Models for Graduate Training in Gerontology: Uni-disciplinary, interdisciplinary and multi-disciplinary approaches

K. Warner Schaie and Ilene C. Siegler
West Virginia University Duke University

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We would like to examine the issue of what structure might be most appropriate for training in Gerontology by trying to relate training models and administrative structures to the intended training goals. Such an approach will reveal almost immediately that it is most unlikely that we shall ever find a single training model which is the panacea for our manpower needs. Rather we will find that there are several models, each of which will yield desirable products, although these products may be quite different as well as trained for different purposes. We believe that such analysis will also show the flaw of training approaches which seek to perpetuate the professional model set by the trainer, the so-called tendency in present American graduate education to place most of ones efforts into programs which train trainers of trainers of trainers, etc. In the particular case of Gerontology, a case which should by no means be unique, it will be found that logical analysis shows that it is rare that a given training setting will provide the optimal training for a faculty member for that particular setting.

Training Models

In trying to elucidate the implications of the three levels of training (uni, multi and inter) we first of all found that definition of the three modes of structure is quite difficult unless a further dimension is introduced.

This dimension is the breadth of focus; i.e. where attention is given to a very narrow band of concerns versus a wide array of interests being represented in a given program. We shall then proceed to define six different types of training programs, as they would appear to fit into this 2 by 3 classification scheme (matrix).

a. Narrow Uni-disciplinary. Training occurs within a single established discipline and moreover is restricted within a relatively narrow sub-specialty. For example, a psychology department may train specialists interested in age changes in cognitive behavior.

b. Broad Uni-disciplinary. Training is still confined to a single discipline, but there is broad training with respect to aging across sub-fields. For example, training in the psychology of aging may involve clinical training as well as exposure to research on social-psychological and bio-psychological variables.

c. Narrow Multidisciplinary. Training is within a given discipline, but in the context of a multidisciplinary setting organized around narrow interfaces. For example, a sociologist interested in aging is trained in a multidisciplinary setting organized around social and community issues, staffed by sociologists, psychologists and anthropologists. Each discipline here does its own thing, but focuses around a central core topic, with members of each discipline exposed to frequent contact and training by members of the other disciplines.

d. Broad Multidisciplinary. Very similar to the setting just described except that the core topic is defined to be Gerontology, and the interface is therefore considered to be aging rather than a specific aging problem. Such a setting would have many more disciplines, addressing themselves to a variety of substantive topics. Training would involve less depth and more breadth, with the likelihood of significantly reduced time for in-depth training within the

discipline in which the student's degree will be obtained.

e. Narrow Interdisciplinary. Here training would be directed to producing a Gerontologist who has competence across traditional discipline lines with respect to a specific problem of aging. For example, if we might wish to train a social gerontologist by exposing him to an array of specialists who have joined efforts to deal with a particular problem area, say transition from the labor force into retirement. The student here would acquire information and skills from a variety of disciplines oriented towards a specific problem, but would not receive training in depth in any discipline.

f. Broad Interdisciplinary. Training efforts are widely spread across many fields concerned with aging. Efforts here might be concerned with training related to a class of problems common to the aged, for which remedies and skills are not particularly attributed to any one discipline. We are thinking here of training for individuals, such as nursing home directors, program planners, community organizers, and the like, all of whom need training in breadth rather than depth with respect to gerontological information and techniques. Trainers in such a setting would be both specialists (i.e., narrowly trained resource persons) as well as generalists in applied fields.

Levels of Training

Before being able to specify what kind of training would be optimal in each of the six settings which have been described, it will be necessary to distinguish between a number of different training goals as they are related to eventual career goals and required skills of the trainees. It seems to us that it is possible to distinguish at least six classes of training goals. These may be summarized as follows:

a. Gerontologizing the community. Goals of training are to acquaint a broad variety of individuals, and in particular those with influential

societal and community roles, to take cognizance of the special needs and problems of the elderly. Specific discipline training, if any, is quite incidental.

b. Gerontologizing the professional community. Goals of training are to acquaint skilled professionals with materials and concepts regarding aging as they are relevant to their specific disciplines or areas of impact as well as to sensitize such professionals to the broader social implications of their service or research related to aging.

c. Training para-professional direct care personnel. Goals involve training in specific skills (which are generally not uniquely related to the target population) as well as broad background on the characteristics and needs of the elderly, presumed to result in more sympathetic and knowledgeable care behavior.

d. Training professional care personnel. Goals involve concepts and skills required to provide professional services on a one-to-one or group basis. Within this group training will require different settings for particular types of personnel. For our purposes we might distinguish between: (1) Medical services, (2) social services, (3) adult education, (4) public administration, and (5) advocacy and public relations (including professional lobbying on behalf of the aged).

e. Training research personnel. Goals involve acquiring typically narrow skills within a discipline combined with an understanding of the spedific aging problems to which these skills are to be applied.

f. Training the trainers. Goals here in addition to substantive knowledge in a specific area of research and/or service, would involve broad background which would permit involvement in gerotologizing efforts as well as the training of personnel whose expense cuts across disciplinary lines.

Training Structure

Regardless of the organization and focus of a training program it is clear that cognizance must be taken of the administrative structure within which training is conducted. Training in Gerontology in the past has occurred in such diverse structure as (1) as a specific medical school program. (2) as a program in a department or college of human development, (3) as programs within individual academic departments in a college of arts and science, (4) as an independent institute reporting directly to a top university administrator. Many less formal programs exist which are simply opportune interfaces between individuals in various academic units who have found common interests in problems related to aging. Although the structures just enumerated may either facilitate or inhibit specific training goals, they will do so only inasmuch, as their particular structure prohibits or facilitates the relationship between training focus and training goals, to which we will now turn.

What Training Model Fits Which Training Goal?

Two principles seem to stand out. The first would argue that the greater the depth of training, the greater the need for narrow specialization. That is, we hold that the notion of the interdisciplinary (or multidisciplinary) specialist is a contradiction in terms. If there were such a well-trained individual, he would simply mark the establishment of a new discipline. Otherwise he must be a jack-of-all-trades, but a master of none. On the other hand, the lower the level of function, the more likely it is that general rather than specific knowledge is needed, knowledge which is not likely to reside within anyone discipline, but which can well be mediated either by a high level specialist in anyone of a number of related disciplines who has added broad background in the fields he is likely to interact with, or alternately a generalist trained at a relatively low level in broad spectrum of fields relevant to a concretely

defined social problem area.

The second principle, closely related, argues that if training is to be narrowly focused the order of desirability of setting would go from intra-disciplinary as the highest to inter-disciplinary as the lowest, with the order of desirability for broadly focused training taking the reverse direction. This follows from the assumption that specialists should be trained by specialists, but that generalists require exposure not only to a wide variety of trainers, but more specifically to trainers who are comfortable in addressing their efforts across disciplinary lines.

We are arguing then specifically that doctoral level training in Gerontology can best be conducted in intra-disciplinary settings which are narrowly focused, with such training followed by post-doctoral placement in a broadly focused inter-disciplinary setting. Training at the master's level, on the other hand might best be conducted in broadly focused inter-disciplinary setting, considering the likely more generalist and applied nature of such programs. Individuals trained in such programs might however as part of their career ladder later on consider advanced training in narrowly focused within discipline programs. When assessed in this manner, interestingly enough, it appears that the multi-disciplinary setting may be a relatively inefficient compromise for most effective graduate training. Its role is probably maximized in providing the gerontologizing function for both the general public and the professions and generating productive research, by providing temporary coalitions of specialists for specific and transient goals, rather than emphasis on long term training of professionals.