



GERIATRIC SOCIAL WORK (GSW) COMPETENCIES: ***MOVING TOWARD LEADERSHIP***

A paper describing the initiation, process, and outcomes of creating leadership competencies for social work practitioners in the field of aging

Committee for the Advancement of Macro and Leadership Competencies

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Foundation Support provided by:

The John A. Hartford Foundation, Geriatric Social Work Initiative

Foreword

Since 1999, with support from the John A. Hartford Foundation, The Social Work Leadership Institute at the New York Academy of Medicine in collaboration with schools of social work across the country have been growing a specialized field education model for masters-level social work students. Today, this program is referred to as The Hartford Partnership Program for Aging Education.

The program's aim is to train 1,000+ social workers to work with older adults. The model itself has six essential components: University-Community Partnership, Competency-Based Education, Field Rotations, Expanded Role of the Field Instructor, Student Recruitment, and Leadership in Aging. The last component, Leadership in Aging was added in early 2008 after a series of discussions and a survey of schools to assess their need for and desire to incorporate leadership development work into their programs. Based on that pre-work, and in order to support the component formally, SWLI mobilized a national committee of leaders to gather, analyze and create leadership competencies that could be incorporated into the current Geriatric Social Work Competencies II Scale, and be incorporated into each school's HPPAE program.

HISTORY AND CONTEXT

The social work profession in an age of evidence-based practice and in order to meet the needs of a growing aging population has moved towards clarifying and establishing explicit practice standards for competence in geriatric social work. This has been a major focus of Hartford Geriatric Social Work Initiative (GSWI) programs: the Council on Social Work Education's (CSWE) Strengthening Aging in Social Work Education (SAGE-SW); the Geriatric Enrichment in Social Work Education (GeroRich) Project; the Hartford Partnership Program in Aging Education (HPPAE; formerly Practicum Partnership Program (PPP)); and the CSWE National Center for Gerontological social Work Education (Gero-Ed Center).

The consensus- based task of identifying and selecting a measurable, concise set of skills for geriatric social work was completed by the Practicum Partnership Program (now the HPPAE) at the Social Work Leadership Institute (SWLI)); the set of skills was later titled the Geriatric Social Work Competency Scale. The goal in creating this scale was to measure outcomes of aging-enhanced social work field education for specialists in the gerontology. The Geriatric Social Work Competency Scale II was then developed to eliminate double-barreled, ambiguous, and redundant items, and to lessen the administration time {Appendix B}. The revised scale contains 40 items with both micro and macro content grouped into four domains: 1) Values and Ethics, 2) Assessment, 3) Intervention, and 4) Aging Services, Programs, and Policies. The revised scale measures the respondents' perceptions of their skill levels (e.g., self-efficacy) in aging practice using a 0-4 scale: from 0=*not skilled at all* to 4=*expert skill*. This essentially same list of competencies has been adopted and adapted by CSWE GeroEd Center for use in the infusion of aging into social work curricula.

HPPAE¹ uses the Competency Based Education and Evaluation (CBE) model to assess its work in preparing leaders in the field of geriatric social work. HPPAE's commitment to aging social work encompasses direct practice, community organization, social administration, and policy work; it aims to build the skills of social workers engaging with older adults at both the micro and macro levels of practice. HPPAE places emphasis on the continuity of the life course and on late life growth and development, civic engagement and contribution of older adults to the community. In this, it emphasizes practice that meets the needs of older adults and their families for health, mental health, and human services.

The recent 2008 CSWE Educational Policy and Accreditation Standards (EPAS) emphasize the importance of all Schools of Social work moving to a competency-based approach as stated below:

Educational Policy 2.1—Core Competencies. Competency-based education is an outcome performance approach to curriculum design. Competencies are measurable practice composed of knowledge, values, and skills. The goal of the outcome approach is to

¹ The HPPAE is administered through the Social Work Leadership Institute (SWLI) at the New York Academy of Medicine. SWLI is a national program working to ensure that America's older adults receive the services they need to stay in charge of their lives- and that caregivers also receive the support needed to maintain a quality of life. SWLI is working to train and grow the national workforce of social workers who specialize in aging and to improve long-term, community-based care for older adults through: policy advocacy, education and training, leadership development, and research.

demonstrate the integration and application of the competencies in practice with individuals, families, groups, organizations, and communities. (3)

Further, EPAS enlists to relate competencies to the practice environment:

Educational Policy 1.2—Program Context

Context encompasses the mission of the institution in which the program is located and the needs and opportunities associated with the setting. Programs are further influenced by their historical, political, economic, social, cultural, demographic, and global contexts and by the ways they elect to engage these factors. Additional factors include new knowledge, technology, and ideas that may have a bearing on contemporary and future social work education and practice.

For this purpose a statement of principles of geriatric social work education has been crafted by this Committee in order to relate the Geriatric Social Work Competencies to the context of practice.

PRINCIPLES FOR SOCIAL WORK EDUCATION IN AGING FIELD OF PRACTICE

The following statements of principles of aging education were adapted from the work of the California Social Work Education Center (CalSWEC) Aging Initiative, which had used the GSW Competencies as foundation for a set of competencies for foundation and advanced practice curricula for the 17 Schools of Social Work in the state. (For information about CalSWEC Aging Initiative go to: <http://calswec.berkeley.edu/indexAge.html>)

1. The goal of practice is to promote and help older people maintain independence: to optimize physical, psychological, and social functioning including contribution to the community; and maximize quality of life.
2. Services for older persons should be guided by the individual's goals, strengths, needs, and concerns, with appreciation for the interconnectedness among physical, psychological, social, and spiritual aspects of well-being.
3. Family relationships should be respected and fostered, with the goal of strengthening reciprocal bonds, enabling family care over time/distance and preventing undue hardship.
4. The growing diversity of the older population in ethnicity, language, culture, and immigration status must be reflected in culturally competent staff and program design.
5. Recognizing that racism, sexism, classism, and other forms of discrimination influence the opportunities of individuals over the life course, systems of care for older people must address social justice in meeting the needs of those who have been marginalized or disadvantaged during their lives.
6. In order to be person-centered, older adults and caregivers must be provided with a range of services and service delivery settings so that care choices are available in the least restrictive environment with the person's preference for remaining in his/her home as long as possible respected.
7. Services across this continuum should be available, accessible, coordinated, timely, effective, evidenced-based, and delivered in ways that maintain an individual's dignity.
8. Collaborations between disciplines, between agencies and across stake-holder groups are essential to building an integrated system of care for older persons.
9. Older persons whose cognitive capacity is diminished should be provided with legally mandated, humane, and protective services from family or public systems.
10. Older adults have a right to die with dignity and with care that addresses physical, social and spiritual suffering.

11. The ramifications of local, state, and national policies as well as a global human rights perspective must be analyzed and communicated as it relates the well being of older adults and the system that serves them.

PROCESS AND CRITERION FOR THE ADDITION OF MACRO AND LEADERSHIP COMPETENCIES IN GERIATRIC SOCIAL WORK

In initiating this continued development of the GSW Competencies, SWLI solicited HPPAE feedback from 35 grantee schools and received 28 responses, approximately a 77% response rate. The following is a summary of their report:

The overall theme of those who responded thus far is that they do see the need to expand the competencies for non-clinical students, or for students currently in a macro placement. The overwhelming number of schools that responded, however, seemed to be waiting for us {SWLI} to take the lead on this, rather than develop it themselves. Of the five schools who have either added to the competencies, or are about to, all are also focusing on either leadership or macro practice, if not both. (December, 2007)

Thus, the *HPPAE Committee for the Advancement of Macro and Leadership Competencies* was formed in spring of 2008 with the leadership of Jeannine Melly, SWLI Deputy Director and joined by Jarmin Yeh. The team included representation of leaders in the field of social work competence (Marion Bogo) and PIs and other representatives of HPPAE sites that had played a leadership role in the application of competencies to geriatric social work education (SEE Committee list at the beginning of this document). Important to note, this latter group includes Roberta Greene, who has been instrumental in CSWE EPAS adoption and the development of an earlier compilation of geriatric social work skills. JoAnn Damron-Rodriguez chaired the Committee and reports here with the support of Carin Tinney, who has coordinated the activities of the Committee.

Two initial activities of the group were a review of the GSW Competencies Scale II (Appendix B) and a review of the HPPAE pre/post student evaluation data. Of the 40 competencies, the 10 competencies in *Domain IV: Aging Services, Programs and Policies* were all categorized as predominately "macro" in orientation however, the committee found that direct practitioners would also, to a different degree, require these skills. Looking at the remaining 30 skills (in the other three domains), several other macro competencies (that both macro and micro students require) can be found.

The existing skills that relate to macro practice are:

1. Provide outreach to older adults and their families to ensure appropriate use of the service continuum.
2. Adapt organizational policies, procedures, and resources to facilitate the provision of services to diverse older adults and their family caregivers.
3. Identify and develop strategies to address service gaps, fragmentation, discrimination, and barriers that impact older persons.
4. Include older adults in planning and designing programs.

5. Develop program budgets that take into account diverse sources of financial support for the older population.
6. Evaluate the effectiveness of practice and programs in achieving intended outcomes for older adults.
7. Apply evaluation and research findings to improve practice and program outcomes.
8. Advocate and organize with the service providers, community organizations, policy makers, and the public to meet the needs and issues of a growing aging population.
9. Identify the availability of resources and resource systems for older adults and their families.
10. Assess and address any negative impacts of social and health care policies on practice with historically disadvantaged populations.

Additional competencies (found in the GSW Competency Scale II) are necessary for geriatric social worker practitioners regardless of method or level of concentration. These include:

1. Assess and address values and biases regarding aging.
2. Relate social work perspectives and related theories to practice with older adults (e.g. person in environment, social justice).
3. Understand the perspective and values of social work in relation to working effectively with other disciplines in geriatric interdisciplinary practice.

For these and other competencies, practice does not connote only direct practice with older persons but also practice with and on behalf of older persons in the community, program development, administration, and policy advocacy. Each of the other three domains: Values, Ethics, and Theoretical Perspectives; Assessment; and Intervention must reflect all levels of practice.

Roberta Greene fundamentally described the macro domain as “geared to bringing about improvements in society” for our Committee those changes that relate to older persons, their families and communities. This is translated into the following practice activities: administration, evaluation, community organizing, policy analysis and advocacy. She goes on to state, that this level of practice has the following purposes: improve the functioning of organizations; improve services and service delivery, and develop new services. These definitions were used to frame macro practice within the principles specifically related to the context of the dynamic need for improvements in the societal response to an aging population.

In addition to the review of the Geriatric Social Work Competencies Scale II, the committee reviewed data from the 2005-2007 student's Pre and Post test HPPAE Evaluation (N=263). It was found that the majority of HPPAE students declare their area of practice at micro (56%) in comparison to macro (13%). In relationship this, at both pre and post the fourth domain with predominantly more macro level skills was the lowest competency domain of the four. However,

three of the ten most improved skills during the HPPAE experience for all students were from this domain of Aging Services, Programs and Policies.

The HPPAE Macro and Leadership Competencies are to complement and enhance the GSW Competencies with skill goals and measurement than ensure all graduates of the program work towards both micro and macro competence in order to become leaders in the field of geriatric social work. It is recognized that students' learning objectives and level of skill obtainment may vary based on their area of concentration.

In addition to a review of the GSW Competencies, the Committee reviewed the earlier SAGE -SW Competencies, the Gero Ed Competency learning objectives for curricula infusion, the EPAS competencies, CalSWEC Aging Initiative Competencies, Hartford Geriatric Nurse Competencies, SWLI Leadership Statements and presentations as well as articles and presentations on leadership (listed in the references) and examples of how competencies had been adopted and used at the HPPAE sites represented on the Committee.

From the list of skills suggested by the HPPAE Competency Review Committee, the following criterion will be used to select the additional macro/leadership skills.

1. Level of Specificity: This is a single, important skill. The statement does not state several skills in one competence. The skill is not one that is subsumed under another competence. This is a "Goldie locks" criterion- the skill is not too small or too big.
2. Distinctiveness: This skill is not essentially the same as any other skill in the existing competency scale. Importantly it is competence not requesting an estimate of different skills in one statement, "double barreled." Compared to other competencies, if this skill was omitted, it would not be covered in the set. Again is it important or essential?
3. Aging Content Specific: The list of competencies is not the generic skills of the social work profession. The question should be asked is there something particular about this skill that is salient and essential for effective practice with or on behalf of older adults. The relevance to geriatric practice should be clear in the statement with words such as aging, older adult, geriatric, etc...
4. Domain Appropriate: Each specific skill should fit within a broader area of social work education and practice i.e. a specific domain such as the as in the current GSW Scale II or the core competence areas of the 2008 EPAS.
5. Parsimony: The goal is to have the core skill statements for all MSW students focusing on work with older adults in the HPPAE both micro and macro. Additional skill lists may be used within programs dependent on need and/or population. The list should be the least number of skills that can most "powerfully" measure student learning related to practice with or on behalf of older adults.

In addition, the Committee considered dimensions of competence including level of skill. HPPAE competencies have been developed predominantly with the graduate level geriatric/gerontology specialist in mind. The majority of HPPAE students are in their advanced practice year. The GSW

Competencies have been infused by GeroED. BSW programs have expressed interest in the GSW Competencies. Further work is needed to examine if the skills set as defined in the GSW Competencies is relevant to all levels of practice but that the level of competence expected should vary by education level or based on generalist vs. specialist orientation. In the end, the competencies delineated by the Committee aim for the advanced practice level and their applicability to other levels warrant exploration.

Marion Bogo drew the groups attention to the distinction between meta-competencies versus procedural skills. The two types or levels work in concert with the meta-competencies enabling the development of the more applied ones. The meta-competencies include abilities and qualities involving three inter-related domains: 1) cognitive/conceptual, 2) inter-personal/relational, and 3) personal/professional (Bogo et al., 2006). Particularly in the arena of leadership these higher levels of competence were considered to be salient. Effort was made to incorporate this order of overarching ability into the competencies developed here.

From this work over 50 skills were identified, worked and reworked. Multiple domains were created and deconstructed. The Committee shared and reviewed over a dozen draft lists of skills. The group of experts was engaged in a highly interactive and consensus based process which resulted in a decision for a single domain and based on the criterion above on a succinct list of 10 competencies that relate to the context and principles stated in the introduction. The competencies aim toward a high level of commitment to the field of aging. They are grounded in systems change and macro level practice but involve practitioners in leadership at all levels.

The leadership goal of these competencies is action and goal-oriented and not position based. It requires both the personal skills (third meta-competence) that Pat Volland described in "Leadership Skills to Improve the Care of Older Adults" of self-awareness, self-regulation, motivation, empathy and social skills. Pat Brownell brought to the committee the three leadership competencies from Warren Bennis: management of attention, of trust, and of meaning. We referred back to these again and again as well as Holly Becker-Nelson's enlivening descriptors of leadership objectives for her students, ones that required "creativity" and "inspiration." Pat Volland also illustrates in her provocative presentation a "Leadership Hierarchy (Collins, 2001)" movement proceeding from "highly capable individuals" to "effective leaders" who catalyze "commitment to and vigorous pursuit of a clear and compelling vision." In the end, the *Leadership in the Practice Environment of Aging Competencies (Appendix A)* are a proposal of skills aimed at academic goals to begin gerontological social work students on a path of climbing this leadership hierarchy.

APPENDIX A: HPPAE GERIATRIC SOCIAL WORK COMPETENCIES, LEADERSHIP IN THE PRACTICE ENVIRONMENT OF AGING

HPPAE GERIATRIC SOCIAL WORK PILOT COMPETENCIES

Leadership in the Practice Environment of Aging

The following is a listing of skills recognized by geriatric social workers as important to MSW graduates effectively working with and on behalf of older adults and their families. Please use the scale below to thoughtfully rate your current skill and add any comments and/or suggestions regarding the skills at the end of this section.

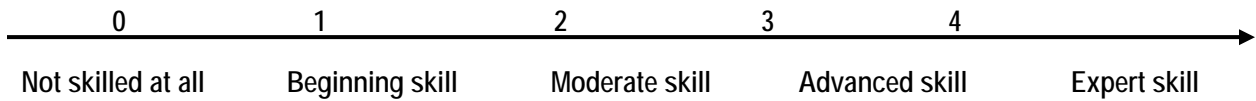
0 = Not skilled at all (I have no experience with this skill)

1 = Beginning skill (I have to consciously work at this skill)

2 = Moderate skill (This skill is becoming more integrated in my practice)

3 = Advanced skill (This skill is done with confidence and is an integral part of my practice)

4 = Expert skill (I complete this skill with sufficient mastery to teach others)



D5. Leadership in the Practice Environment of Aging

Skill Level
(0 - 4)

(Need subhead)

D5a. ***Assess "self-in relation" in order to motivate yourself and others*** toward mutual, meaningful achievement of a focused goal or committed standard of practice.

—

Comments:

D5b. ***Create a shared organizational mission, vision, values and policies*** responding to ever changing service systems in order to promote coordinated, optimal services for older persons.

—

Comments:

D5c. ***Analyze historical and current local, state, national policies from a consumer and a global human rights*** perspective to inform action related to an identified social problem and/or program for older adults for the purpose of creating change.

—

Comments:

D5d. ***Plan strategically to reach measurable objectives*** in program, organizational, or community development for older adults.

—

Comments:

D5e. ***Administer programs and organizations*** from a strength's perspective to

—

maximize and sustain human resources (staff and volunteers) and fiscal resources for effectively serving older adults.

Comments:

D5f. ***Build collaborations across disciplines and the service spectrum*** to assure access, continuity, and reduce gaps in services to older adults. —

Comments:

D5g. ***Manage individual (personal) and multi-stakeholder (interpersonal) processes*** at the community, interagency, and intra-agency levels in order to inspire, leverage power, and resources to optimize services for older adults. —

Comments:

D5h. ***Communicate to public audiences and policy makers*** through multiple media including writing synthesis reports and legislative statements and orally presenting the mission and outcomes of the services of an organization or for diverse client group (s). —

Comments:

D5i. ***Advocate with and for older adults and their families*** for building age friendly community capacity (including the use of technology) and enhance the contribution of all older persons. —

Comments:

D5j. ***Promote use of research*** (including evidence based practice) to evaluate and enhance the effectiveness of social work practice and aging related services. —

Comments:

APPENDIX B: GERIATRIC SOCIAL WORK COMPETENCIES SCALE II

GERIATRIC SOCIAL WORK COMPETENCY SCALE II

The following is a listing of skills recognized by geriatric social workers as important to MSW graduates effectively working with and on behalf of older adults and their families. Please use the scale below to thoughtfully rate your current skill and add any comments and/or suggestions regarding the skills at the end of this section.

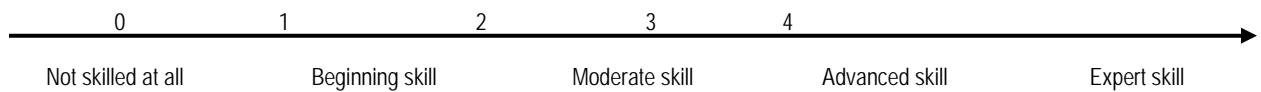
0 = Not skilled at all (I have no experience with this skill)

1 = Beginning skill (I have to consciously work at this skill)

2 = Moderate skill (This skill is becoming more integrated in my practice)

3 = Advanced skill (This skill is done with confidence and is an integral part of my practice)

4 = Expert skill (I complete this skill with sufficient mastery to teach others)



	Skill Level (0 - 4)
D1. VALUES, ETHICS AND THEORETICAL PERSPECTIVES (Knowledge and value base, which is applied through skills/competencies)	
D1a. Assess and address values and biases regarding aging.	___
D1b. Respect and promote older adult clients' right to dignity and self-determination.	___
D1c. Apply ethical principles to <i>decisions</i> on behalf of all older clients with special attention to those who have limited decisional capacity.	___
D1d. Respect diversity among older adult clients, families, and professionals (e.g., class, race, ethnicity, gender, and sexual orientation).	___
D1e. Address the cultural, spiritual, and ethnic values and beliefs of older adults and families.	___
D1f. Relate concepts and theories of aging to social work practice (e.g., cohorts, normal aging, and life course perspective).	___
D1g. Relate social work perspectives and related theories to practice with older adults (e.g., person-in environment, social justice).	___
D1h. Identify issues related to losses, changes and transitions over their life cycle in designing interventions.	___
D1i. Support persons and families dealing with end of life issues related to dying, death and bereavement.	___
D1j. Understand the perspective and values of social work in relation to working effectively with other disciplines in geriatric interdisciplinary practice.	___
D2. ASSESSMENT	
D2a. Use empathy and sensitive interviewing skills to engage older clients in identifying their strengths and problems.	(0 - 4) ___
D2b. Adapt interviewing methods to potential sensory, language, and cognitive limitations of the older adult.	___
D2c. Conduct a comprehensive geriatric assessment (bio-psychosocial evaluation).	___
D2d. Ascertain health status and assess physical functioning (e.g., ADLs and IADLs) of older clients.	___

- D2e. Assess cognitive functioning and mental health status of older clients (e.g., depression, dementia). _____
- D2f. Assess social functioning (e.g., social skills, social activity level) and social support of older clients. _____
- D2g. Assess caregivers' needs and level of stress. _____
- D2h. Administer and interpret standardized assessment and diagnostic tools that are appropriate for use with older adults (e.g., depression scale, Mini-Mental Status Exam). _____
- D2i. Develop clear, timely, and appropriate service plans with measurable objectives for older adults. _____
- D2j. Reevaluate and adjust service plan for older adults on a continuing basis. _____

D3. INTERVENTION (0 - 4)

- D3a. Establish rapport and maintain an effective working relationship with older adults and family members. _____
- D3b. Enhance the coping capacities and mental health of older persons through a variety of therapy modalities (e.g., supportive, psychodynamic). _____
- D3c. Utilize group interventions with older adults and their families (e.g., bereavement groups, reminiscence groups). _____
- D3d. Mediate situations with angry or hostile older adults and/or family members. _____
- D3e. Assist caregivers to reduce their stress levels and maintain their own mental and physical health. _____
- D3f. Provide social work case management to link elders and their families to resources and services. _____
- D3g. Use educational strategies to provide older persons and their families with information related to wellness and disease management (e.g. Alzheimer's disease, end of life care). _____
- D3h. Apply skills in termination in work with older adults and their families. _____
- D3i. Advocate on behalf of clients with agencies and other professionals to help elders obtain quality services. _____
- D3j. Adhere to laws and public policies related to older adults (e.g., elder abuse reporting, legal guardianship, advance directives). _____

D4. AGING SERVICES, PROGRAMS AND POLICIES (0 - 4)

- D4a. Provide outreach to older adults and their families to ensure appropriate use of the service continuum. _____
- D4b. Adapt organizational policy, procedures and resources to facilitate the provision of services to diverse older adults and their family caregivers. _____
- D4c. Identify and develop strategies to address service gaps, fragmentation, discrimination, and barriers that impact older persons. _____
- D4d. Include older adults in planning and designing programs. _____
- D4e. Develop program budgets that take into account diverse sources of financial support for the older population. _____
- D4f. Evaluate the effectiveness of practice and programs in achieving intended outcomes for older adults. _____
- D4g. Apply evaluation and research findings to improve practice and program outcomes. _____
- D4h. Advocate and organize with the service providers, community organizations, policy makers, and the public to meet the needs and issues of a growing aging population. _____

- D4i. Identify the availability of resources and resource systems for older adults and their families. _____
- D4j. Assess and address any negative impacts of social and health care policies on practice with historically disadvantaged populations. _____

Comments _____

Source: Damron-Rodriguez, J.A. (2006). Moving ahead: Developing geriatric social work competencies. In B. Berkman, et al. (Eds.), *Handbook of Social Work in Health and Aging* (pp. 1051-1068). Oxford, England: Oxford University Press.

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<http://www.cswe.org/NR/rdonlyres/2A81732E-1776-4175-AC42-65974E96BE66/0/2008EducationalPolicyandAccreditationStandards.pdf>
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