and cannot get them to call you back. It is important to have strong relationships and build trust with all families that you work with.”

Encountering systemic injustices that particularly hurt the elderly can also be a challenge that gerontological social workers encounter on the job. “Many of the challenges I’ve faced with clients are primarily due to longstanding, often untreated mental illness that clients have been dealing with for decades,” Ms. Stiles noted, “Often there are systematic issues like generational poverty, lack of services in the community, and a general lack of concern for older adults unless in a medicalized setting.”

To manage the challenges of the work, the social workers whom we interviewed suggested that social work students manage their expectations around what they are able to do to help clients, and to appreciate their successes while learning from their mistakes.

“For new social workers, I recommend keeping perspective and understanding the limitations placed on people in this profession,” Ms. Stiles advised, “Many issues an older client is dealing with are issues they’ve been dealing with for decades; we cannot solve family discord, we cannot solve poverty, we cannot solve regrets or mental illness or a lack of services. This is incredibly difficult and takes years of practice and self-reflection.”

Ms. Burns explained how she remains optimistic and turns the challenges she encounters into opportunities to connect with her clients and their families, and to better meet their needs and concerns. “It’s very rewarding when you are able to build trust with a family that is hard to reach or get them to agree to provide care that they have been resistant to provide,” she noted.

### **Advice on How to Become a Gerontological Social Worker**

Due to the complex medical, social, emotional, and mental health challenges that senior citizens face, individuals who are interested

in entering the field of gerontological social work typically need a Master's in Social Work degree from a CSWE-accredited institution, and to complete graduate-level field internships in settings that serve geriatric patients and elderly people in need. Courses that may be helpful for individuals interested in this field include clinical social work modalities, family dynamics, and social work in medical settings. Classes that focus on the physical, mental, emotional, financial, and social issues that the elderly face are also important. Students may wish to find MSW programs that provide a good selection of gerontology-focused classes, or which offer an academic concentration in gerontological social work. "I highly recommend taking whatever gerontology-focused classes your program offers. A basic course in death and dying is a wonderful asset, even just for you personally," Ms. Stiles noted.

Even if one's program does not have many gerontology-specific courses, thinking proactively about the therapeutic modalities and social work concepts that might be most useful in one's work with geriatric clients, and taking courses that focus on these areas can help one prepare. In her interview with [OnlineMSWPrograms.com](http://OnlineMSWPrograms.com), Ms. Burns recommended that social work students take a class in Motivational Interviewing, as she has found this form of therapy to be particularly helpful in her geriatric work. "My favorite class in social work school was

motivational interviewing, which is [a] technique of counseling where you use open-ended questions and don't provide people with answers to their problems, but rather have them come up with the solutions themselves," she said, "In motivational interviewing, the goal is to have the individual assert solutions themselves. [...] In Motivational Interviewing the counselor mirrors the clients' ideas back to them. This is a technique that I have used a lot in the hospital setting as well as my current job."

Gaining experience in working closely with elderly individuals through one's graduate field placements, as well as through volunteer work and jobs, is also an important part of preparing for a career in gerontological social work. "If you're interested in working with the elderly, it's good to have experience working with them to see if you like it because I think some people really find it fascinating and others, it's just not their cup of tea," Ms. Burns said, "[T]here are tons of ways to gain experience: reading books, watching movies, taking classes or training, and just talking with your own family. If you're interested in geriatric social work, talk with your grandparents about their lives and their health problems."

Ms. Burns also recommends that students advocate for the types of field placements they want during their MSW program. "Field placement is a good way to get a variety of experience, but really if you know the type of work you want to do to, be really,

really clear about that during your program,” she said, “I knew that I wanted to work in healthcare, so I went and found internships in healthcare. I know some schools won’t let you do that, but thankfully my school did.”

Ms. Stiles similarly advises social work students to gain relevant internship experiences during their graduate education, and to engage in extracurricular and volunteer work that allows one to interact with aging populations. “If you can find a placement with older adults, I highly recommend it. Adult day health care is a good first placement because you will get to interact with a large variety of older adults,” she said, and added, “Volunteering in settings like hospice, senior centers, or even the library may also be a good introduction to this population.”

Both Ms. Stiles and Ms. Burns also explained how the field of gerontological social work requires a degree of emotional preparation, as well as skill in talking about weighty or disconcerting issues such as death and terminal illness.

“One aspect of geriatric social work that may be different than other kinds of social work is that death is a more constant presence in our participants’ lives,” Ms. Burns explained, “Obviously people across the lifespan die, but I think it’s more expected to happen towards the end of someone’s life. However, everyone has a different level of comfort thinking and talking about this topic. Some of our participants think more about their

deaths than others, yet we discuss it with all of them [...and often] begin these conversations by asking questions such as, ‘How do you want the end of your life to be?’ and ‘What would your goals be for the last weeks or last days here?’”

Ms. Stiles advised social work students strive to be self-aware and also open to evaluating and changing their own preconceived notions about elderly populations and geriatric care. “I recommend reflecting on your own attitudes toward older individuals and being honest with yourself about your assumptions about the later stages of life,” she said, “Many of us have some degree of internalized ageism even if we don’t recognize it and this exploration will help us in any field we go into. [...And] as much as we don’t think about it, we are aging all the time!”

Individuals who enter the field of gerontological social work will need strong knowledge of the issues that aging populations encounter, as well as relevant experiences in working with aging populations. During their work, they will need to employ their problem solving skills, patience, and compassion on a daily basis, as well as contend with challenges such as the complexity and severity of the conditions that the elderly face, stubborn systemic barriers to elderly care, and family conflicts that can interfere with clients’ treatment. Despite these challenges, however, gerontological social workers can experience the satisfaction of

granting a voice to a marginalized population in need, and can also enjoy deep and rewarding connections with clients who have led rich and intriguing lives, and who deeply appreciate the compassionate care that gerontological social workers provide.

**About the Author:** Kaitlin Louie is a content writer and editor who writes articles for OnlineMSWPrograms.com. She received her bachelor's and master's degrees in English from Stanford University, and aspires to be an author of fiction and creative non-fiction.

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