3rd Annual

National Gerontological Social Work Conference

Presentation Abstracts

February 26 - March 1, 2005

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(National Center for Gerontological Social Work Education)

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These abstracts are also available at the CSWE Gero Ed-Center website:
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Acknowledgements

The Council on Social Work Education (CSWE) Gero-Ed Center (National Center for Gerontological Social Work Education) is pleased to present this CD-ROM which includes full presentation abstracts from the highly anticipated 3rd Annual National Gerontological Social Work Conference (NGSWC).

The CSWE Gero-Ed Center gratefully acknowledges funding support for the NGSWC from the John A. Hartford Foundation of New York City. We also recognize the former CSWE SAGE-SW project whose vision and dedication led to the creation of the conference and its successful implementation for the past two years. A special thank you is extended to CSWE’s Executive Director Julia Watkins and President Kay Hoffman for their commitment to aging in social work education. The success of the 3rd Annual NGSWC would not have been possible without the support of the entire CSWE staff, specifically Jennifer Johnson, Director of Member and Information Services, and Angela Johnson, Meetings Manager. We would also like to acknowledge the following individuals who worked to make the NGSWC possible:

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*The presentation abstracts are arranged in order by session numbers as they appear in the CSWE Annual Program Meeting Final Program. Abstracts are printed as submitted to NGSWC. Although all accepted abstracts have gone through a rigorous review process, editing and the accuracy of content are the sole responsibilities of the author.*
2005 Session Schedule

Please Note: Session numbers refer to the Final Program for CSWE’s Annual Program Meeting (APM).

Sunday, February 27, 2005

12:00 PM – 1:00 PM
NGSWC Kick-Off!
22 - Introduction to the NGSWC and Gero-Ed Center, snacks served

1:00 PM – 2:30 PM
Paper Session: Curriculum
   63 – Factors Associated with MSW Students' Attitudes toward and Knowledge of Aging
   64 – Age Competency in Social Work Students: Findings of a Hartford GeroRich Project

Paper Session: Caregiving
   65 – Unmet Needs and Barriers to Service Use by Family Caregivers
   66 – The Stress Generating Effects of Home Care: A Forgotten Caregiver Stress

Special Session: Educational Issues
   67 – Lessons Learned from SAGE-SW
   68 – Lessons Learned from GeroRich

Paper Session: Research
   69 – Testing Measures and Dimensions of Social Values of Older People
   70 – The Change in Activities and Interest Index in an Independent Living Sample
   71 – Current Status of Geriatric Social Work Research: An Empirical Inquiry

3:00 PM – 4:30 PM
Paper Session: Curriculum
   116 – It's In There!: Recognizing and Infusing Aging Content throughout the Curriculum
   117 – It's In There!: Infusing Aging Content in Social Work Field Placements

Workshop: Health
   118 – Divining the 3 D's: Dementia, Delirium, & Depression

Workshop: Sexuality
   120 – Sexuality in Long Term Care Facilities: The Missing Piece for Seniors
3:00 PM – 5:00 PM
**Special Session: Ph.D. Student Session**
140 – Strategies for Infusing Geriatric Competencies into your Teaching: A Special Session for Ph.D. Students

6:00 PM – 9:00 PM
**NGSWC/AGE SW Special Session**
6:00 – 7:00 PM White House Conference on Aging Roundtable Sessions
7:00 – 8:00 PM AGE SW Meeting and Awards Ceremony
8:00 – 9:00 PM Reception for Dr. Rose Dobrof

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**Monday, February 28, 2005**

8:30 AM – 10:00 AM
**Workshop – Intergenerational**
218 – A Suggested Model of Aging Curriculum for Child Welfare Students
219 – A Model Child Welfare Curriculum Module on Grandparent Caregivers for Gerontology Students
220 – Working with Grandparent Families to Increase Safety, Well-Being, & Permanence

**Special Session: Edwin Méndez-Santiago, New York City Commissioner on Aging**
221 – Beyond Political Correctness: A New York City Perspective on Cultural Competency

**Paper Session – Health**
223 – Older Women with Fibromyalgia: Psychosocial, Family, and Community Support Issues and Interventions
224 – Loneliness in Very Old Age: Health and Mental Health Considerations

**Paper Session – Curriculum**
225 – Impact of an Infusion Model on Students Aging Knowledge, Attitudes, and Interests

10:30 AM – 12:00 PM
**Paper Session – Curriculum**
277 – Preparing MSW Students for Changing Demographics: Multigenerational Curriculum Infusion Strategies
278 - Knowledge Is the Power: Infusing Aging Contents Across the MSW Curriculum

**Paper Session - Mental Health**
279 – Residue of Collective and Cultural Trauma Experienced by Japanese American Elders
280 – Unresolved Trauma in Late-Life: Effects on the Aging Process
281 - Planning for the Future: Workshop for Aging Parents of the Mentally Ill
Paper Session – International
282 – An Exploratory Study of Social Work with Older Persons in Cuba
283 – Substance Abuse in Older Adults: International Prevention and Outreach for Harm Reduction
284 – Predictors of Elder Abuse Among Family Caregivers with Dementia Patients in Korea

Paper Session - Workforce Issues
285 – The Effectiveness and Impact of Training for Social Workers Serving Older Adults
286 – Workforce Development for Latino Direct Service Workers: A Program Evaluation

Special Session – Long-Term Care
287 – The Role of Social Workers in Long-Term Care: Toward Quality Psychosocial Care in Nursing Homes

12:30 PM – 1:30 PM
Poster Session
340 - Aging with a Developmental Disability: Health Issues and Service Challenges
341 - A Profile of Diabetic African American Elderly Receiving Home Health Care
342 - When Clients Talk to Deceased Loved Ones
343 - Spirituality and Successful Aging Among Low-Income African American Elders
344 - The Influences of Gender and Religiosity on Alzheimer Disease Caregivers’ Utilization of Formal Services and Informal Support
345 - A Demographic Profile of Vietnamese Elders
346 - Factors Affecting Community-Dwelling Elderly Chinese’ Completion of Living Wills and Health Care Proxies
347 - Social Work Student’s Perspectives Working with Asian-American Older Adults
348 - Factors Affecting the Caregiving Burden of Koreans Caring for the Impaired Elderly
349 - Predictors of Depression Among Chinese and Korean Elders in New York City
350 - Health Access for Rural Elderly in Mainland China
351 - Aging and Addiction: What are the Effects of Substance Abuse in the Older Adult Population?
352 - Doing Research with Multi-Ethnic Hispanic Seniors
353 - Perception and Interpretation of Psychological Symptoms and Preferences for Mental Health Treatment by Older Hispanics
354 - Dual-Process Explanations for Changes in Thinking in Older Adults
355 - Social Security Meets Maximum Security: A Phenomenological Case Study of the Aging Male Inmate
356 - Student Interest in Gerontological Social Work Careers: An Urban Public University
357 - Preparing Our Workforce to Deal with Older Adults in an Aging Society: The Consumer’s Perspective
1:30 PM – 3:00 PM
**Workshop – Curriculum**
370 – Lifeways: The Key to Increasing Intergenerational and Cultural Competence

**Paper Session – Diversity**
371 – Cultural Competence for Long-Term Care Facility Social Work Advance Care Planning
372 – Geriatric Assessment of First Nations' Elders and Their Families: Cultural Considerations

**Panel - Community Development**
373 – Elder Friendly Communities Program: Community Development, Collaboration, Education & Research

**Paper Session - Civic Engagement**
374 – Involvement in Voluntary Organizations: How Older Adults Access Volunteer Roles?
375 – Staying Involved: Stress, Resiliency, and Older Adults Attainment of Meaningful Living
376 – Older Congregational Volunteers and Community Service: What Motivates, Sustains, and Limits Involvement?

3:30 PM – 5:00 PM
**Workshop – Curriculum**
423 – Field of Dreams: A Transforming Model of Gerontology Program Design

**Paper Session – Intergenerational**
424 – “TEEN CONNECT”: An Innovative Intergenerational Program Model for Community-Dwelling Older Adults
425 – Across Ages: An Intergenerational Substance Abuse Prevention Program

**Paper Session – Rural Issues**
426 - Reciprocal Caring in a Rural Community: Elders Helping Elders
427 – Adult Day Care in Rural Pennsylvania

**Paper Session - Teaching Methods**
428 – Practice with the Elderly: Teaching a Biopsychosocial Perspective
429 – Integrating Reminiscence Focused Service-Learning with Web-Based Instruction to Teach Practice

**Special Session: Dennis Kodner, Ph.D., Director, Brookdale Center on Aging**
430 The Future of Aging and Eldercare: Speculations and Implications

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**Tuesday, March 1, 2005**

8:30 AM – 10:00 AM
**Paper Session - Curriculum**
478 – Infusing Gerontology into Social Work Curricula Without Sacrificing Content on Diverse Populations
479 – Gerontology and Geriatric Content in Core Social Work Textbooks: Results of a Textbook Analysis Project
Paper Session – Diversity
480 – A Study of Memories of Older Adults: Critical Events Involving Discrimination
481 – All Alone? Friendship Networks of Older Gay Men and Lesbians

Paper Session – Intergenerational
482 – Respite for Grandparent Caregivers: An Academic and Advocate Partner in Program Development
483 – Project Grandfamilies Health Watchers’: A Program Evaluation

Paper Session - Health
484 – Professionalization Issues in Nursing Home Social Work
485 – Psychosocial Issues of Nursing Home Residents: Building Social Workers' Awareness
486 - Social Work in Primary Care Intervention

10:30 AM – 12:00 PM
Paper/Workshop Session – Curriculum
540 – Interesting Students in the Older Population: A Collaborative University-College Research Project (Paper)
540A – Global Aging Content for the Social Work Curriculum (Workshop)

Paper Session – Field
541 – Fieldwork Rotation in Geriatric Social Work: Perspectives of Field Instructors and Task Supervisor
542 – Career Tracking: MSW Graduates of the Practicum Partnership Program

Roundtable
543 – Kosher Meals on Wheels: A Road to Services
544 – “Counseling the Older Adult”: Pedagogical Strategies to Enhance Student Learning
545 – Bridging the Gap Between Community Programs for Seniors and Academe
546 – Videos: Where Do They Fit in an Aging-Infused Curriculum?
547 – Designing and Implementing a "Grand"Parenting Network through Intergenerational Service-Learning
548 – Narrative as a Tool: Assessing and Accepting Clients' Values
550 – Negotiating End of Life Issues Among the Older Adult

Paper Session – Immigrant/Refugees
551 - The Relation Between Spirituality and Depression Among Immigrant Chinese Older Adults
551A – Understanding the Elder Immigrant Experience

12:30 PM – 1:30 PM
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606 - Delay in Social Service Referral: Predicting Unattained Goals in Home Health Care
607 - Social Workers in the Nursing Home - Conflict Pitfalls, Potentials, and Possibilities
608 - The Voice of the Paraprofessional Caregiver on Their Work Today and Tomorrow
609 - Physician and Nurse Perceptions of Roles for Social Workers in Primary Care
610 - Predictors of Perceived Training Effectiveness in Geriatric Social Work Continuing Education
611 - Early Family Structure and Women's Later Year's Earnings
612 - Benefits of Work for Older Adults
614 - Older Adults: The Effects of Physical Activity on Mental and Physical Health
615 - Successful Aging: Do Senior Centers Make a Difference?
616 - Measuring Customer Satisfaction in an Adult Day Health Program
617 - Preparing Social Work Students for Practice in End of Life Care: One Approach for Action
618 - Health and Social Correlates of Stress Levels Among Older African American Women
619 - Promoting the Mental Health of Older Adults in an Aging Society: The Consumer's Perspective
620 - Grandmothers as Primary Caregivers: Effects of Care Demands and Poverty on Depression
621 - Effects of Psychoeducation on Caregivers’ Depression
622 - Spiritual Well-Being in Health-Related Quality Of Life for Older Chronically-Ill Adults

1:00 PM – 2:30 PM
Paper Session – Curriculum
631 – Collaboration for Assessing the Future Needs and Interests of Tomorrow's Seniors
632 – Lessons Learned: Infusing Aging Content in Research Courses via Service-Learning Projects

Paper Session - Death/Dying
633 – Social Workers' Personal Death Attitudes and Experiences: Implications for Practice and Education
634 – Education: A Complex and Empowering Social Work Intervention at End-of-Life

Paper Session – Intergenerational
635 –Empowerment as a Guiding Theory for Intergenerational Programs
636 – Grand-parenting in the Tongan Culture

Paper Session - Life Satisfaction
637 – Status of African American Elderly Men: Life Satisfaction and Other Factors
638 – Spirituality and Gerotranscendence as Influential Factors of Life Satisfaction Among the Elderly
3:00 PM – 4:30 PM

**Paper Session – Curriculum**
- 683 – The Intergenerational Advocacy and Policy Project: Building an Aging Constituency Through Infusion

**Paper Session - Health Care**
- 685 – Residential Social Workers: Towards a Redefinition of Role
- 686 – Macro-Level Aging Services: Information Literacy and Evidence-Based Practice Teaching Methods

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- 687 – Grandparents Raising Grandchildren: Different Pathways to a Common Destiny
- 688 – Grandparent Kinship Care in Child-Welfare: Teaching Strengths-Based Assessment in Russia

**Mini Workshops - Work Force**
- 689 – Skill Development for Social Workers Working with Older Adults: Professional Education Strategies
- 690 – Change Through Collaboration: Mobilizing Communities to Promote Compassionate Care for the Dying
Abstracts

Session 63 – Paper
Factors Associated with MSW Students’ Attitudes Toward and Knowledge of Aging

Anne E. Fortune, University at Albany, State University of New York
Zvi D. Gellis, University at Albany, State University of New York
Anna L. Zendell, University at Albany, State University of New York
Bonnie Davis-Kenaley, University at Albany, State University of New York

Topic: Education Issues, Research (General)

Over the next few decades, social work caseloads of older adults are expected to grow exponentially (U.S. Census, 2000), and social workers must be prepared to meet the growing demands for gerontological and intergenerational services. Additionally, more social workers must be recruited to work with older adults and their families. Prior research indicates that improvement of attitudes toward older adults and increased knowledge about aging-related needs will increase the enlistment of social workers into gerontological social work (Intieri & Kelly et al; Robert & Mosher-Ashley, 2000).

A northeastern state university examined the overall effect on master’s level social work students of exposure to older adults through a five-year quantitative research study, which is still ongoing. The purpose of this study was to identify the factors associated with improved attitudes and knowledge base concerning older adults in an MSW program. A sample of first and second year MSW students were administered the Aging Semantic Differential (ASD) (Rosenkrantz & McNevin, 1969) and Palmore’s Facts on Aging (FAQ) (Palmore, 1988). The ASD is intended to measure students’ attitudes toward older adults, while the FAQ measures knowledge about aging.

Matriculated MSW students were asked to complete surveys including the ASD, FAQ, and a brief demographic questionnaire in foundation classes during the fall semester of their first year and the spring semester of their final year. Students taking on-line courses or absent the day of the survey administration were given their surveys via inter-university mail. A total of 575 students participated in this study. Of these, 106 students completed both pretest and posttest. Students’ pretests and posttests scores on attitudes (ASD) and knowledge (FAQ) were compared for changes over the course of their tenure in the MSW program. In addition, regular MSW students were compared to students enrolled in a specialized gerontological concentration, in order to evaluate differences in accumulated aging-related knowledge and attitude shifts between regular MSW and gerontology-concentration MSW students.
Results from the first five years of the study will be highlighted. No significant changes in attitudes toward older adults or knowledge about aging from pretest to posttest. However, students’ participation in a gerontological concentration was associated with increased scores on the acceptability dimension of the ASD. Volunteerism in aging services, respondent age, and number of months spent living with an older adult, such as a family member, were associated with improved attitudes toward the elderly. Additionally, the more aging-specific courses students took in the MSW program, the higher their ASD scores were. When compared with non-aging concentration students, students with a concentration in gerontological social work obtained significantly higher scores on the FAQ, indicating a stronger knowledge base than the regular MSW students. The results of this study indicate that a combination of informal interactions, such as volunteering and caregiving, and formal interactions, such as curricular and field infusion, with older adults are associated with attitudes toward and knowledge about older adults.

Given the projected increases in older adults seeking social work services, the dearth of knowledge on what factors play a role in practicing and future social workers’ attitudes toward older adults and their knowledge about the needs older adults face is of great concern to current gerontological social workers and educators. This study is unique in exploring the effect of a gerontological curriculum consisting of numerous aging-specific courses and intense practicum experiences in aging-focused communities on attitudes toward the elder population. The results reveal the importance of attracting older returning students, whose attitudes toward aging tended to be more favorable, to meet increasing demands for gerontological social workers. Educators must also address younger social work students’ attitudes toward aging. Increased infusion of intergenerational information in standard social work curriculum will improve awareness of gerontological issues and potentially increase interest in this practice area among younger and returning social work students.


In response to our changing demographics and the anticipation of the “silver tsunami,” the John A. Hartford Foundation supported 66 grant opportunities to proactively prepare age-competent social workers. The goal of the Hartford GeroRich grant was to infuse age-specific, multi-generational content into foundation curriculum at both the BSW and MSW level. Social work educators have come to the realization that aging issues are not just confined to a sub-specialty but impact all fields of practice. A survey of NASW members found that 62.4% of social workers stated they felt their job required knowledge of aging even if not in an aging field (Peterson & Wendt, 1990). Results from a focus group of BSW, MSW, and doctoral students, conducted by CSWE staff in 1999 (as cited in Rosen & Zlotnik, 2001a) showed an overall interest in learning more about aging without specializing in the area.

A midwestern university as a grant recipient conceptualized a multi-level approach to faculty, students, field instructors, and staff, in order to increase communication avenues around aging issues, to develop a comprehensive system of resources for classroom use, and to promote personal and professional development around aging competency. Some of our key interventions were the development of 20 web-based educational resources that addressed multiple facets of social work with older adults, our monthly aging tips sent to all faculty and students and field instructors, one-on-one consultation with faculty, and our attendance at key student gatherings and field instructor’s forums to raise awareness of aging competency. All our actions were targeted to increase aging competencies among our students, field instructors, and faculty; and to promote awareness of aging concerns in the university community. Our interventions cut across groups, were repeatable and reinforced by differing educational venues, and were specific to BSW and MSW foundation course needs.

The purpose of this study was to explore how students assessed their gerontological competency and how those perceptions changed over the length of their experience in our program. We identified a survey instrument, the Social Work with Aging Skill Competency Scale (Student Self-Rating Version) developed by The New York Academy of Medicine and the Hartford Practicum Partnership Program as one tool to evaluate the efficacy of our approach. This instrument allows students to self-rate their aging-competency in areas of values, assessment, practice, collaboration, and evaluation. Embedded in these topic areas are specific questions related to cultural diversity. We began administering this scale to BSW and foundation MSW students during the Fall semester of 2002 and have completed four waves of testing as of Spring, 2004. A total of
521 surveys were analyzed and t-tests were performed using both one-sample and paired-sample analyses.

In comparing the Fall and Spring semesters, self-rating scores increased significantly (p < .001) for both BSW and MSW students. In addition, to this total increase in perceived aging competency, students indicated an increased competency in all five of the separate areas. With the paired analysis and MSW status, significantly higher scores in aging competency occurred for both school years at the .001 level or below. However, the results for the paired BSW students were significant at the .001 level in comparing Fall of 2002 and Spring of 2003 but were not significant in the following year.

Further, t-tests were performed on the statements specific to cultural diversity and they also yielded significant results at the .001 level thus reflecting perceived improvement in cultural competency.

Our results indicate that a multi-level strategy is a successful intervention for increasing aging competencies for both BSW and MSW students. Limitations of the study and measurement error are discussed as well as implications for the future. We have obtained additional funding and will continue to test subsequent cohorts of students in both Fall and Spring semester to gather additional longitudinal data. In addition, we have made our model and resource interventions available through hard copies and the web to other universities and the professional community.


Session 65 - Paper

Unmet Needs and Barriers to Service Use by Family Caregivers

Julian C. Chow, University of California at Berkeley
Andrew E. Scharlach, University of California at Berkeley
Nancy Giunta

Topic: Caregiving, Diversity/Ethnicity

Purpose: As the population of individuals age 65 and over is projected to increase to 20% of the total U.S. population by the year 2050, appropriate caregiving to older persons has become a major challenge to policy makers and program providers. Family caregivers are the main source of care for older persons in this country (Liu, Manton, & Aragon, 2000). Studies indicate that approximately 75% of frail or disabled old adults are cared for at home or in the community by family members or other informal care providers (Bengtson, Rosenthal & Blum, 1996; Liu & Manton, 1994). Research to date has demonstrated that the availability of family members to provide care tends to be a major factor predicting whether or not a disabled elderly person will remain at home or be institutionalized (Scharlach & Greenlee, 2001).

Provision of services to family caregivers is a relatively new phenomenon. However, despite recent effort made by AAAs and other community-based service providers offering different types of services such as counseling, respite, and support groups to caregivers, research reports that caregivers in general, and ethnic minority in particular, use more informal than formal support in their caregiving and that they face barriers and obstacles to access services (Aranda & Knight, 1997; Dilworth-Anderson, Williams, & Brent, 2002). In order to help support family caregivers in their role, it is important to understand whether their needs for support were adequately met, as well as the barriers to access and use of services. This presentation examines the type of services reported by caregivers with unmet needs and the type of barriers they faced accessing these services.

Methods: We describe findings from a statewide telephone survey of caregivers on 1,643 randomly sampled respondents in a western state who provided care to someone age 50 or over. We asked caregivers whether they have received any of the 11 caregiver services including information, access, education, counseling, counseling from clergy, support group, in-home respite, day respite, night respite, legal information, and financial information. Unmet need was defined as those who did not use a particular service but thought such service would be helpful for supporting their caregiving activities. In addition, ten barriers (e.g., care recipients not wanting services, poor service quality, service not available, to name a few) pertaining to service use was identified. Bivariate analyses using ANOVA statistics were conducted to examine the types of services with unmet needs and how race/ethnicity differs in reporting unmet needs for caregiver services. Service barriers experienced by the caregivers were also examined.

Results: Among all services, receiving information about community services, information about legal rights and obligations as a caregiver, and financial information to
help plan for the care of the recipient are the three types of services having the highest unmet needs. Unmet needs were relatively lower for night respite, day respite, and counseling from clergy service. Interestingly, there were significant ethnic differences in the types of services reported by caregivers as unmet needs. A higher proportion of African American than other ethnic groups reported having unmet needs. Across service types, Asian Americans were less likely to report unmet needs than other ethnic/racial groups. Latino caregivers were most likely to identify education and counseling services as unmet needs.

Service barriers experienced differed somewhat by caregivers who have unmet needs, in that African American caregivers were more likely to report service quality issues as a barrier, while Asian/Pacific Islander caregivers were more likely to report structural/system-level barriers, such as providers not speaking their language. Latino caregivers were more likely to report availability and costs of services as barriers to service use. When barriers were identified with service type, for all the services with the exception of education, the greatest barriers were cost and care recipients not wanting help. Services not available and transportation were also being identified as key barriers.

Implications: Family caregivers demonstrated different service needs and barriers to service use by ethnic groups. Ethnic family caregivers reported higher level of unmet needs than White and identified structural and service barriers to access and use of services. Results from this study underscore the importance of developing culturally competent caregiver services, at all levels of the service delivery system, especially when working with ethnically and culturally diverse clients. Implications for education, research and practice suggest the need for further understanding caregiver experiences not only by race/ethnicity, but also by the intersection of race/ethnicity and environmental or other characteristics within the caregiving situation.


The Stress Generating Effects of Home Care: A Forgotten Caregiver Stress

Tamara Sussman, University of Toronto

Topic: Caregiving, Long Term Care

While it is clear from the literature that caring for a family member in the community is socially, financially, psychologically and physically stressful, it is also clear that familial caregivers experience these costs to varying degrees with some caregivers suffering more severe mental health consequences than others. Many researchers and theoreticians have responded to these different outcomes by exploring mediators of stress, such as social support and individual coping abilities (Chou, LaMontagne & Hepworth 1999; Haley, Roth, Coleton, Ford, West, Collins & Isobe, 1996; Hills, Gallant & Connell 1998; Lawton, Moss, Kleban, Glicksman & Rovine, 1991; Lévesque, Ducharme, & Lachance, 1999; Sparks, Farran, Donner, & Keane-Hagerty, 1998). The assumption is that individuals are exposed to similar stressors but respond to these stressors very differently. While individual differences likely play a role in caregiver mental health, this investigation is only meaningful if all stressors impacting upon caregivers are uncovered. However, the stress of interacting with the formal care system has been strikingly absent from models of stress for community residing caregivers (Aneshensel, Pearlin, Mullan, Zarit & Whitlatch, 1995; Chou et al., 1999; Gonzalez, 1997; Hills et al., 1998 Lawton et al., 1991; Levine, Dastoor & Gandron, 1983; McCarthy Neundorfer, 1991; Pearlin, 1994; Pearlman, Mullan, Semple, & Skaff, 1990; Pratt, Schmall, Wright & Cleland, 1985; Quayhagen & Quayhagen, 1990; Sistler, 1989; Williamson & Schultz, 1993). Out of step with the realities of providing care in the community, these models overlook the strains created by a formal care system with limited resources.

Addressing this gap, this paper looks to develop a model of caregiver stress that accounts for the stress-generating effects of the long-term community care system. Specifically, findings from Canadian studies on home care service delivery will be used to inform a model of stress that identifies the strain associated with accessing and negotiating the formal care system in a rapidly changing health care environment.

Raising awareness regarding the stress generated when caregivers interact with the formal care system is important for social workers for a number of reasons. First, social workers can use this knowledge to influence the direction of caregiver research. Emphasizing that stress and coping models overlook important stress domains such as the stress generated from formal care, social workers can question research results which explore individual vulnerability without identifying formal care stress. It is hoped that this model will guide social work researchers to this end. Second, by uncovering the systemic factors impacting upon caregivers, social workers can advocate for supportive formal care policies which minimize rather than maximize caregiver stress. Finally, social workers working directly with individuals, families and groups can use this knowledge to help caregivers realize the stressors impacting upon them. This can serve to normalize and de-pathologize the experience of distress for caregivers.


Session 69 - Paper  
Testing Measures and Dimensions of Social Values of Older People  

Eunkyung Yoon, University of Georgia  
Stacey Robin Kolomer, University of Georgia  

Topic: Education Issues, Students  

Purpose: Researchers and practitioners in gerontological social work commonly agree on the importance of attitudes toward aging population, from general misconceptions to intergenerational relationships and to governmental policy formulation. Unfortunately, the presumed associations between attitudes and behavior seem to be difficult to verify without rigorously proven valid measurement. The purpose of this paper is to capture key components to measure social values of older people (SVOP) and then to validate this scale throughout the exploratory factor analysis (EFA) and the confirmatory factor analysis (CFA).  

Methods: The data were collected from 186 social work students enrolled in the southeastern university. Based on the original 15-item aging opinion instrument (Kafter, Rakowski, & Lachman, 1980), this scale was modified by changing linguistic expression and adding several dimensions of social value of older people by authors. First, with newly created 20 item scale, an exploratory factor analysis (EFA) was conducted to identify potential common factors underlying data and screen several irrelevant items to overall scale. Second, based on the theoretical models drawn from the EFA, a confirmatory factor analysis (CFA) was conducted in order to determine which models best explain the relationship between factors and items.  

Results: At the initial screening stage, the internal consistency of the original SVOP scale was found to be acceptable (alpha = .80). However, several deviant items to overall scale were detected. Second, in terms of the EFA, the original 20-item scale produced seven-factor solution with a total 61% of variance, which result did not well support the theoretical model. By deleting those items, five-factor model seemed to capture several dimensions of the SVOP – contribution to society, utilization of knowledge and experiences, intergenerational relationship, age-integrated neighborhood, and contribution to policy making. Third, because the CFA demonstrated the basic model generated from the EFA was not well fitted (e.g., CFI = .82). Based on the modification suggestions, the refined models were tested with more rigorous conditions. Finally the five-factor solution with total 16 items was good fitted (e.g., CFI = .90) and further, the four-factor model with 11 items was the best fitted (e.g., CFI = .98) with maintaining stable reliability. Finally, this scale was found to be the significant predictor to social work students’ intention to work with older people.  

Implications: The shortage of social workers who have the specialized in aging practice has been widely addressed. While it is not clear that the unwillingness to choose the gerontological practice is based individual or professional ageism, competing practice demands, lack of institutional support, or other barriers, negative stereotypes toward
aging population might be one of those obstacles (e.g., Scharlach, Damaron-Rodriguez, Robinson, & Feldman, 200). This study confirmed that social work students perceiving older people more positively are more likely to have primary interest to work with older people from the SVOP scale. Accordingly, this study demonstrates a greater need for an expansion of gerontology concentration for social work students.

Session 70 - Paper
The Change in Activities and Interest Index in an Independent Living Sample

Kathryn Betts Adams, Case Western Reserve University
Sara Ann Sanders, University of Iowa

Topic: Assessment/Evaluation, Mental Health

A new theory-based measure, the Change in Activities and Interests Index (CAII; Adams, 2004) examines self-perceived change in investment in social and leisure pastimes among older adults. This measure was first administered to a sample of community-dwelling adults over age 65 as part of a larger survey (CD sample, N = 327; Adams, 2001). The current paper further explores properties of this measure, and of the theories it espouses, with data from residents of two Independent Living facilities (IL sample, N = 163).

Contemporary developmental theories addressing psychosocial aspects of optimal aging, Socio-emotional Selectivity (SST; Carstensen, 1992) and Gerotranscendence (GT; Tornstam, 1997; 2000) have their roots in the works of Jung, Erikson, and the Disengagement Theory of Aging (Cumming & Henry, 1961). SST postulates that older adults regulate emotions and conserve energy by becoming increasingly selective of social partners. With age, individuals appear to require less novelty and stimulation from social relationships and more reliability and identity maintenance. GT suggests that optimal aging may involve an increase in contemplation, a reduction in materialism, and a transcendence of the physical ravages of aging. Both theories have implications for gerontological social work practice and would recommend against the wholesale prescription of activity or busy-ness for successful aging (Katz, 2000). To date, there has been little empirical research done to test or even explore these theories with older adults. The Change in Activity and Interest Index (CAII), with items based on the tenets of these two theories, represents such an effort.

Method: The CAII is a 30-item retrospective measure of self-perceived changes in activity investment designed for older adults. Respondents are asked to rate their interest level now as compared to that ten years ago as either “Less now,” “About the same now” or “More now.” A total score and four subscale scores were identified in the first administration of the CAII. This paper reports on the second administration of the CAII. A 7-page survey placed into the mailboxes of residents of two Methodist Independent Living (IL) apartment facilities in Pennsylvania provided this second set of data.

Findings: The IL Sample had a mean age of 82.28 years (+/-6.6), which was older than the mean age of the CD sample (73.19 years +/-6.2), t = 14.78, p < .001. Item analysis of the CAII reveals that over 35% of the IL respondents reported less investment now than ten years ago in the following items: Shopping and buying things, Making plans for the future, Entertaining others in my home, Making and creating new things, Taking care of other people or things, Keeping up with hobbies, Attending social events with new people, Sharing advice or opinions with others, and answered “less” to Thinking of dying scares me. Some of these items appear especially relevant to individuals who have
moved into congregate retirement living. There were also several items on which respondents indicated more interest now than ten years ago: Spiritual life or prayer, Religious services, Reading, crosswords or computer, and Getting together with old friends. These results mirrored the CD sample results fairly closely, particularly those in the “older” group of respondents who were aged 75+ and suggest a pattern of less engagement with instrumental and novel pursuits, and more engagement with spirituality and emotionally reliable pursuits.

The total “Disengagement” score, a sum of responses that reflect less investment and more disengagement from the activities listed, was higher for the IL sample (7.25 +/- 4.4) than the CD sample (5.62 +/- 5.0) (t = 3.416, p = .001). The IL sample also had significantly more disengagement on the ten-item Active Instrumental subscale, which generally includes activities requiring physical or social effort. A PCA of the IL sample’s CAII data obtained a first factor very similar to the Active Instrumental subscale: Nine out of ten items were the same. Differences were seen on the remaining Social Intellectual, Spiritual, and Transcendence factors.

Conclusions: The items on which the largest proportion of respondents report less engagement, and the fact that the second, older sample reported more disengagement both offer additional validity to the CAII as a measure of age-related psychosocial change. In addition, SST and GT obtain additional modest theoretical support. The items in the Active Instrumental subscale, which was stable across the two samples, represent areas where change due to aging commonly occurs. There remains a need to further refine this instrument through administration to a larger, more diverse sample of older adults.


Session 71 - Paper
Current Status of Geriatric Social Work Research: An Empirical Inquiry

Charles Arthur Smith, University of Maryland, Baltimore

Topic: Research (Funding), Research (General)

Research Problem and Substantive Literature

Increasing demands for accountability, efficiency, and effectiveness, as manifest in the outcomes measurement movement, present a greater need for evidence based practice knowledge (Gibbs & Gambrill, 2002; Howard, McMillion, & Pollio, 2003). Geriatric social work practice, given the enormous growth in the elder population, has a particular need to develop and enhance evidence based knowledge through systematic research. The Task Force on Social Work Research (1991), and various “studies of studies” examined social work research to provide guidance to the profession. Prior such studies consistently found that only approximately half of all articles are research based, and that even those have methodological and statistical limitations (Glisson, 1991, 1995; Fraser, Taylor, Jackson, & O’Jack., 1991; Rosen, Proctor, & Staudt, 1999).

Geriatric social work knowledge, identified as a need by 62% of practitioners (Rosen, Zlotnik, & Singer, 2002), has had only limited evaluation. Morrow-Howell and Burnette (2001) and Austin and Bianchini (unpublished manuscript) conducted the only quantitative “studies of studies” to date that examine gerontological social work exclusively. While their findings were consistent with social work research in general, these studies are subject to a number of internal limitations.

Research Methodology

Prior studies of studies have been characterized by a number of common limitations: (1) sampling on core social work journals excludes practice specific journals which may be significantly different (Fraser, 1994), (2) content coding of 1,000 or more articles is prone to rater drift, (3) operational definitions and typologies differed from study to study, and (4) prior studies have provided only limited information on geriatric specific research.

Archival sampling was conducted on a random selection of self-identified academics and practitioners in the field of geriatric social work, drawn from a consolidation of membership lists from the Gerontology Society of America (GSA), Association for Gerontology Education in Social Work (AGE-SW), and Strengthening Aging and Gerontology Education for Social Work (SAGE-SW). All aging related peer-reviewed journal articles published between 1999 – 2003 (inclusive) for the sample of individuals was retrieved and content coded using scales and instruments utilized in prior published studies of studies (e.g. Craig, Cook, & Fraser, 2004; Fraser et al., 1991; Glisson, 1995; Rosen et al., 1999).

Results
Preliminary findings reflect data collected on approximately 1/3rd (n = 84) of the final sample. The percentage of articles meeting the operational definition of “research” as utilized by Glisson (1995) in this sample is 75%, which is substantially higher than the rate of 54% found by Glisson and 47% by Rosen et al (1999). The distribution by types of research designs is consistent with earlier studies, with 60.3% utilizing survey methodology, and 12.7% employing random or quasi-experimental designs. Intervention studies constitute a minority of published research, with studies of new interventions serving elders constituting 1.2% (n = 1), program evaluation of existing services constituting 2.4% (n = 2), and interventions of educational curriculum aimed at human services staff comprising 9.5% (n= 8) of all published research.

A large minority of geriatric social work research is being conducted outside of schools of social work. While 56% (n=47) of the lead authors are at schools of social work, 22.6% (n=19) of lead authors were in non-social work academic positions, and 21.4% (n=18) were in non-academic settings. A majority (54.4%, n = 43) of articles were interdisciplinary, with one or more authors with a non-social work degree.

Logistic regression was utilized to examine factors predictive of whether an article was research based. The final model was statistically significant (p < .0005, ÷2(8) = 33.822) though the only variable that was significant in itself was the presence of federal funding. When federal funding was indicated, the odds of the article being research based were 7.1 times greater. Non-significant variables examined included: other types of funding, collaboration, work setting, journal type, and primary topic area.

Implications

Preliminary results indicate a substantial increase in the proportion of published research based articles, which may be a manifestation of a movement within the social work community, as well as outside funders, to emphasize research (e.g. GADE, NIMH Task Force, Hartford Foundation). Findings also indicate that non-core social work journals have higher rates of research articles, suggesting that findings reflect changes in the profession as a whole rather than sampling effects. Findings of a strong interdisciplinary focus is consistent with geriatric social work practice (Cianciolo, Henderson, Kretzer, & Mendes, 2001).


Social workers are mandated to have dignity and respect for their clients and to provide them competent practice (NASW, 1999). Social work education is mandated to educate competent and effective professionals. (CSWE, 2001).

According to the Census Bureau, there were 35.6 million seniors (65+ yrs. old) in the United States in 2002 and the number is expected to double by (Greenberg, 2003). In 2002, only 4.5% seniors lived in nursing facilities and 5% lived in senior housing (Greenberg, 2003). Due to the increasing number of seniors, especially those living in the community, social workers need to be prepared to work with seniors (Yagoda, 2004).

Seniors face multiple social problems. The following statistics are about seniors, people age 65 and over, for the year 2002. While 13.2% of seniors remain active in the labor market, 16.8% live in poverty or “near poverty” (Greenberg, 2003). While being perceived as healthier than before, 35% of seniors were discharged from the hospital during (Greenberg, 2003). Approximately 40% of seniors use alcohol and 1.2% of seniors have been reported to have a drug or alcohol dependence or abuse within the past year (SAMHSA, 2003).

Although not all grandparents are seniors, social workers need to understand intergenerational issues – especially for grandparents who are seniors. There still are many multigenerational household the United States due to care giving and cultural considerations. As of 1997, 1,143,000 grandparents aged 65 or older live with their grandchildren (Greenberg, 2003). Approximately 400,000 grandparents aged 65 or older continue to play a significant role as caregivers with primary responsibility to their grandchildren in 2000 (Greenberg, 2003).

Regardless of the service setting social workers are more and more likely to interact with older adults (CSWE, 2002). Likewise, curriculum in the classroom should support developing students’ competence in working with seniors in any service agency.

Aging content falls into three basic categories: aging/adult development, intergenerational issues, and cultural sensitivity to older adult culture. Through the Hartford Initiative, faculty were encouraged to infuse their courses with aging content (Kolar & Hackman, 2004). In regards to Deci, Kasser & Ryan’s (1997), faculty were supported in maintaining self-determined teaching while modifying their courses. In regards to Johnson’s (1984) significant predictors of faculty receptivity to innovation, the School supported faculty in their efforts to infuse aging content by offering them the following: a) information regarding the impact of the changing demographics on social
work practice, b) resources to increase feasibility of infusion, and c) training for familiarity with aging issues. Using Kadushin’s (1992) principles for effective teaching and learning, the faculty were active learners through participation in Train the Trainer Geriatric Sensitivity Training (WPIC-OERP, 2000). The results were that within three years, all BSW courses, all MSW foundational/required course, and most MSW electives were infused with aging content (Kolar & Hackman, 2004). These changes in curriculum support parallel infusion of aging content into field placements.

The focus of this paper is on how faculty have infused aging content across the curriculum, such as: foundation courses, children and youth, diversity, policy/history, practice, drug and alcohol, and health policy. To provide practical recommendations which can easily be accommodated into courses, actual aging-related topics included in these courses will be presented as well as readings, internet resources, videos, and assignments.

In addition, the geriatric certificate program will be described. Details of the required courses for the certificate will be discussed.

Lessons learned and issues regarding implementing infusing aging content into 100% of courses and the geriatric certificate program will be discussed.


Session 117 – Paper
It's In There!: Infusing Aging Content in Social Work Field Placements

Patricia S. Kolar, University of Pittsburgh
Ruthanne L. Hackman, University of Pittsburgh

Topic: Education Issues, Field

According to the Census Bureau, there were 35.6 million seniors (65+ yrs. old) in the United States in 2002 and the number is expected to double by 2030 (Greenberg, 2003). Since only 4.5% seniors lived in nursing facilities and 5% lived in senior housing (Greenberg, 2003), social workers in a variety of organizations may work with some of the 90% of seniors who live in the community and are faced with social problems. Due to these changing demographics, social workers need to be prepared to work with seniors (Yagoda, 2004).

There are readily available statistics to suggest that older adults face many of the same problems as other vulnerable populations: housing, poverty, health, transportation, mental health and substance abuse, and violence. (CSWE, 2002). Approximately 400,000 grandparents aged 65 or older continue to play a significant role as caregivers with primary responsibility to their grandchildren in 2000 (Greenberg, 2003). While services to older adults may primarily derive from specific aging programs, social workers increasing will interact with older adults in many different service settings as the region’s demographics continue to change.

Through implementation of the Hartford Curriculum Initiative at a large urban school of social work, supports were developed to infuse aging content in field placements including non-aging specific service agencies. First, faculty infused the classroom curriculum of both the BASW and MSW Programs with aging content (Kolar and Hackman, 2004). This prepared students to be more aware of aging and intergenerational issues as they moved through both the foundation and subsequent concentration field placements.

Ann Pilcher (Sheafor and Jenkins, 1984) strongly suggested that field learning derives from the school's curriculum. Therefore, a method for including field instructors in the initiative was crafted. Field instructors were invited to participate in two aging related trainings: Train the Trainer Geriatric Sensitivity Training (WPIC-OERP, 2000) and Intergenerational Social Work Practice: A Guide for Field Instructors (Davis, 2004). In the Train the Trainer Program, field instructors and social work practitioners were sensitized to issues of aging. These field instructors and practitioners were then to serve as a pool of adjuncts that could be called upon to replicate the training with each new cohort of students entering the school of social work. They are also encouraged to adapt the training to fit their own agencies. In the training, Intergenerational Practice for Social Work Students: A Guide for Field Instructors, field instructors became familiar with the intergenerational perspective as a new framework for viewing clients as well as staff within their organizations. Ideas for supervision of students to include this perspective
were provided (Davis, 2000). Evaluation data from both of these trainings strongly suggested that new learning and increased awareness had occurred for those who participated. Additionally, field instructors are encouraged through regular orientation and training for new field instructor programs to use an aging and intergenerational sensitive lens in preparing students for practice and in selecting and discussing field assignments.

Lastly, the academically oriented and traditional field learning plan required for students in field placement has been augmented to reflect this aging and intergenerationally enriched perspective. The field learning plan is the tool used by field instructors and students to direct the student's learning while in field. An enriched field learning plan will be presented.

Additional lessons learned through the implementation experience will be discussed along with the evolving outcomes of this ongoing effort.


Session 118 – Workshop
Divining the 3 D’s: Dementia, Delirium & Depression

Gary E. Bachman, Park University
Phyllis Hipps, Park University

Topic: Advocacy/Empowerment, Health

Social workers at both the baccalaureate and graduate level are increasingly being called upon to recognize, respond to, and remediate matters of elder abuse, neglect and exploitation. All fifty states and the territories now have legislation authorizing the provision of adult protective services. While the statutes vary widely with regards to mandated reporting, investigative responsibilities and in the remediation of any threats identified, social workers are invariably involved in the process.

According to the National Center on Elder Abuse, self-neglect accounts for the majority of cases reported to adult protective services. Often, the problem is related to previously unrecognized dementias, acute health issue’s resulting in delirium, depression, or the exacerbation of “pre-morbid” behavioral and substance abuse difficulties.

Numerous studies have demonstrated that elderly individuals with cognitive impairments related to depression, dementia, and delirium are at elevated risk for criminal victimization through abuse and exploitation as well as for self neglect. Other studies of individuals experiencing “acute confusional states” or “delirium” have demonstrated an increased risk of institutionalization in spite of the evidence that delirium is frequently associated with an acute and reversible medical illness or pharmacological reaction.

The NASW Code of Ethics describes the primary mission of the social work profession, “is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty... Fundamental to this is attention to the environmental forces that create, contribute to, and address problems in living.”

The code goes on to suggest that, “Social workers are sensitive too and strive to end discrimination, oppression and other forms of social injustice... and seek to enhance the capacity of people to address their own needs.” It further delineates the professions’ mission in “a set of core values including: service, social justice, dignity of the person, the importance of relationships, integrity, and professional competence.”

This workshop will critically examine the occasionally paradoxical role that social workers may be compelled to fulfill in working to address allegations of adult abuse and neglect. The paradox is never so dramatic as when questions are raised about the measure of an individual’s capacity for self determination contrasting with the potential suspension of their basic civil rights in a closed court hearing.
Acknowledging ethical obligations to individuals as well as society, this session will offer a knowledge and skill based foundation of well validated and portable screening tools useful in the appropriate recognition and documentation of client strengths as well as impairment. Particular attention will be focused upon the differential diagnosis of the 3 D’s; depression, delirium, and dementia. Case examples will be offered in a manner to examine and facilitate the development and application of individualized, appropriate, and collaborative intervention plans.

Duke, J. A National study of involuntary protective services to adult protective services clients. Journal of Elder abuse and Neglect Vol.9 (1) 1997

Dyer, C., Pavlik, V., Murphy, K. and Hyman, D. The high prevalence of depression and dementia in elder abuse or neglect Journal of the American Geriatrics Society: Vol. 48(2), 205-208, 2000


Session 120 - Mini Workshop
Sexuality in Long Term Care Facilities: The Missing Piece for Seniors

Tina M. Timm, Saint Louis University
Sonja Herron
Rebekah Greening
Christin Pryor
Jeffrey Homan

**Topic:** Long Term Care, Sex/Intimacy

Talk to any administrator of a long term care facility and you will find that issues related to sexuality are some of the most complex to handle. A variety of factors contribute to this: lack of education; cultural myths and misconceptions about sexuality and aging; staff and family discomfort with this issue; inadequate policies and/or accommodations; legal and ethical concerns; health and safety concerns; etc. Most facilities acknowledge that residents have a right to privacy and presume that sexual activity conducted lawfully, in private, is protected. However, in practice, this does not always happen. Story (1989) found that an increase in knowledge about the sexuality of older adults is accompanied by more accepting attitudes on the issue.

This presentation will review a telephone survey of long term care facilities in a major metropolitan area regarding policies and practices related to sexuality. This information was used to guide the presenters in developing a curriculum that could be used with students, staff, or families. Experiential exercises from the curriculum will be used to demonstrate how to increase comfort with this topic. Relevant resources will be provided to encourage integration of this content into curriculum and/or practice.

Session 218 – Workshop
A Suggested Model of Aging Curriculum for Child Welfare Students

Carmen Louis Morano, University of Maryland

Topic: Children/Families

When parents are unable to do provide care for their children due to substance abuse, child maltreatment, domestic violence, illness, death, poverty, incarceration, divorce, and other crises or chronic conditions, the child welfare system turns to relatives to provide care. With more than six million children living in households headed by grandparents or other relatives, grandparents represent the largest group of caregivers. This accounts for 1 in 12 children in the U.S., or almost 2 ½ million grandparents who are primary caregivers for their grandchildren (CWLA, 2003).

Unfortunately, students who specialize in Child and Family Welfare Studies at most M.S.W. programs do not get sufficient opportunity to develop the attitudes, knowledge, and skills that are required to work with the growing cohort of grandparent caregivers. This paper will discuss some of the important considerations for infusing sufficient aging content into the child welfare curriculum, or for developing a stand-alone continuing education/training program.

The attitudes or beliefs that child welfare students bring to the classroom will impact the student’s openness and subsequent learning of knowledge about the aging caregiver, and ultimately the student’s willingness to develop his or her social work skills. The attitude objectives that need to be addressed are the following: 1) Exploration of his/her own feelings towards the older adult and the aging process; 2) Sensitization to the physical and mental processes of older caregiver; 3) Appreciation for how cumulative life experiences affect the older caregiver; 4) Awareness of inter-disciplinary collaboration to better meet the total needs of the older caregiver and 5) Awareness of the ethical and legal issues relevant in working with intergenerational family systems.

The foci on these attitudes will help to dispel many of the common myths held about older caregivers, as well as expand the role of child welfare workers with older caregivers. The use of experiential exercises such as “When I am Eighty, or the Membership Exercise (both can be found in Teaching Aging; Kropf, & Tompkins, 2002), will be presented during this workshop.

Knowledge objectives can be limited by the available time, level of the students/participants, and overall objectives for the course/module. Some suggested knowledge objectives are: 1) To increase knowledge of contemporary aging theory; 2) To increase knowledge of intervention models and techniques; 3) To increase knowledge about the common issues when working with intergenerational systems; 4) To develop knowledge about role expectations for clinical social worker in interdisciplinary settings; and 5) To acquire a knowledge about the aging network of service providers. Thus one suggestion would be the use of Life Course Theory as a framework for understanding
how cohort affects, historical events, and cumulative advantages and disadvantages throughout one's life impacts the older caregiver’s ability to provide appropriate care. Additionally, given the significant structural and operational differences that exist between the Child Welfare Network and the Aging Network, content that improves the student’s knowledge about the Older Americans Act, Social Security and Medicare policies is suggested.

Lastly, the skills objectives focus on engagement, assessment, and intervention with older caregivers and intergenerational family systems. Specifically the skills objectives are: 1) To complete functional/psychosocial assessment of the older adult; 2) To advocate for older adults caregivers with the multiple provider systems; 3) To develop culturally sensitive casework and group work skills; 4) To function as an interdisciplinary team member on behalf of the aging and their families; and 5) To be able to act as a care coordinator with multiple service providers. Role-play exercises and the use of web-based technology can help to meet these skill objectives are among the specific techniques that will be presented in the workshop.

This paper, in conjunction with the other papers presented in this workshop will provide the opportunity to discuss the components necessary for a more inclusive curriculum that will better prepare students who specialize in child Welfare. The format of this workshop will encourage active participation by all the attendees in a discussion about challenges and opportunities for social work education.


An emergent area in social work is services with and for intergenerational families. There is particularly strong growth in kinship care, which refers to relatives caring for children who are in the child welfare system. The child welfare system is increasingly turning to relatives to care for children when parents are unable to do so due to substance abuse, child maltreatment, domestic violence, illness, death, poverty, incarceration, divorce, and other crises or chronic conditions. Grandparents are the largest group of kinship care providers. However, social workers that work in gerontology may not know how to support grandparents in navigating the complexities of the child welfare system on behalf of their grandchildren. This paper describes critical content about the child welfare system as a module for gerontology students to assist them in teaming with grandparents who are providing kinship care.

More than six million children are living in households headed by grandparents or other relatives; this accounts for 1 in 12 children in the U.S. Almost 2 ½ million grandparents are the primary caregivers for their grandchildren (CWLA, 2003). In fact, the relatives who most frequently provide kinship care are maternal grandmothers (Dubowitz et al., 1994; Le Prohn, 1994; Scannapieco, et al., 1996). Kinship care with grandparents is a valuable child welfare service; it allows children to live with people they know and trust, increases the likelihood that siblings will be placed together, reduces the trauma of placement out of the home, and facilitates the maintenance of attachments. While there are many benefits to grandparent care, both to the children and to their grandparents, who receive the satisfaction of providing a home for their grandchildren, grandparent caregivers tend to be older, poorer, and less educated than other foster care providers and also receive less financial and clinical support (Zuravin, et al., 1999). At the same time, research has shown that children reside in kinship care significantly longer than in non-relative foster care (Berrick, et al., 1994; Dubowitz et al., 1994; Scannapieco et al., 1997; Thornton, 1991).

As this type of household is increasing and as the complexities of grandparent kinship care are being identified and elaborated, there has not been a concomitant increase in gerontological social work curricula about child welfare and specifically about grandparent kinship care. However, specific content in this area to be included in the gerontology curriculum has been identified (Jackson, 1999, 1998).

This workshop describes a module for gerontology students and social workers on child welfare, with the goal of providing opportunities to enhance the skills, knowledge, and attitudes necessary to work with the child welfare system on behalf of grandparents and their grandchildren. Learning objectives for the module include:
• Understanding the role of grandparent care in child welfare services;
• Exploring personal attitudes about the child welfare system;
• Understanding the child welfare assessment process for potential grandparent caregivers;
• Understanding the rights and responsibilities of grandparent caregivers in the child welfare system;
• Knowing the impact of “parenting again” on grandparents and in particular the impact of parenting children who have experienced maltreatment or the risk of maltreatment;
• Demonstrating culturally-sensitive clinical skills for working with grandparent caregivers and their families;
• Demonstrating problem-solving skills for working with grandparent caregivers; and
• Understanding outcomes for children in the child welfare system, including grandparent adoption, return home, and placement elsewhere.

This paper, in conjunction with the other papers presented in this workshop will provide the opportunity to discuss the components necessary for a more inclusive curriculum that will better prepare students who will work with grandparent caregivers. The format of this workshop will encourage active participation by all the attendees in a discussion about challenges and opportunities for social work education.


Session 220 – Workshop
Working with Grandparent Families to Increase Safety, Well-Being, and Permanence

Heather Girvin, University of Maryland

Topic: Children/Families

Over the last two decades, the population of intergenerational families—often headed by grandparents—has grown dramatically. In 1990, census findings revealed a close to 44% increase over the preceding decade in the number of children living with their grandparents or other relatives. Today, more than 4.5 million children live with their grandparents and one-third have no birth parent present in the home (American Association of Retired Persons, 2002).

Grandparents who assume a caregiving role report increased distress, social isolation, depression, and deteriorating health (Kelley, Whitley, Sipe, & Yorker, 2000). Intergenerational relationships become strained (Climo, Patterson, & Lay, 2002), and complex legal situations create additional burdens for grandparent caregivers (Grant, 2000). The children grandparents care for may be leaving tumultuous family situations and experiencing behavioral and emotional difficulties as a result. Caring for a child with psychological and/or physical problems is associated with caregiver stress (Sands & Goldberg-Glen, 2000). Many grandparents feel overwhelmed by care-giving responsibilities (Kluger & Aprea, 1999), and children in their care, who share the burden of these stressors, remain at risk. In spite of these serious and unique challenges, few programs address the specific needs of grandparent caregivers; those that do exist are limited and/or poorly funded. Grandparent caregivers who are able to access services often encounter workers who, lacking training in both child welfare and gerontology, may have difficulty assessing and intervening effectively in intergenerational families. In the end, grandparent caregivers often fall between the cracks of foster care, aging, education, and disability service systems (McCallion, Janicki, Grant-Griffin, & Kolomer, 2000).

Family Connections (FC), a program developed under the auspices of the Center for Families, represents an exception to the trend described above. Developed in 1996 with a mission to enhance the safety and well-being of children and families, Family Connections is a multi-faceted social work service program that works with families in the context of their neighborhoods to help them meet the basic needs of their children and thus reduce the risk of child neglect. In 2003, FC was deemed Demonstrated Effective by the Children’s Bureau (USDHHS, 2003), and later that year DHHS funded eight programs to replicate FC across the country, including a replication by the original developers. At the Center for Families, the FC model will be replicated with grandparent caregivers. Grandparent families will be randomly assigned to ecological service modules that reflect an awareness of intergenerational families’ multiple and complex needs. All intervention groups will replicate components of the demonstrated effective
FC intervention. Evaluation research will compare interventions and assess outcomes such as caregiver functioning and child safety, well-being, and permanency.

Incorporating practice experience, literature on intergenerational families, and ongoing research, this workshop will summarize the risk and protective factors associated with child neglect; describe promising practices and intervention strategies for increasing safety, well-being, and permanency in families headed by grandparent caregivers; and provide an overview of Family Connections, a program that combines service and research with the goal of improving its neglect-prevention programs.

Learning objectives relate to both practice and research, and include:

1). Assessing the unique needs and challenges of intergenerational families.

2). Understanding the risk and protective factors associated with child neglect.

3). Developing knowledge of promising neglect-prevention practices for work with intergenerational families.

4). Understanding the role of research in service delivery and program improvement.

5). Learning about instruments and measures that can be used in research with intergenerational families.

6. Understanding and selecting research and intervention outcomes for children and grandparent caregivers.

Building on the knowledge base provided by the other papers in the workshop, this module presents an example of a program that relies upon cross-discipline (i.e., child welfare and gerontology) skills and knowledge. The format of this workshop will encourage active participation in a discussion about challenges and opportunities for social work education and about connections among cross-disciplinary practice and research.


This paper reports the findings of a qualitative study exploring family and community support among women with fibromyalgia, and specifically focuses on psychosocial implications of the illness for women over sixty. Fibromyalgia, a complex condition involving fatigue and musculoskeletal pain at localized areas, is believed to affect 3-6 million Americans, most of whom are women (Wisniewski, 2003). Fibromyalgia occurs across age and racial/ethnic groups, and is frequently associated with lupus, rheumatoid arthritis, and other chronic pain conditions. No treatment strategies have demonstrated consistent effectiveness in relieving fibromyalgic pain, though some women have benefited from anti-inflammatory medications, antidepressants, exercise, and cognitive-behavioral therapies. Past experiences of trauma, including physical/sexual abuse and domestic violence, have been linked to fibromyalgia, and the illness is often associated with depression (Asbring, 2001). Physical and emotional dynamics of fibromyalgia are closely related, as pain contributes to increased levels of stress and depression, and stress and depression exacerbate pain (Barker, 2002). Information regarding the physical manifestations and prevalence of fibromyalgia among older women has increased in recent years, but little is known about psychosocial issues affecting older women, including ways the illness influences relationships and perceptions of social support (Wisniewski, 2003). Research exploring links between social support and chronic pain conditions has consistently identified social isolation as a major source of stress and concern (Greenhalgh, 2001, Lorber, 1997). Despite a growing number of support groups and behavior management programs focused on fibromyalgia, few studies have specifically addressed the relevance of aging to physical and psychosocial concerns. Further knowledge of the family and community support needs expressed by older women with fibromyalgia may assist the development of effective intervention strategies.

This paper is based on a research study addressing psychosocial issues and family and community support needs expressed by women with fibromyalgia. Qualitative methods were used to explore the effects of fibromyalgia on women’s relationships with health care providers, family members, friends, and community institutions such as religious congregations and senior centers. Participants resided in rural and urban regions of a Midwestern state, and most were members of fibromyalgia support groups. Nineteen women participated in individual phone interviews, and 25 women participated in five focus groups. Participants of all ages participated in the study, though separate analyses were conducted according to women’s ages and parental status. Approximately half of the interview and focus group participants were over 60, and the paper reflects the experiences shared by these women and related social work implications. The theoretical framework guiding the study drew from the eco-social perspective on epidemiology (Krieger, 2001), poststructuralist theories of disability (Goodley & Rapley,
2002), and feminist social work perspectives on aging, health, and stigma (Tangenberg, 2002).

Themes that emerged in focus groups included stress resulting from combined effects of fibromyalgia, aging, and other health concerns, passing as able-bodied, questioning physical and psychological dimensions of illness, desires for validation, and frequent challenges to family, work, and other social relationships. Themes identified in interviews were similar to those in focus groups, though several women also revealed more specific personal information. In regard to community relationships, most women reported infrequent disclosures of fibromyalgia, typically because they feared stigmatization and discrimination. Several also described institutional barriers to receiving a fibromyalgia diagnosis. Some barriers involved provider characterization of their disorders as stress-related, while others involved hesitancy to state a diagnosis which could qualify a woman for disability accommodation or compensation. The paper presentation will include discussion of physical characteristics of fibromyalgia, associations between fibromyalgia and aging, treatment strategies, theoretical considerations, methodology, findings, and implications for social work.


Session 224 – Paper  
Loneliness in Very Old Age: Health and Mental Health Considerations  

David V. Henton, Texas State University  

**Topic:** Clinical, Mental Health  

This paper will examine the impact of loneliness on health and mental health in very old age. Both deficit-model definitions and broader operational definitions for loneliness will be explored and considered. The paper will summarize established and possible risk and demographic factors. Distinctions and similarities between emotional and social loneliness will be identified and examined. Particular attention will be devoted to the relationship between loneliness and clinical depression. Several possible explanations for the high comorbidity between the two phenomena will be considered. Prevention, assessment, intervention, and treatment approaches to loneliness will be identified and examined. Finally, the paper will suggest strategies for increasing social work clinicians' and educators' awareness of this important topic for geriatric health and mental health.

Loneliness is a significant phenomenon in very old age for many reasons. It is widespread, and often intensely unpleasant. It has been linked to alcoholism, suicide, and physical illness (O’Fstein & Acuff, 1979; Peplau & Perlman, 1982). It is highly correlated with numerous other significant quality of life variables, including depression, social isolation, social fulfillment, quality of social network, natural supports and physical health (Bondevik & Skogstad, 1996; Caccioppo et al, 2000; Crecey, Berg & Wright, 1985; McInnis & White, 2001; Mullins & Dugan, 1990; Pinquart & Sorensen, 2001; Wenger, Davies, Shahtahmasebi & Scott, 1996). Therapeutic interventions may alleviate or eradicate loneliness (Grant in Wenger, 1996; Jerome, 1991, 1992; Wenger, 1989). As loneliness responds to therapeutic interventions, it may also be possible to prevent it (Goldberg, 1996; Hadley et al., 1975; Jerrome, 1991; Mulligan & Bennett, 1977; Wenger, 1996). Finally, it can be viewed as one indicator of broader systemic problems in our social institutions: Like crime, violence, anomie, and other social problems, loneliness may sometimes be both a cause and a symptom of social decay (Peplau & Perlman, 1982).

Although loneliness can be a major problem across the life cycle, it may be especially problematic for very old adults as a result of the depletion of existing relationships and limitations upon the opportunity to develop new ones (Johnson, 1988). Older adults may be particularly at risk for feeling the ill effects of the absence of community (Lucksinger, 1994). The human need for intimacy does not diminish, and indeed may become even greater in later life (Boettcher, 1985).

The paper will identify two broad intervention strategies for addressing loneliness in very old age: (1) improving social relations (natural support systems, increased activity, community-building, reminiscence groups, activity and social relations groups, animal assisted therapy, and innovations in long term care), and (2) redefining the context of
social interaction to enable the lonely client to find increased contentment within a more constricted social world.

Finally, the paper will articulate specific strategies for increasing social workers' knowledge, skills, and abilities in the assessment, prevention and treatment of loneliness as a risk-protective approach for increasing the health and mental health of geriatric clients. These strategies include implications for social work education in addressing geriatric loneliness within the social work curriculum.


Session 225 – Paper
Impact of an Infusion Model on Students Aging Knowledge, Attitudes, and Interests

Sherry M. Cummings, University of Tennessee
Elizabeth Evelynn Wilson, University of Tennessee
Kimberly McClure Cassie, University of Tennessee
Colleen M. Galambos, University of Missouri–Columbia

Topic: Education Issues, Teaching Methods/Learning Styles

While the growth of the elderly population continues at an unprecedented rate, the supply of social work practitioners with aging knowledge and skills lags behind stated need. Although the National Institute on Aging (1987) predicted that 60,000-70,000 gerontological social workers would be needed by 2020, Peterson and Wendt (1990), estimated that only 29,650 bachelor and master-level social workers were employed in aging-related positions. The low number of social workers employed in gerontological settings may be related to the dearth of social work students who receive gerontological training. Scharlach et al. (2000) found that only 3% of MSW graduates selected gerontology as a concentration and concluded that there exists a desperate shortage of social workers who have the knowledge and skills required to address the needs of the older population. Findings from another study (Gibelman & Schervish,1993) indicated that only 4.2% of master-level NASW members reported aging as their primary area of practice, although 36% noted working in aging-imbed medical settings. This suggests that many social workers who have heavy contact with elders may not have the training necessary to adequately understand and respond to the needs of older clients and their family members.

Although most social work students indicate a preference for working with children or non-elderly adults (Cummings & Galambos, 2002), the rapid growth of the older population dramatically increases the likelihood that social work practitioners, regardless of their practice settings, will be called upon to serve the needs of older clients. For this reason, a total gerontology infusion approach was implemented in a College of Social Work at a Carnegie Research One University located in the South, through funding from the Hartford Geriatric Enrichment in Social Work Education Project. In Fall 2003 aging related materials were infused into all BSW and foundation MSW courses. The current study examined the impact of the gerontological curriculum infusion project on the aging knowledge, attitudes, and interests of BSW and 1st year MSW students at the College of Social Work.

Aging related pedagogical materials were developed for each BSW and foundation level MSW class after extensive consultation with college faculty and field instructors. These materials included aging-related articles, web-sites, case studies, class exercises, guest speakers, and class assignments. Each BSW and foundation level MSW instructor was provided with a binder containing aging materials specifically geared to the BSW and foundation level MSW courses which they taught. A web-site was also developed to provide this material to all faculty in a web-based format.
Pre-test and post-test surveys were given to a sample of students (n=193; MSW – 75.5%, BSW – 24.5%) in early fall 2003 and late spring 2004. The surveys included the revised Facts on Aging Quiz (Palmore, 1988), the Personal Anxiety Toward Aging Scale (Kafer, Rakowski, Lachman, & Hickey, 1980), and questions concerning student’s aging-related educational background. Students were also asked to rate their interest in working with older adults after graduation, level of contact with older persons, current aging-related skills and knowledge, and attitudes toward gerontological social work careers on 5-point likert scales. The majority of students were female (86.3%) and Caucasian (78.8%). Pre-tests revealed that students had moderate anxiety about personal aging and aging knowledge. While over one-fifth (22.9%) had taken an undergraduate aging-related course, few had taken a graduate level gerontology course (4.3%) or had completed an aging-related BSW internship (5.7%). The majority (74.5%) indicated that they had “a little” to “some” contact with older persons.

Paired sample t-test results revealed that the infusion had a positive impact in four areas. After infusion exposure, students scored significantly higher on aging knowledge, p < .01, and viewed gerontological career opportunities significantly more positively than prior to curriculum infusion, p < .001. An increase in students’ self-rated aging knowledge and in their belief in the importance of gerontology to the field of Social Work approached significance, p < .06 and p < .08, respectively. No change was found in students contact frequency with older persons, interest in working with older persons after graduation, or in their aging anxiety. Linear regression revealed that self-rated aging skills and belief in gerontological social work as a good career predicted students’ interest in aging-related work, R2=.27. Findings suggest that infusion of gerontological material can positively impact students’ aging knowledge and attitudes toward gerontological social work. Pedagogical implications are discussed.


Session 226 – Paper

Lorraine T. Dorfman, University of Iowa
Susan Murty, University of Iowa
Jerry G. Ingram, University of Iowa
Han Li, University of Iowa

Topic: Curriculum, Education Issues

Geriatric curricular transformation is occurring at all of our School’s academic centers across the state. Evaluation of such curriculum change efforts is critical in assessing outcomes of geriatric curriculum enrichment and contributes to its sustainability. This GeroRich project evaluated attitudinal, knowledge, and skills outcomes for two cohorts of undergraduate and graduate social work students (all students who entered the program in 2002 and 2003). Both quantitative and qualitative data were utilized. Outcomes of intergenerational service-learning were assessed for students who elected the option. Major instruments included the following:

General Attitudes Toward Elders Scale. A nine-item scale was adapted from the Foundation for Long Term Care (Pillemer & Albright, 1996). Items (e.g., “Most older people are set in their ways and unable to change”; “Older people can learn new things just as well as younger people can”) were rated on a scale from 1 (strongly disagree) to 4 (strongly agree). Pre- to post-test results for all students (Cohort 1, N = 90; Cohort 2, N = 77) showed positive attitudinal change toward elders across cohorts (p < .001 and p < .000, respectively).

Attitudes Toward Working With Older People Scale. A seven-item scale was adapted from Pillemer and Albright (1996) and used the same 1 to 4 rating scale as above. Examples of items included: “Working with older people is a very worthwhile occupation”; “It would be very stressful to work with older people.” Pre- to post-tests revealed positive change in attitudes toward working with older people for Cohort 2 students only (p < .008).

Gerontological Knowledge Scale. Students were asked to report how knowledgeable they felt about 10 items adapted from the CSWE/SAGE-SW (2000) gerontological competencies survey. Items included knowledge about the physical, psychological, and social changes in later life, policies affecting older adults, and the influence of aging on family dynamics. Each item was measured on a scale from 0 (no knowledge) to 10 (very knowledgeable). Pre-to post-test results indicated strong positive change in overall gerontological knowledge for both cohorts (p < .000).

Gerontological Skills Scale. Students were asked to rate their skill level for 10 items adapted from the CSWE/SAGE-SW (2000) gerontological competencies survey. Examples of items were perceived skills in enhancing the independence and self-
determination of older adults and linking older adults and their families to resources and services. Each item was rated from 0 (very little skill) to 10 (highly skilled). Pre-to post-test results showed strong positive change in overall gerontological skills for both cohorts (p < .000). Item analysis, however, revealed no significant change in skills respecting cultural, spiritual, and ethnic beliefs of older adults and family members for either student cohort, indicating need for improvement in this curricular area.

Gerontological Content of the Curriculum. Students were asked at post-test, “How well do you feel that issues about aging were addressed in the past year?” Ratings ranged from 1 (not at all) to 4 (very well). Mean scores were nearly identical for the two cohorts (2.66 and 2.68, respectively). An open-ended question asked students to describe gerontological content they had been exposed to during their foundation year. Major content areas reported were health and mental health of elders, elder abuse, elder services, policy issues, and positive effects of aging.

Intergenerational Service-Learning Survey. Students who elected service-learning (Cohort 1 = 14; Cohort 2 = 16) completed qualitative open-ended pre- and post-tests regarding their service-learning experience with elders. Responses at the end of the experience included the value of experiential learning, application of what was learned in class, increased understanding of the aging population, and help in making career decisions.

Implications for multi-method evaluation using quantitative and qualitative data are discussed, as well as challenges of evaluating student outcomes across geographically dispersed academic centers.


Preparing MSW Students for Changing Demographics: Multigenerational Curriculum Infusion Strategies

Karen Fredriksen-Goldsen, University of Washington
Robin Bonifas, University of Washington

Topic: Education Issues, Students

Demographic trends signify an ongoing increase in the size and diversity of the older population. Currently there are 35 million Americans age 65 and older; projections indicate this number will reach 70 million by 2030 (U.S. Administration on Aging, 2003). The burgeoning older population is generating a greater number of concurrent generations such that families spanning four or even five generations are increasingly common (Bengston, 2001). While the majority of social workers practice in multigenerational settings, most receive training that is explicitly organized by age and are not prepared to practice across multiple generations. Given changing demographics, equipping future social workers with both gerontological and multigenerational practice skills is an imperative for social work educators; however, social work students may not recognize the necessity of these skills across all areas of practice. For example, students tend to resist aging studies and report greater interest in pursuing coursework in mental health, child welfare, health, and family services, although aging intersects with all of these domains (Scharlach, Damron-Rodriguez, Robinson, & Feldman, 2000). A multigenerational curriculum infusion framework addresses such student resistance by linking gerontological and multigenerational content with students' practice interests across all areas of specialization.

This research presents findings from a longitudinal survey study designed to measure the effectiveness of a three-tiered multigenerational infusion model in stimulating positive change in MSW students’ perceptions, skills, and knowledge regarding gerontological and multigenerational social work practice. Surveys were administered to a cohort of MSW students at three key points during the two-year graduate program: the beginning of the first year, the end of the first year, and the end of the second year. The survey assessed students’ perceptions of the importance of gerontological and multigenerational curriculum content, the importance of gerontological and multigenerational skills to social work practice in general, and the importance of gerontological and multigenerational skills to their own social work careers. In addition, the survey examined the extent of students’ gerontological and multigenerational knowledge at each time point and their interest in further gerontological and multigenerational coursework.

The findings from this research indicate that a three-tiered multigenerational curriculum infusion model is associated with positive changes in MSW students’ perceptions regarding the importance of both gerontological and multigenerational content and in the extent of their knowledge and skills for gerontological and multigenerational practice. Most significantly, while students were consistently aware of the importance of such skills to social work practice in general, they were less aware of their value to their own
social work careers. The implications of these findings suggest that unlike their predecessors, current students are already aware of the importance of both aging and multigenerational issues to social work education and practice in general, but they have a more difficult time understanding the link between these areas and their own careers. While in the past we may have needed to educate students regarding the general need for such content, today we must demonstrate the linkage between these practice areas and students’ other substantive areas of interest. This research highlights the importance of future research to determine additional effective strategies to help MSW students link gerontological and multigenerational practice skills and knowledge to their own social work careers and specific areas of interest.


In lieu of demographic shift and continued demands for geriatric services for elders and their family members, social workers are facing growing needs for formulating policy and providing services to enhance the physical, mental, and social well-being of older adults. A burgeoning literature suggested that social workers at all levels need basic aging practice competency (Rosen & Ziotnik, 2001). A special concern for social work educators is a well-documented critical shortage of properly trained social work practitioners and the disconnect between demographic reality and a contemporary educational climate that is not adequately preparing the next generation of social workers (CSWE/SAGE-SW, 2001; Damron-Rodriguez & Lubben, 1997). In previous studies social work educators have identified many challenges to increasing students’ interest in working with older adults. Among these difficulties are students’ reluctance due to lack of knowledge and preparation (Cummings, Galambos, & DeCoster, 2003; Olson, 2002).

Based on a Geriatric Enrichment effort implemented in a MSW program in the Northeast urban area, this study examines outcomes of an innovative approach of infusing aging contents across the foundation curriculum by creating a learning community. To determine the effectiveness of the enrichment efforts, a questionnaire was designed to inquire about students’ interest, experiences, knowledge, and skill competency (CSWE SAGE Aging Competency Survey, 2000; Fitzgerald, et al., 2003).

Among 164 first-year MSW students who responded to the survey conducted in September, 2003, 30.5% were interested in working with and on behalf of older adults. A slightly higher number of students (36%) were interested in working with families of older adults. In terms of their personal experiences, the vast majority (91.5%) had a relationship with an older adult that was special to them, and 40% reported that they have lived in a household with an older adult. Through their volunteer and paid work experiences, 20.5 % had worked with clients concerning their aging family members. While the majority (83.5%) of these first year students believed that gerontology is a growing field, only 13.6% had a geriatric field placement. In addition, 17.6% would like to pursue their career in geriatric social work. The sources of inspiration to work in gerontology for some students included social work courses (15.5%) and mentors (14.8%).

In the follow-up survey administered to the same group of students in April, 2004 (n = 161), there was not statistically significant differences in students’ levels of experiences and interest in geriatric social work between the pretest and the posttest. However, significant increases were observed in students’ levels of gerontological knowledge and
geriatric skill competency for both clinical and macro practice. More gerontological experience and higher knowledge predicted greater levels of competency in clinical practice skills at the posttest. Higher gerontological knowledge was the only variable that was associated with greater levels of competency in macro skills. Implications for educating the next generation of social workers to better meet the needs of older adults and their families were presented.


Residue of Collective and Cultural Trauma Experienced by Japanese American Elders

Rita Takahashi, San Francisco State University

Topic: Asian American/Pacific Islanders, Cultural Competency, Diversity/Ethnicity

Historically, many marginalized and oppressed groups have experienced what Alexander (2004) calls “cultural trauma” and Erikson (1976) labels “collective trauma.” Japanese Americans experienced such historical trauma during World War II when they were singled out, based solely on their heritage, and severely restricted in their individual freedoms, excluded from the West Coast, and incarcerated in U.S. concentration camps. Now, more than 60 years later, the residue effects continue to resonate, especially among elderly Japanese Americans who lived through these traumatic times.

Based on over twenty years of research, including more than 450 oral history interviews with older Japanese Americans, this paper addresses multiple ways in which the elders were affected -- and continue to be affected -- by the cultural trauma. It chronicles the stories of elderly Japanese Americans and reflects the long-term implications of such trauma, including the intergenerational carryovers to children and descendents.

Cultural trauma is a relatively new concept, and theories continue to be developed. Alexander says that “Cultural trauma occurs when members of a collectivity feel they have been subjected to a horrendous event that leaves indelible marks upon their group consciousness, marking their memories forever and changing their future identity in fundamental and irrevocable ways.” (Alexander, p. 1)

Other authors use other terms to describe trauma experienced by groups. Erikson, for example, uses the term “collective trauma,” which involves “a blow to the basic tissues of social life that damages the bonds attaching people together and impairs the prevailing sense of communality. The collective trauma works its way slowly and even insidiously into the awareness of those who suffer from it, so it does not have the quality of suddenness normally associated with ‘trauma.’” (pp. 153-54 cited in Alexander, p. 2).

Yellow Horse Brave Heart and DeBruyn (1998) use the term “historical unresolved grief” to describe the impact of collective and cultural trauma, which “has powerful implications not only for healing from our past but for giving us the strength and commitment to save ourselves and future generations. . .” (p. 26).

Alexander’s 4-fold cultural classification provides a model for analyzing cultural trauma. Its strength is in the analysis involved, which can be used to explain and understand what happened and to propose remedies or preventative policies for future action. This paper and presentation apply this classification to elderly Japanese American experiences and answer the questions posed, including: 1. nature of the pain; 2. nature of the victim; 3.
relation of the trauma victim to the wider audience; and 4. attribution of responsibility (pp. 13-15).

This paper reveals the importance of cultural competence when working with older persons of color. One must be mindful of, knowledgeable about, and sensitive to the historical experiences which shaped and directed their past and present lives. Thomas (2005) correctly states that, “Assessment of older people requires a comprehensive, broad-based ecological approach” (p. 377), and as this paper will point out, such an approach must include cultural-specific information, including cultural, historical, and collective trauma.

Applications and implications for social work education and practice will be highlighted throughout the paper and presentation. The audience will be encouraged to interact throughout by raising questions, analyzing the theories, concepts, and applications, and presenting other examples and experiences. Hand-outs and other materials will be given (or mailed later) so that participants may use them in their diversity and aging-related courses.


Session 280 – Paper
Unresolved Trauma in Late-Life: Effects on the Aging Process

Carol L. Hart, University of Pittsburgh

Topic: Mental Health, Terrorism

The literature suggests that over 70% of older adults have experienced a traumatic event during their life course. For the current cohort of older adults, these traumatic experiences occurred before the recognition of Posttraumatic Stress Disorder (PTSD) as a diagnostic entity. The stigma against mental illness that influenced the present generation of elders resulted in reluctance for them to seek help for the psychosocial effects of trauma or to report symptoms as physical complaints. Many of today's older adults may have lived with undetected or misdiagnosed mental health problems for decades. This unresolved past trauma may interact negatively with age-related stressors such as retirement, widowhood, and medical illnesses to affect the quality of life of older adults. Recent studies have reported that elders with depression and cognitive decline may experience or re-experience symptoms of PTSD as their physical or psychological defenses diminish. However, many gaps exist to date in the understanding of unresolved trauma and PTSD symptomatology in older adults. This study aimed to add to this inadequate knowledge base, and thus improve health outcomes for our growing numbers of elders. At the conclusion of this presentation, participants will understand the importance of asking their older clients about traumatic experiences and assessing for PTSD symptoms.

This study examined the relationships between present stress, past trauma, PTSD symptomatology, and health-related quality of life in older adults. The risk factors of depression and mild cognitive decline and the resilience factor of social support were assessed for their potential to moderate these relationships. The use of the veteran population in this study afforded the opportunity to study a group with an established high rate of exposure to trauma as well as a low rate of seeking treatment. To date, much of what is known about PTSD comes from studies with the veteran population, and the VA is known as a world leader in the research area of aging. The results of this study show that present stress and past traumatic exposure are significantly related to the experience of PTSD symptoms in late-life as well as to a reduced quality of life. Social support was shown to be an effective moderator of these negative effects. Participants with depression and cognitive decline reported significantly more PTSD symptoms.

This presentation is particularly important to social workers in this era of the rapid growth of the older population as well as in the current climate of the military operations in Iraq and Afghanistan. Acts of terrorism and war have been shown to be more disturbing for those persons who have previously experienced traumatic events. These conflicts will likely result in a new generation of veterans and their families coping with the effects of trauma.

of overwhelming experience on mind, body, and society. New York: Guilford Press.


Planning for the Future: Workshop for Aging Parents of the Mentally Ill

Fang-pei Chen, University of Wisconsin-Madison

Topic: Caregiving, Intergenerational Service/Practice, Mental Health

This paper introduces a workshop and its effects on helping aging parents plan for future care of their adult children with mental illness. Caregiving for a child with severe mental illness can be a life-long journey for the parents. Research has found that most of the mid-age and older adults with severe mental illness are single (Estroff, Zimmer, Lachicotte, & Benoit, 1994) and many of them rely on their original family for care and support (Cook, Choler, Pickett, & Beeler, 1997; Mueser, Bond, & Drake, 2001). For the aging parents of these adults, the challenge of caregiving is intensified not only by their own aging process, but also by the worries about their child’s life after they no longer can provide care (Hatfield & Lefley, 2000; Smith, Hatfield, & Miller, 2000).

A plan for future care that is developed and carried out early on can remarkably reduce the anxiety due to uncertainty about the future felt by both the parents and the adult child with mental illness (Lefley & Hatfield, 1999). Ideally, the plan includes residential and financial arrangement and practical support for daily life. The planning process needs to involve the child with mental illness and other well children (Lefley & Hatfield, 1999; Smith et al., 2000). However, despite its importance, many families postponed the planning because the tasks involved seem to be just overwhelming (Hatfield, 1999). Moreover, these families usually lack access to both the information and support needed for starting the process (Smith, Tobin, & Fullmer, 1995).

In response to the needs of these aging parents, a one-day workshop, modeled on a project invented by Hatfield (1999), was developed through the collaboration of a National Alliance for the Mentally Ill affiliate and a School of Social Work. The workshop aimed at providing the information and resources about planning for future care. Thus, it included presentations on aging process and mental illness, preventative health care, trusts, and social security benefits, as well as a panel discussion on mental health consumers’ views about their future.

The evaluation on the workshop was a single-group pretest, posttest, and six-month follow-up design (Cook & Campbell, 1979) to test the workshop’s short-term and long-term effects on participants’ knowledge, psychological well-being, and future care planning behavior. Self-administered questionnaires contain questions about participants' workshop satisfaction, knowledge gains about future planning, sense of mastery (Pearlin & Schooler, 1978), apprehension about the future, and actions towards future planning. Eighteen of the 20 eligible workshop participants participated in the evaluation.

Overall, participants reported high levels of satisfaction with the workshop, with item mean scores ranging from 3 to 4.75 on a 1 (poor) to 5 (excellent) Likert scale. Fourteen parents (average age of 66.79 years) completed questionnaires at all three times. The
results showed that the workshop helped increase the parents’ levels of knowledge about planning for the future (t=5.57, p<.000), and this effect was sustained through a six-month period (t=3.08, p=.009). The results also demonstrated that the parents who reported higher gain in knowledge about the planning had a higher sense of mastery at both the end of the workshop (r=.71, p=.034) and the six-month follow-up (r=.64, p=.018). Marginally significant alleviation of these parents’ apprehension level was found at the end of the workshop (r=.54, p=.068). Finally, in the six-month follow-up period, all of these parents except one took some actions to plan for the future, including initiating discussions about future care issues with people involved and making future care arrangements, such as setting up a trust and writing down care instructions.

To conclude, in gerontological social work education it is important to acknowledge the phenomenon of caregiving in later life among the parents of adult children with mental illness. It is also important to recognize the multiple stressors uniquely faced by these aging parents, such as stigma of mental illness, their own health declination, financial constrain, and their children’s future needs (Hatfield & Lefley, 2000). When working with these aging parents, social work practitioners need to concern this intergenerational issue and initiate the discussion about planning for the future. Specific information and resources about the planning are crucial for both the aging parents’ well-being and their actions toward planning, as evidenced by the results of the evaluation. The format of a one-day workshop can efficiently deliver these beneficial information and resources and effectively prepare families for this difficult, yet essential task.


Assuring a satisfactory quality of life for Cuba’s large and fast growing older population is a national challenge. This paper describes the important role that social work plays in addressing this challenge. Cuba has one of the oldest populations in Latin America, which is disproportionately large and growing rapidly (Hernández Castellón, Rodríguez, & Pugna González, 2002).

This paper addresses three specific questions: (1) What is Cuba doing to address the challenge of a fast growing, older population? (2) What role does social work play in this effort? and, (3) What are the implications for social work in the US? Information for this paper comes from 25 qualitative interviews conducted in Havana, Cuba in 2003 with policy makers, practitioners and community members.

The community oriented and interdisciplinary nature of Cuban social work with older persons and the implications of this model for social work with older persons in the US are described. This paper also discusses the role of the social worker on Cuba’s unique interdisciplinary gerontology policlinic team (Equipos multidisciplinarios de atención gerontológica (n.d.). It describes the interaction of the community based Cuban geriatric social work practitioner with the family doctor/nurse team and with community representatives in identifying the service needs of the frail older adult.

To illustrate the work of the geriatric social worker at the community level, this paper describes the case of Margarita, an 81-year-old widow who had lived with her brother, Jaime, for many years, until his recent death from a heart attack. It describes how the geriatric social worker obtained services for this elderly woman through interaction with the family doctor and local community representatives, including regional political authorities.

This paper notes that, despite the differences between Cuba and the US, Cuba’s community oriented and interdisciplinary model of social work with older persons provides important insights for social work educators, policy makers and practitioners in this country, who face tremendous challenges in developing programs to meet the needs of an emerging older population in the US (Takamura, 2000). The U.S. elderly population is expected to double between now and 2030 and U.S minorities will grow at a disproportionate rate (Gelman, 2003). This paper notes that Cuba’s model is relevant for social workers in the US, because social work with the elderly in this country is increasingly carried out at the community level. U.S. practitioners are working more and more with older persons in the communities where they reside and will continue to work in different types of community based practice settings in the future. This shift in gerotological social work in the US from inpatient to outpatient community care settings
is due, in part, to the growing influence of managed care and the increased costs of institutional living. This trend also reflects the Federal preference for community based care over institutional care, as stated in the 2001 Olmstead Act, Title III of Americans with Disabilities Act (National Institute on Disability and Rehabilitation Research, 2003).

This paper suggests that social work educators in the US should examine Cuba’s curriculum for educating social workers in geriatric social work to determine if there are parts of that curriculum that might be useful to social work educators here. It suggests that social work education in US schools may be “out of sync with an aging society” (Silverstone, 2000, p. 35). The social work community in the US now recognizes the necessity for achieving a basic gerontological competency for all social workers and the need to educate students for expanding specialization opportunities in geriatric social work (Galambros & Rosen, 2000). It is important for social work students in this country to learn about community organization and about interdisciplinary team practice methods to prepare them for service within communities and within interdisciplinary team settings. The National Center of Geriatric Education Center’s curriculum on geriatrics now includes course material on these topics (The National Center of Geriatric Education Centers, 2003). This paper also recommends that the National Association of Social Workers advocate for increased dialog between US and Cuban social work educators, policy makers and practitioners in the field of aging.


Substance Abuse in Older Adults: International Prevention and Outreach for Harm Reduction

Kathryn C. Shafer, University of South Florida

Topic: International, Practice, Substance Abuse

Only in the last decade has scholarly research and publication dramatically increased in examining addiction and aging. As the global population continues to grow and age, research in this previously neglected area is expanding. There appears to be international acknowledgement among gerontologists that substance abuse (alcohol, tobacco, illicit, and prescription medication) justifies prevention and treatment. However, due to the diverse and complex issues associated with aging, there continues to be a lack of consensus on diagnostic criteria, intervention, and training content about substance abuse problems and older adults.

This paper presents a community based pilot prevention program developed by the Hanley-Hazelden older adult substance abuse prevention team in West Palm Beach, Florida. The program was pilot tested with older adults in community residences and evaluated for effectiveness on significantly shifting knowledge, attitudes, and beliefs about behaviors that place them at risk for substance abuse. The findings from the data collection and analysis will be used in this project to revise and redevelop the pilot program for a more ambitious international substance abuse prevention effort.

The program content was well researched, organized, and developed by the Prevention Steering Committee, and Older Adult Advisory Team at Hanley-Hazelden. The prevention team included of key experts in aging, health, education, substance abuse, and mental health agencies statewide and nationally, who participated in developing the training materials.

The aim of the prevention project is to: 1) present the content of substance abuse modules with older adults; 2) evaluate content for application internationally; 3) discuss the brief screening instruments to identify older adults at risk; 4) introduce healthy aging behaviors to reduce risk and harm related to substance abuse; 5) modify content based on outcome of project; 6) recommend content for curriculum and training development; 7) write up findings for publication.

This international aging and addiction prevention project highlights how the prevailing brief screenings currently in use (in the United States) are missing the following elements in identifying and assessing for substance abuse in older adults:

1) Establishing current polysubstance abuse (alcohol, tobacco, illicit and prescription drug abuse).
2) Utilization of affective questions that are elder specific, build rapport, and obtain trust to gain and elicit actual facts about their substance use (past and current);
3) Examining if memories of, and responses to, stressful events (past and present) common to older adults (death of spouse or adult children, recent losses, chronic illness) relate to current abuse of substances.

4) Exploring how health beliefs, attitudes, and daily activity impact quality of life.

Additionally, this paper will examine teaching older adults how to monitor and evaluate their use of substances such as: 1) how to drink safely (what is a “drink”); 2) how to use medication as directed; 3) understanding the dangers and complications of mixing alcohol and other substances (medications, marijuana, etc.); 4) physiological signs that may be indicators of risk for substance abuse, as efforts in reducing harm from substance use.

Until recently few diagnostic tools were available to help detect substance abuse problems in older adults. Challenges in identifying the “hidden alcohol abuser” are important for those working with or caring for older people. Several screening tools exist, but their validity in older persons and women has been highly debated. The most commonly used self-report instruments such as the four-item CAGE (cut down, annoyed, guilty about drinking, and eye opener drinks) questionnaire, and the ten-item SMAST-G (Short Michigan Alcohol Screening Test-Geriatric Version, have been developed for and validated in younger, mostly male populations. While no screening instrument is perfect, research supports the use of formal screening instruments that are age-specific to determine high-risk situations for alcohol, drug, and prescription abuse. This paper will expand on these concerns to include an international perspective.

The older adult problem drinker and substance abuser has always been hard to detect. Recently, scholarship has increased in the area of aging and substance abuse prevention, education, and treatment. Additionally, organizations such as SAMHSA, have also developed guidelines for older persons on how to speak to the doctor, and other health care professionals, such as identifying what questions to ask regarding their prescriptions, medical care, nutrition, and exercise.

International health care scholars can play a vital role in education and outreach for the hidden substance abuse older adult in the world. Acknowledging and respecting the wisdom and insight older adults can make to gerontology, substance abuse, health care, clinical practice, and education has significant implications world wide.


National Institute on Alcohol Abuse and Alcoholism (April, 2002). Screening for alcohol problems. Alcohol Alert, 56.


Session 284 – Paper
Predictors of Elder Abuse Among Family Caregivers with Dementia Patients in Korea

Minhong Lee, University of Georgia
Stacey Robin Kolomer, University of Georgia

Topic: Caregiving, Violence

Purpose:
The purpose of this study is to identify characteristics that would increase the likelihood that a Korean older adult with dementia being cared for by a family caregiver is at risk of being abused. In Korea, the issue of elder abuse is of particular concern as the number of older adults is increasing faster than in any other country. Caring for cognitively impaired older adults at home is very common for adult children or other family members, yet elder abuse by caregivers to their older family members has rarely been studied. Furthermore, dementias are less likely discussed in the context of elder abuse due to cultural factors and the occurrence in the privacy of the elder’s home.

Method:
This analysis was based on a sample of 490 primary family caregivers from the Comprehensive Study for the Elderly Welfare Policy in Seoul (Kim, 2003). To investigate elder abuse in domestic settings, this study surveyed primary caregivers because it is difficult to gather valid and reliable data about the subjective status of patients suffering from dementia (Zank & Schacke, 2002). Primary caregiver status was defined as a family member or relative providing the majority of practical care for the patient with dementia. After permission was granted, interviews took place in the caregiver’s home or another mutually agreeable location.

Two logistic regression method models were employed to identify significant predictors among the demographic characteristics of caregivers and care recipients, the severity of cognitive impairment, functional ability, caregiver burden, and social support for the degree of elder abuse.

Results:
Model 1 analyzed the risk indicators for emotional elder abuse. Among care recipient characteristics, the result showed functional ability and cognitive ability were significantly associated with elder abuse in domestic settings. More specifically, older adults with severe cognitive impairment were more likely to be abused by their family caregivers (Odds ratio= 2.245, p < .01). Contrary to the researchers’ expectations, as the severity of ADL of patients increased, the caregivers were less likely to emotionally abuse their care recipients (Odds ratio= .516, p < .05). Relationship with care recipient and caregiver burden were significantly correlated with the degree of elder abuse by caregivers. In particular, daughters-in-law as the primary caregivers were more likely to report emotionally abusing their older family members with dementia than other groups.
(Odds ratio= .463, p f− .05). In addition, as the burden of caregivers increased, caregivers were more likely to abuse their care recipients (Odds ratio= 1.863, p f− .05).

Model 2 analyzed potential risk indicators for physical abuse in domestic settings. Significant relationships were found between physical aggression and co-residence, cognitive impairment, caregiver age and caregiver burden. The elderly group who reported living with caregivers (Odds ratio= 2.603, p f− .05), and severe cognitive impairment (Odds ratio= 2.597, p f− .01) were more likely to be physically abused. With respect to caregiver information, caregivers who were less than years old (p f− .01), and experienced more caregiver burden (Odds ratio= 3.918, p f− .01), were more likely to physically abuse their care recipients.

Implication:
Findings implied that in order to prevent possible elder abuse in Korea, researchers, social workers, and policy makers should focus more on primary caregivers who care for the elderly with severe cognitive impairment. Caregivers of cognitive impaired elderly express not only greater subjective burden and negative impacts on their lives, but also greater need for formal social support. Moreover, psychological support services and programs for family caregivers also should be provided to decrease caregiver burden. Current community services, including day care centers, food preparation (meal delivery), respite, home care programs, and nursing home for severely impaired older adults should be expanded. As this study showed that the number and portion of dementia patients cared at home is rapidly growing under the situation that long term care facilities such as nursing home are not widely available and its costs are still expensive not affordable for average family caregiving families. Thus, among these services, a higher priority should be given to developing and expanding programs for cognitive impaired elderly.


Training practicing social workers at the BSW and MSW level is a key component of IGSW’s mission to enhance the quality of the workforce of professionals working with older adults and their families. Data in this session will be derived from two key sources. In our first year, we conducted 15 focus groups with practicing social workers around the country (N=60) to identify gaps and barriers to receiving training, key topics of interest to practicing social workers, and attractiveness of different training options. Over the last seven months data has been collected from evaluations completed at workshops presented across the country and through participants in our online training courses. These 22 workshops and 177 online courses were sponsored by IGSW and focused on a variety of topics essential to the practice of gerontological social work. Across all modes of training, we have provided training to over 4,000 social workers across the country, and to date we have completed analyses of over 1,200 evaluations. Findings in the session will be presented on: (a) the effectiveness of training in reaching social workers; (b) differential self-reported gains in geriatric knowledge by different modes of training; (c) the satisfaction of the training experience by educational method; and (d) gaps and barriers to providing training to practicing social workers. We also will describe the characteristics of social workers participating in training on aging. Of the 177 online trainings that have been evaluated to date, the average years of employment in aging is seven. Approximately 21% are employed in mental health agencies and/or long-term care and rehabilitation facilities and 5% of social workers are employed in adult protective services and substance abuse agencies. About 25% of the social workers who completed the online training courses currently work with older clients. We plan to use this information to better understand the training needs of practicing social workers, and to improve the methods of transferring skills through continuing professional education.
Workforce Development for Latino Direct Service Workers: A Program Evaluation

Janice A. Gasker, Kutztown University
John G. Vafeas, Kutztown University

Topic: Administration (Agency), Agency Job Issues, Latino

The retention of direct service workers continues to vex all providers of aging services (Barak, Nissly, & Levin, 2001). The problem continues despite suggestions for such policies as wage improvements (Feldman, 1993), supportive management style (Thomas, 1997; Yamada, 2002), careful hiring, (Krause, 2000), staff recognition (Krause, 2000), and job flexibility (Fernandez, 1990). It may prove to be even more challenging to employers of culturally diverse workers (Berdes & Eckert, 2001).

In response to this challenge, a comprehensive program to recruit and train Latino workers for direct care employment in aging services was developed. This exploratory study examines the program, which began with outreach from a community-based center for Hispanic residents of a mid-sized city. Participants began services with five weeks of English as a second language classes and progressed to training and eligibility to sit for certification as nurse's aides. General casework and job seeking assistance in nursing homes, hospitals and home health care were offered.

Two cohorts of twelve and nine members each completed the training continuum with no mortality. Four focus groups were conducted following the programs to gauge efficacy. Longitudinal data will ultimately be gathered.

Member Characteristics

Participants were Hispanic females and one male who reported countries of origin including Puerto Rico, Chili, Dominican Republic, Columbia, Argentina and Panama. All had high school equivalency; two of the women had previous training in nursing, and one had experience as an emergency medical technician.

Outcomes

One hundred percent of participants passed the state Certified Nurses Aide examination. Longitudinal data will examine long-term employability, job retention, job satisfaction and salary range of participants, as well as whether they have continued to work in the field of direct care in aging services.

Program Strengths: Relationships

Qualitative analysis from all focus groups suggested that mutual aid among group members was perceived to be vitally important to success in the development of language proficiency. In addition, relationships between members and the program coordinator-
significantly, an indigenous worker-was repeatedly mentioned as important to members' recruitment and retention in the program.

Program Needs: Comprehensive Social Support

Income maintenance and childcare were pressing needs faced by program participants; members' participation was compromised due to a need to work as well as locate childcare. Locating day care, completing welfare applications and managing other responsibilities exceeded the support available from the program coordinator.

Summary

The outstanding success rate in program completion bodes well for programs of this type. More comprehensive social supports will assure the success of future participants, and future evaluation will determine the success rates of employment retention. It is suggested that potential employers be encouraged to “sponsor” students; that is, to hire them prior to their completion of the ESL-CNA training program in exchange for a period of employment commitment once they have achieved their certification. This plan is a method of assuring income maintenance during program completion as well as assuring job retention. In addition, it is suggested that participants be assisted with child care arrangements in a structured fashion, as this challenge is one which is a serious threat to both their completion of the program and retention as future employees.


Pennsylvania Intra-Governmental Council on Long-Term Care. (February 2001). In Their Own Words: Pennsylvania's Frontline-Workers in Long Term Care. Author.


The purpose of this paper was to identify the existing literature on aging with a developmental disability. We searched MEDLINE, CINAHL, PsycINFO, Social Science Abstracts, Social Work Abstracts, and reference lists from existing sources to identify relevant articles. An examination of the multi-disciplinary body of knowledge, resulted in 257 articles included in our review. Biomedical advancements and improvements in health care have resulted in an increase in the number of people who age with a developmental disability. People with Down syndrome have also shown a dramatic increase in life expectancy. For the first time, a new pattern is emerging: adults with developmental disabilities are outliving their parents, and require appropriate health services to sustain community living. It is important not only to consider people in older age categories but also younger age groups, in order to identify upcoming needs and plan for future services. Aging with a developmental disability therefore presents several unique challenges that will be examined; early or premature aging, co-existing health conditions, sensory impairment, environmental and lifestyle issues, dual diagnosis, and dementia. Both the implications of these challenges for service providers, and the gaps in our current state of knowledge will be discussed. Given the lack of knowledge and expertise in the field of disability and aging, there is a need to educate and train social workers in both the gerontology and developmental disability sectors, in order to be able to meet the needs of this increasing population.


Diabetes mellitus is one of the most prevalent chronic illnesses among the elderly today. According to the Center for Disease Control and Prevention (CDC) (2003), 20.1% of the elderly are diagnosed with diabetes. In 2000, the prevalence of individuals who were diagnosed with diabetes among those aged 65-74 was about 13 times higher than that of persons younger than 45 years of age (CDC, 2003). The incidence of newly diagnosed diabetes is also estimated to increase by more than 800,000 persons each year among those who are age 45 and older (CDC, 2003). The magnitude of people diagnosed with diabetes becomes even greater for African Americans. There are 2.8 million African Americans who are diagnosed with diabetes which represents 13% of the African American population (National Diabetes Information Clearinghouse (NIDDK), 2003). Many of the African American elders suffer from complications and face stressors related to the disease that often leads them to an acute episode, and ultimately into home health care (HHC). This study compares African American (n=76) and White (n=31) elders and identifies unique socio-demographic and psychosocial functioning characteristics of African American elders that can be used to help develop appropriate treatment plans. The study found White elders are older with a higher proportion of men than African American elders. African American elders were more likely than White elders to have lower socioeconomic status which can be found in the higher rates of Medicaid eligibility, lower incomes and are less likelihood of have private health insurance. Differences were also found between African American and White elders in physical and emotional functioning. Given these differences, it is critical to examine strategies for effective social work services which can be valuable for diabetic elderly, when they can provide concrete services, teach coping strategies, help navigate various health care and social service agencies and lastly be an advocate for the patient.


Session 342 – Poster
When Clients Talk to Deceased Loved Ones

Michael Sanger, Student, Catholic University of America, NSSS,

Topic: Education Issues, Practice, Spirituality, Religion/Religious Practices

More than 40% of adults in a national survey reporting having communicated with a loved one who has died—and the older the respondent the more likely they are to experience this kind of communication. These communications includes seeing the deceased, smelling them, hearing their voice, and sensing their presence. This study explored how social workers in private practice, hospices, hospitals, and schools worked with clients around this issue.

Following a grounded theory methodology, twenty-one social workers were interviewed concerning their views of, and interactions with, clients around this issue. The analysis of these interviews showed the followings:

1) A wide range of clients discussed their contact with deceased loved with their social workers;
2) Social workers conceptualized this experience in a wide range of ways;
3) Despite those differing conceptualizations all the social workers dealt with their clients in a similar manner—a manner based on treating the experience as they would treat any other issue a client brought into the relationship;
4) None of the social workers interviewed in this study felt that, in and of itself, receiving a communication from a deceased loved one indicated any form of complicated grief or break with reality;
5) Social workers could differentiate a “genuine experience” of believing one was in communication with a deceased loved one from dementia or psychosis;
6) Some social workers who had not previously encountered this phenomena experienced a moment of panic when first confronted by a client’s report of a communication, but despite this panic these social workers managed to relate to the client in a strength-based manner—they did this by relying on basic social work values;
7) While some social workers followed bereavement-based approaches, all the social workers based their interactions on the fundamental social work values of recognizing the individual as the best expert on their own experience, and respecting the client’s dignity and experience.

By answering basic questions about how social workers deal with clients around these experiences, these findings have implications for social work practice and education, specifically concerning the relative importance of general social work values versus issue-specific knowledge and techniques. Specifically, they suggest that while training in death and dying, religion and spirituality may be important aspects of social work education, they may not be pre-requisites for dealing with a phenomena as complex as a client communicating with a recently deceased loved one.
Session 343 – Poster
Spirituality and Successful Aging Among Low-Income African American Elders

John E. Poulin, Widener University
Robin Goldberg-Glenn, Widener University

Topic: African American, Research (Statistical), Spirituality

This presentation reports on a research study funded by an local AAA, a public housing authority and a Hartford Foundation Geriatric Enrichment grant. It begins with an overview of the community context, the social and economic conditions of the elderly community residents. A brief review of the literature on spirituality and successful aging will follow. After presenting a description of the study methods, the population, and findings we will conclude with a discussion of the implications the findings have for social work education and for preparing social workers to work with the low-income elderly person of color.

Social work has begun to recognize the importance of spirituality and its relation to enhancing older adults’ well-being and successful aging (Hooyman & Kiyak, 2002, Mclnnis-Dittrich, 2004). Rowe and Kahn (1998) defined successful aging as avoiding disease, maintaining high cognitive and physical function, and being engaged with life. Others define inner feelings of happiness and life satisfaction as contributing to successful aging in that positive emotions enhance ones capacity to cope during stressful situations and change (Folkman & Moskowitz, 2000; Havighurst, 1967; Seligman, 2002).

Researchers have found that spirituality and participation in religious activities can improve one’s physical and mental health, decrease the amount of experienced social isolation, increase one’s informal support network, increase available support services and enhance one’s sense of mastery (Koenig, 1990, Levin 1994, Mackenzie, Rajagopal, Meibohm & Lavizzo-Mourey, 2000; Stolley & Koenig, 1997). Neill & Kahn, (1999) found that personal adjustment, well-being, improved physical conditioning and subjective health and life satisfaction were related to formal religious involvement. Ellison (1994) found that older adults actively involved with their church are more likely to have a larger social support system, experience less social isolation, are able to cope with stress resulting from poor health, retirement and widowhood. Black (1999) found that among African American elders, religion and spirituality can cushion the stresses associated with discrimination and poverty.

Overall, the literature suggest that spirituality can lead to positive/successful aging and a more positive trajectory of aging and that among low income African American elders spirituality can play a significant role combating the negative consequences of discrimination and poverty. However, research studies examining the relationship between spirituality and successful aging among low-income African American elderly are limited (Ai, 2000). Information on the mediating role spirituality plays among the socially and economically disadvantaged elderly is not known. This study contributes to
our understanding of spirituality and successful aging by addressing the following research questions:

1. How important is spirituality in the lives of low income African American elderly persons?

2. To what extent does spirituality mediate the negative effects of poverty among African American elderly persons?

Data for this study were collected during the summer of 2004. Four MSW student summer interns conducted in-person assessment interviews with 150 elderly residents of a low-income high rise public housing facility in a socially and economically disadvantaged community. The study sample represents about 90% of the elderly residents in the housing facility. Racially about 90% of the subjects are African American, 8% are Latino and the remaining 2% Caucasian. About 70% are female and all have incomes significantly below the poverty-line. In terms of age, about 60% are between the ages of 65 and 75 and about 40% are 75 and over.

The interview schedule contained a number of standardized measures as well as author constructed variables. Our two measures of successful aging are life satisfaction as measured by the LSIA and an author constructed need index that covers 18 potential concerns or problem areas, such as housing, health, family relationships, etc. The independent variable examined in this presentation is an 11 item spirituality index. The intervening variables are: health status, age, education, friendship support, family support, interaction with friends and kin, anxiety, and depression.

The data will be analyzed using SPSS correlation and regression analyses to examine the zero order and net associations between spirituality and our two measures of successful aging. Step-wise regression will be used to examine the relationships controlling the influence of the intervening variables.

The authors will discuss the implications of the findings for social work education and for social work practice with low-income elderly persons of color. They will also provide recommendations for future research studies with severely disadvantaged and isolated elderly participants as well as methodological recommendations related to the study of spirituality, successful aging and assessment of the two concepts.


Session 344 – Poster
The Influences of Gender and Religiosity on Alzheimer Disease Caregivers’ Utilization of Formal Services and Informal Support

Fei Sun, Student, University of Alabama

Topic: Religion/Religious Practices

The poster presents information on the effects of gender and religiosity on the utilization of formal services and informal support among 740 family caregivers of individuals with Alzheimer’s disease from the REACH study sites in Birmingham, Boston, Memphis and Philadelphia. It uses baseline data collected through in-home interviews. There were 170 males (mean age= 72.6 years) and 570 females (means age= 66.9 years) in the study. Male caregivers were found to be more likely to use in-home services (including use of homemaker, home health aide, visiting nurse and meals delivered at home) than females (56.5% v 47%, p=.03), but reported less utilization of transportation (12.4% v 21.8%, p=.007) and day care services (20% v 28.8%, p=.023), and less informal support (mean difference = -3.16. p=.000).

Religiosity was measured using a five item index: importance of religious faith, frequency of attendance at religious services, self-rated importance of attendance at religious services, frequency of prayer and self-rated importance of prayer. Religiosity scores were found negatively correlated with in-home services utilization, and positively correlated with the use of informal support.

Religiosity was found to affect the relationship between gender and use of formal and informal social support in different ways: 1. Religiosity reduced the relationship between gender and in-home services utilization. When religiosity was introduced into the equation, the gender effect was no longer significant; 2. Religiosity masked the relationship between gender and use of transportation and day care services, that is, religiosity appeared to be a barrier to using these services; 3. Although religiosity and gender were both significant predictors for use of informal support-(Females those who are most religious make greatest use of informal support), the Sobel test further shows that religiosity partially explains the relationship between gender and informal support.

The findings of the study will be of use to social work students interested in gerontology in strengthening their knowledge about caregiving for elderly persons with dementia. Specifically, the study points to three areas that might not often be elaborated on in undergraduate social work classes.

First, this study adds to understanding about gender differences in caregiving experiences. Previous literature has suggested that compared with their female counterparts, male caregivers account for a smaller percentage, and mainly perform male-oriented tasks (i.e., home repair, yard work, transportation), and have more positive feelings about their caregiving experiences. This study found caregiving males to make
greater use of in-home services than females but to make less use of transportation and
day care services. Also, males were less likely to use informal support.

Second, this study leads to understanding of how caregivers’ religiosity is related to their
use of informal and formal services. Other studies have found that many older persons
have high levels of religious involvement, and their use of religious faith as a coping
strategy is in turn closely tied with their positive feelings of caregiving. This study
suggests that religiosity plays a role in caregivers’ use of social resources.

BSW students interested in completing field practice with older adults can put knowledge
from this study to practical application by designing service programs that take gender
differences into consideration, and that use faith-based resources to help deliver formal
social services.
Accounting for 10% of all Asians, there are more than 1 million Vietnamese in America (U.S. Census Bureau, 2002). Immigrants and refugees from Vietnam started arriving in significant numbers following the Fall of Saigon in 1975. Experiences during and after the war, coupled with acculturation and family issues in the United States have defined life of all Vietnamese. Elders are a particularly vulnerable subgroup, having experienced the traumas of war, the losses of immigration, and the challenges of making a new life, in a different country.

Vietnamese families have come to America in three distinct waves (Freeman, 1995). The initial wave of refugees in 1975 were mostly comprised of members of higher levels of social strata; individuals and families of power, money, and influence. Subsequently, the Boat People of the late 1970’s and early 1980’s tended to be Chinese-Vietnamese, mostly belonging to the merchant class, with less formal education. Finally, from the late 1980’s through the 1990’s, extended families were reunified through immigration, and former military personnel were allowed to emigrate with their families.

Social workers need to know who we serve in order to develop responsive policies that address the experience and needs of new immigrants in our communities. Depth of knowledge for particular groups within the Asian diaspora enables social work researchers and educators to develop ethnic sensitive practices based in evidence. By furthering the body of knowledge about vulnerable groups, the profession will lead the health and mental health fields to meet the multiple needs of New Americans.

Using PUMS sample data, files were extracted for Vietnamese-only elders above age 60 to study demographic variables for three age groups: 60-64, 65-74, and 75 and over. Associations and measures of central tendency were obtained for selected demographic variables to describe the Vietnamese elderly experience.

Data analyses reveal a highly vulnerable immigrant group. Only selected variables are presented here. Reflecting their recent immigration experience 98% of Vietnamese elders are foreign born, having lived in the U.S. for 14.5 years. Many elders live with their own children, where they averaged 1.2 own children in the household. Additionally, one quarter live in households with their grandchildren.

Nearly 70% of the sample speak English not well, or not at all. Seventy-nine percent have not achieved a high school diploma. Reflecting these economic indicators, 80% are not in the labor force, including 61% of 60-64 year olds. Vietnamese elders endorse disabling conditions, where 28% of elders report having physical, or mental and memory difficulties. Not surprisingly, the average personal income was $11,320. Whereas most
of the younger cohort’s income is earned, Vietnamese above 65 receive much of their income from government assistance.

In the Confucian tradition, elders are held in high social regard. Census data reveal that Vietnamese elders live in multigenerational households, requiring support from others due to limited English proficiencies and few economic resources. Lingering physical and psychological traumas associated with war and loss factor into quality of life issues. Further research and program development are needed to reach out to vulnerable elderly New Americans.


Factors Affecting Community-Dwelling Elderly Chinese’ Completion of Living Wills and Health Care Proxies

Jinsheng Qiu, Yeshiva University

Topic: Asian American/Pacific Islanders, Death/Dying, Diversity/Ethnicity, Laws/Legal Issues

The presentation is based on this writer’s doctoral dissertation research, which seeks to understand the problem of low completion rate of living wills and health care proxies among the elderly Chinese Americans living in the communities.

In the United States, individuals’ rights have been deeply rooted in the society and upheld by the Constitution. It is reflected in the end-of-life decisions, whereby an individual’s right to choose his/her own end-of-life medical treatments is recognized in the Patient Self-Determination Act of 1990 (PSDA) through the mechanism of completing a living will and a health care proxy. Since the PSDA took effect on December 1, 1991, about 25% of Americans have completed such documents. However, there have been few studies that explore how the community-dwelling elderly Chinese have responded to the PSDA. In fact, unlike mainstream elders, the Asian elderly, including Chinese, have not been incorporated in studies of sufficient numbers that enable meaningful statistical analysis.

As a gerontological social worker working at a senior center, this researcher has observed much grief and distress caused by not having such documents. In an effort to find out what factors that may affect the elderly Chinese’ completion of living wills and health care proxies, she has carried out her study by convenience sampling with 200 elderly Chinese from two senior centers in Flushing, New York. Seven research questions and corresponding hypotheses are formed, some having sub-questions/hypotheses. As the instrument, a 97-item questionnaire was applied in the face-to-face interviews. Up till now, data-collection has been completed and data-analysis is under way. This researcher will be able to report the findings by February 2005, when the conference is held in New York City.

Hopefully, the findings of this study will contribute to the knowledge base of social work by better understanding the elderly Asian Americans. The educators may use the findings in their BSW and MSW classes in the sections of cultural diversity and gerontology.


Oregon Death with Dignity Act, ORS 127.800 §1.01 (12).


Steinhauser, K.E., Christakis, N.A., Clipp, E.C., McNeilly, M., McIntyre, L., & Tulsky, J.A. (2000). Factors considered important at the end-of-life by patients, family, physicians and other care providers. JAMA, 284(19), 2476-2482.


http://thomas.loc.gov/bss/d106query.html


Social Work Student's Perspectives Working with Asian-American Older Adults

Joohee Yum, Student, University of Maryland, Baltimore

Topic: Asian American/Pacific Islanders, Research (General), Students, Diversity/Ethnicity

This poster illustrates student’s perspectives working with Asian-American older adults, particularly Koreans, while conducting intensive interviews as part of the qualitative research team. Social work researchers working with Asian-American older adults may encounter unique experiences when they interact with their participants. The experience interviewing individuals of the same ethnic background with the author was displayed. In addition, several methodological issues were raised such as difficulties in translating the interview contents (Goldstein et al, 1996) as well as understanding culturally appropriate customs. For example, one has to use an honorific expression correctly and frequently when communicating with older adults. As most of the study participants prefer to be interviewed by their native language, fluent language commands are indispensable. Limiting the degree of self-disclosure may be hard at times as they ask variety of personal questions to the researcher prior to the participation.

Role of researchers working with Asian-American older adults may differ compared to researchers engaging in other group. For instance, social work researchers working with this group may play an investigative role to obtain simple information such as home address since many of the study participants don’t articulate their street address. Instead, they explain their neighborhood in general or ask the researcher to call their adult children to get such information. In other times, one has to assume a role of active community participants to gain access to the population.

For social work students, it is beneficial to hear what the experience of working with minority older adults is like in order to increase their competency. In addition, by exposing themselves to this type of student-involved research project, it may help social work students broaden their social work perspectives into research arena.

Factors Affecting the Caregiving Burden of Koreans Caring for the Impaired Elderly

Eunkyung Yoon, University of Georgia
Minhong Lee, University of Georgia

Topic: Caregiving, International

The purpose of this study is to examine the determinants of caregiving burden among South Koreans who care for their disabled older family members. Demographic trends among South Korean elders, inadequate social services, long-term care options, and South Korean cultural norms combine to make the issue of caregiving burden a phenomenon that demands societal attention. There is little empirical research about this issue among large samples of South Korean families. This study helps to provide data and recommendations that address the needs of South Korean elders and their families.

Methods:
The data used in this study were drawn from the Comprehensive Study for the Elderly Welfare Policy in Seoul (Kim, 2003). 1,000 caregivers aged 21 or older caring for their older family members with disabilities were interviewed by intensively trained interviewers with a series of systemized questions. Interviews took place in the caregiver’s home or in another mutually acceptable location. The questions were read aloud to those who were interviewed due to the prevalence of illiteracy among older South Koreans. A snowball sample was gathered from human services agencies in Seoul where both impaired elders and their caregivers could be found (e.g., elder day care centers). Independent variables included the demographic characteristics of caregivers and care recipients, the severity of cognitive impairment among care recipients, care recipients’ functional abilities and caregivers’ degree of social support. Hierarchical regression was used to predict the levels of caregivers’ burden.

Results:
The results showed that caregiver gender ($f^2 = .122, p< .001$), income ($f^2 = .077, p< .05$), caregiver health status ($f^2 = .155, p< .001$), weekly caregiving hours ($f^2 = .177, p< .001$), care recipient age ($f^2 = -.090, p< .01$), care recipient gender ($f^2 = .072, p< .05$), ADLs ($f^2 = .079, p< .01$), cognitive impairment ($f^2 = -.270, p< .001$), financial adequacy ($f^2 = -.082, p< .05$), and informal social support ($f^2 = -.080, p< .05$) were significantly associated with the degree of caregiver burden. Specifically, the data findings show that caregivers reporting female, poor health status, longer weekly care giving hours, less financial adequacy, less informal social support and providing care for female older adults were likely to experience a higher level of burden. Caregiver burden was also positively related with ADL and cognitive impairment. However, use of formal support, employment status, and duration of caregiving were not statistically significant, and contrary to our expectations, as monthly income and care recipient’s age increased, the degree of caregiver burden decreased.
Implications:
This study has important implications for practice and policy. First, South Korean societal expectations about the provision of care to disabled elders require re-examination. The fact remains that women are expected to be primary caregivers. Relatively little notice has been given to the effect of this expectation on women’s psychological and economic status. South Korean social policy has typically ignored these detrimental personal consequences for women. The concept of filial piety reinforces the expectation that women will care for their family’s elder members out of simple respect. Little attention is paid to women’s internalization of this societal message that caregiving is essentially a female role, and a role that should be performed with little assistance from non-household resources. It is thus natural that women report higher levels of caregiving burden than men. This is the moment for South Korea to pay more attention to this dynamic in a practical manner, since it is becoming more unlikely that the coming generations of women will accept this role.

Second, there is a great need for supportive social and psychological services for South Koreans who are providing care to their older relatives with disabilities. Specific services might include peer support groups through which caregivers can share their experiences and feel that they share common bonds with other caregivers. Social workers can provide basic education about methods of stress reduction and self-care. There should exist more opportunities for these caregivers to have regular respite from their daily demands. There must be more elder day care programs, more in-home health and psychosocial care programs, and a greater range of long-term care options.

Session 349 – Poster
Predictors of Depression among Chinese and Korean Elders in New York City

Dooyeon Kang, Student, Columbia University

Topic: Asian American/Pacific Islanders, Diversity/Ethnicity, Health, Mental Health

According to the U.S. Census, Asian population has increased faster than the total population. From 1999 to 2000, the population grew by 72%, and the elderly Asian Americans in New York City grew by 86% (from 439,000 to 787,048) representing 9.8% of the New York City population. In 2003, the Asian elders represented 7.5% of the Asian Americans living in New York City.

Asian Americans are very diverse in terms of ethnicity, language, culture, education, income level, English proficiency, and sociopolitical experiences. Thus, they must have different acculturation experiences. Elderly Asian immigrants are more likely than young Asian immigrants to experience depressive symptoms because they have to adjust to a new environment with limited resources.

Depression is the most common form among the major psychological illnesses in late-life. Out of 34 million Americans over the age of 65, about one million suffer from depression. One fifth of all late-life suicides are due to depression. The prevalence of depression for Asian elders has been found high. Depression among Asian elders is often unrecognized, undiagnosed, and untreated. With the dramatic increase of Asian population in the U.S., social workers will be required to better understand mental health needs of elderly Asian Americans.

Previous research on depression and elderly Asian found lower English proficiency, length of stay in the U.S., low level of acculturation, poor health, financial strain, living alone, fewer social contact, and high level of life stress as significant predictors for depression. In spite of the crucial findings, studying variations in the impacts of demographic, social support, and health related factors on depression of different Asian groups is limited. As mentioned above, although Asians are often considered as one homogeneous group, they are comprised of diverse ethnic groups. In recognition of the importance of finding out differences of prevalence rates and predictors of depression among Asian groups, this study was conducted to identify significant predictors of depressions among Chinese and Korean elders residing in New York City.

The data of this study reveals higher prevalence rate of depression in the study sample than the previous studies of elderly Asian sample in the U.S. and in Asia. Chinese elders in the sample suffer from higher rate of depression than their Korean counterpart. Different factors are found to be significant in explaining depression for the two groups. For Chinese elders, living alone, fewer children living in proximity, poor health, and more stressful life events are significantly associated with depression. For Korean elders, poor perceived health and less religiosity are significant factors for depression.
The results of this study point to the need for culturally and ethnically sensitive intervention programs for Chinese and Korean American elders. Social workers need to be educated on mental health issues of different Asian American elderly groups. In sum, further research on depression among different ethnic minority groups from a sociocultural perspective is important in order to meet the mental health needs of this diverse Asian American elderly population.
Followed by the economic and social reform initiated in the late 1970s, China experienced rapid economic growth. Over the past 20 years, the annual output of China’s economy increased, on average, by more than 8%. But economic development does not guarantee rural elderly with improved health access, on the contrary, the situation even got worse under a series of social reforms, among which health care reform in particular. The dramatic changes brought by these health policies on rural health care system created financial as well as physical barriers for rural elderly to use health services.

In this paper, a systematic literature review was conducted to find out health needs of rural elderly and their barriers in using health services within the big context of social, economic and policy changes in China. The framework of Andersen's health care use (Andersen, Yu, Wyn, Davidson, & al, 2002) was applied to examine the important factors identified in previous study. It was found that contextual characteristics were much discussed with a focus on enabling factors like health policy change and health financing. Individual characteristics were examined in many empirical studies but the findings are quite inconsistent. The paper pointed out limitations and gaps in exiting literature and proposed a systematic evaluation on determinants of health access for rural elderly by suggesting taking both contextual and individual characteristics into consideration. It was suspected that in poor rural neighborhoods of China with varying degree of social and economic development, contextual characteristics played an important role in deciding rural elderly’s access to health care. The knowledge on determinants of health access will better inform policy makers in making appropriate resource allocation and possible policy changes to facilitate health access for those in greatest need.

Empirical investigations of spirituality in health-related research have been dominated by studies of the religious dimensions of quality of life. Typically, these studies have shown that religious factors such as religious service participation and commitment are predictors of positive health outcomes (Koenig, McCullough, & Larson, 2000; Mathews, 1997; Mathews, McCullough, Larson, Koenig, et al., 1998). Additionally, frequently used measures of spirituality are often limited in their scope and could be seen as measures more closely associated with religiosity. While these studies have been useful in examining some of the spiritual aspects of life of older adults, they have neglected the multidimensional nature of spirituality, and how spirituality might influence health-related quality of life particularly for those at end-of-life.

The goal of this study was to test the psychometric properties of a new measure of spiritual health developed by medical researchers at the West Los Angeles Veterans Administration Medical Center, and to examine the relationships and potential overlap of spiritual health with health-related quality of life. This measure broadens the interpretation of spirituality to include Viktor Frankl’s philosophical perspective of logotherapy (1988). This existential interpretation defines spirituality as a way of finding meaning and purpose in life regardless of life stage or life circumstances. Given the importance of spirituality to older chronically ill adults, knowledge of spiritual health of is an essential part of the biopsychosocial assessment, and provides a more comprehensive holistic assessment of overall quality of life of older adults.

Using secondary data from a sample of 389 community dwelling older chronically ill adults in Los Angeles, this spiritual health instrument was factor analyzed and then confirmed using confirmatory factor analysis. Convergent validity was demonstrated with an existing measure of spiritual well-being (Ellison, 1983; Paloutzian & Ellison, 1982). Using structural equation modeling and canonical correlations, this study demonstrated that spiritual health was indeed distinct from aspects of mental health, capturing unique psychological characteristics. This new spiritual health dimension includes a more transcendent and philosophical state of how he or she finds meaning and purpose in life, which is important for understanding the sources of inner strength of older medically-impaired older adults (Mytko & Knight, 1999). The implications for practice and education are discussed to include how social workers can be better educated on the use and interpretation of spirituality in clinical practice with older, chronically-ill adults (Derezotes, 1995). Directions for future research include the need for ongoing testing and development of this measure for potential inclusion into the assessment repertoire of social workers who provide care planning for older adults.


Session 352 – Poster
Doing Research with Multi-Ethnic Hispanic Seniors

Susan E. Mason, Yeshiva University
David L. Strug, Yeshiva University

Topic: Immigrants/Refugees, Latino

Problem: Differential ethnicity among Hispanics can have an impact on implementation and data analysis of research, a phenomenon that is not adequately addressed. With a few exceptions (Erkut & Tracy, 2002; Tran & Williams, 1998) most studies address diversity in gross terms but do not discuss within-group differences. Further, when these differences are addressed, they are viewed as outcome data rather than methodological issues. This study, based on group and individual interviews with 27 Hispanic seniors from different countries of origin focuses on illustrating the importance of collecting and interpreting data multi-ethnic data.

Method: From 2002-2004 research was conducted in an Hispanic New York City neighborhood on topics including access to services, stress, the and the effects of 9/11. Our samples consisted women and men from Dominican Republic, (n=10), Mexico (n=6), Honduras (n=4), Cuba, (n=4), and Ecuador (3). All research was qualitative and most was conducted and audio-taped in Spanish.

Findings: An analysis of the transcripts showed: 1) subjects making multiple references to countries of origin; 2) differences in patterns of traveling back to homeland countries; 3) conflicts between subjects based on ethnicity; 3) disparaging remarks against ethnic groups; and 4) differences in humor. Researchers observed a naturalistic grouping based on ethnicity both before and after the research interviews. All subjects were sensitive differences in legal statuses, the U.S. policies to their countries, and their own levels of education and economic differences here and in their countries of origin, frequently referred to as “home.”

Implications for practice research: The following suggestions are made for qualitative practice research: 1) unless specified, all research on Hispanics is likely to be multi-ethnic; 2) seniors can be asked if differences of opinion are culture-bound; 3) seniors can be encouraged to talk about the influences of ethnicity on current attitudes and behavior. In this way culturally-rich qualitative and more meaningful data is likely to emerge and data that is more helpful to the challenges that seniors face can result. By further understanding how ethnicity affects Hispanic seniors social workers may be able to better reach out to community members who are in need of social and health services (Cantor & Brennan, 2000).


Session 353 – Poster
Perception and Interpretation of Psychological Symptoms and Preferences for Mental Health Treatment by Older Hispanics

Naelys Diaz, Student, Fordham University

Topic: Health, Mental Health, Latino, Practice, Education Issues

Due to the rapid increase of the Hispanic population in the United States in the last decade, it is essential to understand the way in which older Hispanics perceive, express, and interpret psychological distress. High rates of psychological disorders, in particular depression, are found in older Hispanics. However, research indicates that older Hispanics are less likely to receive treatment than younger persons [1-3] or non-Hispanics [4-6]. Multiple factors account for this phenomenon including difficulties accessing mental health services, lack of Spanish-speaking mental health professionals and limited number of mental health professionals trained in geriatrics. Another key factor involves the way in which older Hispanics recognize and interpret psychological symptoms. Cultural elements may influence the way that older Hispanics perceive and interpret of psychological distress as well as their preference for mental health treatment and their willingness to adhere to it.

Several investigations emphasize the crucial role of culture in defining, expressing, and interpreting psychological distress, and shaping treatment utilization and preferences. For example, as compared with other ethnic groups, Hispanics use the term “nervios” (nerves) to denote a wide spectrum of mental illness. Moreover, research indicates that Hispanics are more likely to express psychological disorders or distress using somatic symptoms. [7-11]

This study would contribute to the knowledge and skills development of the social work education in multiple ways. The purpose of this study was to learn more about the perceptions and beliefs of older Hispanics toward mental health and psychological distress. Little is known about older Hispanics’ perspectives on mental illness, including their expectations and preferences for mental health treatment, and how these factors may influence the course of mental disorder. Therefore, this study responds to the need for research that emphasizes the importance of understanding psychological and physical symptoms, rather than on disorders, particularly related to the geriatric population. [7, 12, 13]. In addition, this study broadens social workers’ understanding of older Hispanics’ health beliefs, expectations and preferences for mental health treatment. This understanding is essential for clinical and education purposes within the profession. In the clinical area, social workers will be in a better position to design, implement and deliver culturally competent mental health services that will better serve older Hispanic patients. This would not only reduce health care disparities but would also increase service utilization rate. Enhancing the knowledge about ethnic differences in symptoms interpretation and help-seeking preferences will also allow educators to better prepare future practitioners.


Session 354 – Poster
Dual-Process Explanations for Changes in Thinking in Older Adults

Peter A. Kindle, Student, University of Houston

Topic: Research (General)

Studies of cognitive and emotional development in older adults often yield results that appear to be conflicting. For example, Labouvie-Vief (2003) has proposed two contradictory processes to explain variation in emotional regulation with age, and Jacobs and Klaczynski (2002), while not specifically addressing older adulthood, have suggested that the developmental trajectory of decision-making proceeds along two unrelated dimensions. These perspectives suggest that explanations for cognitive or emotional change with age are incomplete, and that, as a minimum, the changes that occur in older adult thinking should be assessed along two dimensions. Social work researchers and social work practitioners should be made aware of these dual-process explanations so that future research and interventions can be designed to incorporate these insights.

In this study I am reanalyzing data from a convenience sample of 110 adults collected for my master thesis (Kindle, 2002). This cross-sectional sample of community dwelling adults completed three self-report instruments assessing their interest and enjoyment of thinking, their orientation to creativity, and their perspective in comparing alternative truth claims. Additional data collected included biological sex, age (20-74 years), and level of education. Results in the original study found that those most interested in thinking were likely to prefer a creative rather than conventional approach and to evaluate truth claims in a manner that mediated between relativistic and absolutist approaches.

In the reanalysis of the data, dual-process explanations for alternative developmental pathways will be explored by comparing those who report interest and enjoyment in thinking with those who do not report interest and enjoyment in thinking. The results will be discussed within the frameworks proposed by Labouvie-Vief (2003) and Jacobs and Klaczynski (2002) as a means of illustrating how dual-process approaches can enrich the understanding of changes in thinking in older adults. Such awareness may be essential in developing effective interventions, in articulating policy implications for current and future services, and in designing future research to include appropriate measures of dual-process variables.


The inmate population in the United States is just over two million. Although most inmates are relatively young, it is estimated in ten years, persons over the age of fifty will comprise one-third of the total prison population. Prisons are structured in such a way that mass services and programs are used to assist all inmates. Very rarely do specialized services exist to assist its aging population. Healthcare programs are often designed as a “one size fits all” approach, and there have been few, if any, programs or services that specifically target the needs of older adults. This study is a phenomenological case study describing the jail experience of the older male inmate. Ten phenomenological interviews were conducted with inmates at a southern county jail. These interviews focused on obtaining a detailed account of their experiences; understanding their role as an older person in this community, and determining what feelings they have about being incarcerated at this stage of their lives.

Specific questions were developed to focus on the following topics: initial versus current jail experiences, health concerns, criminal history, and future life goals. Emergent themes in the data analysis revealed inmate's concerns regarding inadequate healthcare, community re-integration, guilt (towards self and family), reflection (of life experiences in and out of jail/prison) and regret.

Ideas for social work education, social work practice knowledge, research and policy implications are found throughout the results of this study. Implications for practice include expanded education for forensic social workers and jail administration and staff as to the special needs of their ever increasing, aging male population. Healthcare policy and practice in the jail/prison setting should be re-evaluated for this underserved population. Continued research is needed to address the issue that prisons are not equipped to handle geriatric care and gerontological problems. Benefits from continuing this type of research in social work may include, but are not limited to, an increased understanding of the needs of the older adult inmate and insight into possible programming changes that would benefit inmates, families, social workers, facility staff and administration.
Student Interest in Gerontological Social Work Careers: An Urban Public University Study

Patricia Kolb, Lehman College, City University of New York

Topic: Diversity/Ethnicity, Education Issues

It is well documented that the number of trained social workers employed in gerontological social work and the number of graduate and undergraduate students planning to work in this field is inadequate to meet the current and projected needs (CSWE, 2001). However, there has been very little research to identify factors contributing to interest and lack of interest in careers in this field. The author of this paper, a gerontological social worker, is addressing the lack of information about supports and impediments to undergraduates' interest in gerontological social work by conducting a research study and disseminating data from the study to faculty in social work programs and to gerontological social work practitioners, and information from this study is presented in this paper.

The author was motivated to conduct this study because she had previously taught graduate level social work students and was aware that only a small proportion of the students she had taught were interested in careers in gerontological social work, but when she began teaching undergraduates she became aware immediately that several of her students were interested in careers in this field. With the goal of learning more about undergraduate students' interest in the field, questionnaires have been mailed to all of the students who completed senior year fieldwork placements in 2001, 2002, and 2003, a total of 306 students over the three years. Almost half of the students responded, and the results provide insight into variables influencing interest and lack of interest in the field. Graduates who responded are in the age range from 20's to 50's and are from very diverse racial and ethnic backgrounds and nationalities including African American, Cherokee, Dominican, Irish, Jamaican, Japanese, Nigerian, Vietnamese, Panamanian, Puerto Rican, and others.

Major influences on graduates' interest in gerontological social work as first choice of social work field of practice were fieldwork experiences in associate and baccalaureate degree programs, concern for one's community, employment experiences, and experiences of relatives and friends. Reasons for lack of interest indicated by disinterested students included discomfort with the reality of death, negative personal experiences, lack of life experiences perceived as necessary for proficiency in work with older adults, and others. These and other findings will be discussed in this presentation.


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Preparing Our Workforce to Deal with Older Adults in an Aging Society: The Consumer's Perspective

Elaine Jurkowski, Southern Illinois University Carbondale

**Topic:** Curriculum, Education Issues, Rural

Historically gerontological research and interventions have been centered upon the frail elderly and their caregivers. Hence, educational efforts to teach social workers and helping professionals have also focused on the frail elderly and those requiring skilled nursing care. Recently, the Council on Social Work Education, in collaboration with the John A. Hartford Foundation set out to reshape the curricula and training within the professional disciplines to include social work. In an effort to prepare social workers working in rural communities with older adults in an aging society, a series of perspectives were sought to identify curricula necessary to prepare the social work profession to deal with older adults in an aging society. Seniors from within a 25 county area were targeted through a series of focus groups at senior nutrition sites and senior centers. Seniors also completed a survey to identify and prioritize 60 competencies areas perceived as important for social workers. Findings suggest that seniors identified communication skills with older adults as critical in the helping process. Other skill areas necessary for working with this target population included mediation skills (for family mediation), knowledge of aging theory and medical conditions association with aging and knowledge about disabilities/impairments. Seniors also voiced the importance of “person first” maintaining a strengths perspective and ensuring dignity. This paper will discuss the findings and implications for curriculum development in an effort to infuse meaningful content about aging within social work curricula.
Session 370 – Workshop
Lifeways: The Key to Increasing Intergenerational and Cultural Competence

Molly E. Davis, George Mason University

Topic: Cultural Competency, Intergenerational Service/Practice

Social work practice increasingly occurs in multicultural, intergenerational settings. Data from the 1990 census reveal that the number of persons who speak a language other than English at home rose by 43 percent to 28.3 million. Approximately 45% of this group indicate that they have trouble speaking English (U.S Bureau of the Census, 1990). The 2000 U.S. Census will likely reveal even higher numbers. The current demographic and economic trends toward a more globalized world has led to a growing number of minority and immigrant populations. The challenge of providing quality services in both multicultural and intergenerational settings can be formidable. This workshop will explore how orienting students to the concept of lifeways and intergenerational practice can provide a means for helping them increase their level of cultural competence and overcome potential cross-generational and cross-cultural barriers.

Social workers have the ethical responsibility to become culturally competent. This term reflects the growing demand to possess a level of expertise in addressing the scope of needs and services required by diverse client populations (NASW, 2000b). The term cultural competence reflects the notion that social work professionals are to demonstrate respect and empathy to people from all cultures, classes, ethnic backgrounds, physical and mental abilities and age. In fact, diversity increasingly reflects a much broader framework including gender, religious and spiritual beliefs and sexual orientations (Davis, 1997). One of the growing categories of diversity reflected in practice is age diversity. Not only are we experiencing a significant increase in older adults but the numbers of elder adults who belong to minority groups is also increasing. In 1994 1 in 10 older adults was a member of a minority group. In 2050 the proportion of minority elderly Americans is expected to rise to 2 in 10 (Esrig, 2001). Most families represent 4 to 5 generations (Bengston, 2001). The growing presence of multiple generations and other forms of diversity in every agency setting has demanded additional levels of competence by helping professionals. All social work students must possess cultural competence and intergenerational practice competence.

Lifeways is a term which reflects the traditions, ways of living, customs, rituals and practices which are a part of each of our lives. Lifeways are fundamental to the development of cultural competence (Davis, 2003). They are integral to the personal story of each client. An understanding of lifeways allows for the social worker to truly understand person-environment context. They are unique to the individual and must be learned through the process of effective communication and relationship building with clients. Learning the lifeways of a client regardless of their diverse status is fundamental to understanding that diversity.
Cultural competence along with intergenerational practice competence is critical for social work students. They are necessary to:

* Respond to current and projected demographic changes
* Understand and address disparities that impact diverse client groups, including age
* Improve the quality of service and outcomes impacting diverse client populations
* Advocate and promote the unique service needs of diverse client population groups (Cross, et al. 1989)

Are students prepared for a practice environment that is increasingly diverse and intergenerational? This workshop will share the results of a three year effort of curriculum transformation, designed to increase cultural and intergenerational practice competence.

This workshop will orient participants to the concept of cultural competence, intergenerational practice and lifeways and the growing demand for them in social work practice. Specific attention will be directed toward educational strategies such as assignments, exercises and content that can be integrated into the social work curriculum to build competency levels of students. A set of Intergenerational Practice competencies has been developed as a result of a survey of six hundred social work professionals. These respondents were asked to identify the competencies most critical to being able to work cross-generationally with clients throughout the life span. Responses from 332 (53%) of these individuals were used to identify a set of intergenerational practice competencies, rank ordered in order of competence.

Using the NASW Standards for Cultural Competence in Social Work practice as a framework, specific intergenerational practice competencies will be linked to each standard. Each participant will be introduced to the concept of lifeways and experience it through a concrete exercise.

Participants will be experience and be provided an exercise to teach students the concept of lifeways. Specific techniques and educational strategies for helping students meet the standards for cultural competence will be provided.


Session 371 – Paper
Cultural Competence for Long-Term Care Facility Social Work Advance Care Planning

Sharon Hines Smith, Rutgers University

Topic: Death/Dying, Diversity/Ethnicity, Practice

Social work practice standards for long-term care (LTC) endorsed by the professional community, acknowledge the importance of cultural competence in supporting individuals and families with end-of-life care decision making around advance care planning. However, actualizing cultural competence in practice can be challenging due to complex intrapersonal, interpersonal, and institutional cultural dynamics. This study examines these dynamics as they manifest themselves from the perspective of LTC facility social workers through the medium of two focus groups and four in-depth key informant interviews with social workers and/or administrators with social work backgrounds. Specific objectives of this study are to:

1. Identify and discuss problem areas that pose obstacles to cultural competence in advance care planning;
2. Identify and discuss social work practice skills most helpful in achieving cultural competence in advance care planning;
3. Identify recommendations to enhance cultural competency in the advance care planning process.

The long-term care facility provides a unique environment in which to examine end-of-life care issues and social work practice interventions considering that upon admission older adults and their families are confronted with the reality of physical decline and personal mortality. Few studies, however, have examined cultural influences on end-of-life care decisions within this unique environment. Lack of attention to this area makes the use of qualitative research methods, such as focus groups and in-depth interviews, appropriate for the exploratory nature of this study.

Theoretical Perspective

Symbolic interactionism maintains that personal identity, perceptions of self, thoughts, patterns of behavior, values, beliefs, as well as the meaning of life and death emerge from interactional processes between the individual and their broader socio-cultural environment (Blumer, 1969; Hooyman & Kiyak, 1996). When an individual finds themselves in a socio-cultural environment that is unfamiliar and incongruent with the one in which initial perceptions and meanings were formed, anxiety, stress, and fear are experienced as a psychological threat to the self (Kahana, Kahana, & Kinney, 1989). Consequently advance care planning processes that are culturally insensitive foster mistrust, anxiety, and stress for the culturally diverse older adult and their family (Barressi & Stull, 1993; Kaplan & Shore, 1993). Efforts to enhance the cultural competence of professional staff in LTC facilities therefore stands to contribute to increased comfort and satisfaction with care from this perspective.
Literature Review

Individuals and families culturally different from predominant groups of staff in health care facilities frequently encounter barriers in obtaining culturally appropriate care and support (Langston, 1982; Lynn et al., 1997). Kawaga-Singer (1994), recognizing disparities in care received by group membership, suggests that all aspects of health care be assessed in relation to social, spiritual, and cultural values of individuals. The need for social workers to assert more consistent responsibility for diminishing cross-cultural misunderstandings while assisting older adults and their families in advance care planning has been addressed in research by Bern-Klug and others (2001) also Christ and Sormanti (1999). The uniqueness of achieving cultural competence in social work practice within the long-term care facility environment has not been addressed extensively within research literature hence the significance of this study's focus.

Method

Data were generated through individual interviews with 4 key informants and 12 focus group participants. Key informants and participants were recruited through the New Jersey Consortium of Long-Term Care providers and field instructors for a state university, School of Social Work. Data were analyzed using a modified grounded theory approach. Specifically literal and interpretive meanings were synthesized and coded resulting in the emergence of broader thematic patterns. Data analysis was assisted by the use of NUD.IST 4 Qualitative Data Management Software.

Significance to Social Work Practice

Differential cultural responses to the imminence of death, cultural variations in the designation of key family decision makers, and the importance of cultural sensitivity in communications with older adults, their families, and facility staff were categories of dominant themes that emerged from the data analysis process. The implications of these thematic categories for culturally competent social work assessment and intervention concerning advance care planning are discussed.

Specific recommendations include the need for more community-based advance care planning initiatives, more staff training to promote cultural sensitivity and awareness of personal cultural bias that may impact professional caregiving, improved family conferencing and communication regarding end-of-life care decision making, also increased availability of advance care planning material in multiple languages.


Session 372 – Paper
Geriatric Assessment of First Nations' Elders and Their Families: Cultural Considerations

Shirley R. Hall, New Mexico Highlands University

Topic: Assessment/Evaluation, Native American

This presentation stems from nine years of educating health care professionals, including social workers, who work with First Nations’ elders.

Components of a geriatric assessment have been identified and described most thoroughly by Kane (1989). Similarly, the major components of cultural competence have been detailed by Lum (1999). Specifics focusing on the knowledge, values, and skills that social work practitioners need when working with First Nations’ clients have been suggested by a number of authors, including Harper and Lantz (1996), Herring (1999), Two Feathers (2001), and Weaver (2001). This presentation integrates and applies cultural knowledge regarding peoples of the First Nations to the task of conducting a culturally competent geriatric assessment.

Since there are over five hundred tribes in the United States, the importance of understanding both intergroup and intragroup diversity cannot be overlooked. Knowledge of tribal history, as well as contemporary issues, also is necessary. Cultural considerations must include a recognition of the skills necessary to establish rapport and collect the information needed for the geriatric assessment. It is necessary for the professional to be able to identify potential barriers to communication, such as differing communication styles and problems in cross-cultural and cross-gender communications. Weaver’s (2001) “containment skills” must also be implemented.

Cultural considerations in assessment include the need to take into account the holistic nature of health and well-being; health involves the individual within larger groups - family, community, and tribe/nation. The use of genograms and ecomaps become essential within this cultural context. Similarly, when family caregiving of an elder is involved, an assessment of the roles and scheduling of multiple caregivers can, indeed, become complex. Valle (1998) has also pointed out the need to map the decision-making system of the extended family and to be aware of the lengthier amount of time that it may take for a decision to be made; otherwise, misinterpretations, such as assuming the family does not want to be involved, may occur.

Other cultural considerations include the need to understand cultural worldviews regarding illness, diagnosis, and treatment and to avoid “diagnostic ethnocentrism” (Castillo 1997); the professional must critically assess the effects of her/his own professional schemas on the client. In addition, research has shown, for example, that minority elders with less than eight years of schooling do more poorly generally on mental status exams, excluding memory problems. Some Indian Health Service
professionals have also modified the mental status questions so that culturally-appropriate material can be included.

Recognizing that there are benefits to be obtained from traditional healing methods is of utmost importance. Professionals must be open to the possibility of collaboration with Native American healers. They must respect such traditions and not be intrusive if the details of such healing ceremonies and rituals are secret.


Traditionally, the dominant emphasis of social work practice with older adults has understandably been on at-risk, vulnerable individuals, their caregivers and families. (Silverstone & Burack-Weiss, 1982, 1983; Greene, 1986; Kim, 1991; Meyer, 1986; Lowy, 1979,1985,1991; Schneider, Kropf, & Kisor, 2000; Keigher, Fortune & Witkin, 2000). More recently articulated practice models, empowerment oriented practice (Cox & Parsons, 1993) and vital involvement practice (Kivnik, Stoffel & Hanlon, 2003; Kivnick & Murray, 1997) have continued the focus on frailty. Case management, home care, dementia, caregiving and palliative care have been significant areas for practice, program development and research. (Toseland et.al., 1999; Braun & Browne, 1998; Proctor, et. al, 2000; Applebaum & Austin, 1990). It has been important to understand the linkage between health and social services, to create client centered, seamless systems, and to develop a range of community based long term care services that can provide choices for an increasingly ethnically diverse older population. However, we also know that the vast majority of older adults are healthy and active, that an ageist culture reinforces stereotypes of decline and dependency, and that older adults represent a valuable, untapped resource to society at large and in the neighbourhoods where they reside. (Freedman, 1999). Dyckwald, 2000).

“Our society confronts the challenge of drawing a large population of healthy elders into the social order in a way that productively uses their capacities. Our task will be to envision what influences such a large contingent of elders will have on our society as healthy older people seek and even demand more vital involvement.” (Erikson et al, 1986, p. 333). This is the challenge. The Elder Friendly Communities Program is one response.

The Elder Friendly Communities Program (EFCP) was developed to improve quality of life for older adults and support them in their own homes and neighbourhoods. Its primary focus is the engagement and empowerment of older adults through the use of community development to build skills, leadership, and advocacy. EFCP represents a new, shared model of service delivery among major service providers in Calgary, Alberta and in a replication site Adelaide, South Australia.

The first stage of EFCP focused on conducting an extensive needs assessment on five Calgary neighbourhoods selected for density of older population, variation of income
levels and cultural diversity. The goal was to develop a focus on the assets, capacities and needs of older adults and their families. The needs assessment was a participatory research project, which utilized focus groups and in-home interviews, involving 294 respondents. The needs assessment report A Place to Call Home can be accessed at www.elderfriendlycommunities.org. In addition to identifying issues of concern to older adults, the needs assessment located individuals willing to become involved in community development activities to address the concerns previously identified.

The next stage involved the development and identification of promising practices of community development with older adults. A grass roots approach to community development was initiated with older adults residing in the five neighbourhoods participating in the needs assessment. Older adults drive the community development process and are the core of committees that meet regularly in each neighbourhood. Seniors select priority issues, develop work plans, and implement actions. Neighbourhood projects have successfully established ongoing older adult led initiatives including intergenerational snow removal and yard maintenance services, celebrations of cross cultural sharing and assistance with completing applications for government benefits. In two diverse neighbourhoods EFPC connects older adults from different cultures. Chinese, Vietnamese, Filipino, Ishmaeli, Hispanic and European immigrant older adults are actively involved in EFPC. Gatherings provide access to service information through interpreters. Collective celebrations communicate the richness of each culture. These activities are designed to increase social capital and enhance community capacity in the EFPC neighbourhoods.

EFPC supports neighbourhood based community development through an innovative collaboration involving major service providers. A Steering Committee, composed of representatives of collaborating organizations (Calgary Health Region, City of Calgary Senior Services Division, Calgary Family Services, University of Calgary, Faculty of Social Work) and older adults, is responsible for ensuring that adequate funding is available to support program activities, for integrating the research agenda and for disseminating findings and practice experience. EFPC is also an international collaboration, with a replication now underway in Adelaide, South Australia.

The session will start with an overview description of Elder Friendly Communities and will include the following papers:
Community Development with Older Adults: Process & Cultural Diversity
The Challenge of Collaboration
Research Design: Comparative Observations & Evidence
Elder Friendly Communities: A Vehicle for Infusing Gerontological Content


Session 374 – Paper
Involvement in Voluntary Organizations: How Older Adults Access Volunteer Roles?

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Topic: Civic Engagement

As older adults are increasingly involved in volunteering, it is important to build knowledge about how they access volunteer roles in organizations. The burgeoning older population is considered great social resources for volunteerism because of promoted well-being (Independent Sector, 2000; Morrow-Howell, Hinterlong, Sherraden, Tang, Thirupathy, & Nagchoudhuri, 2003). A national survey indicates an increasing interest in volunteerism among elders (Peter D. Hart Research Associates, 1999). The evidence that volunteering produces positive outcomes for both older volunteers and service recipients calls for maximizing late life volunteering (Morrow-Howell et al., 2003). Therefore, how to expand access to volunteer roles is the priority of voluntary organizations.

Older adults may vary in their access to volunteer roles: applying directly to agencies, being recruited by organizations, or being asked by family and friends (Caro & Bass, 1995; Cohen-Mansfield, 1989; Kovacs & Black, 1999). Socio-structural factors, however, may affect elders’ involvement in organizations. According to a political economy perspective of aging, the inequality dynamics embedded in such social structures as social class, gender, race, and age may impose barriers to volunteering engagement among elders and make volunteering an elitist activity (Dressel, Minkler, & Yen, 1999; Estes, 2001).

Using a nationally representative data, this paper examines how older adults access volunteer roles and what socio-structural factors are associated with the access. The data obtained from the September 2002 Current Population Survey is subsetted into older people aged 65 and over (N = 18,109). Polytomous logistic regressions are used to assess the likelihood of one way of being involved versus another.

It is found that 24% of elders volunteered in various organizations: religious organizations (45%), social and community service agencies (19%), health-related institutions (11%), and others. About 43% of older volunteers approached organizations and another 43% were asked to volunteer. Of those being asked, 63% were asked by organizations.

Gender, race, education, and income make difference in volunteer role access. Women were 20% less likely than men to approach organizations, and 19% less likely to be asked. Non-Whites were almost three times likely to be affected by their family’ or friends’ involvement in the organization, and 58% more likely to be asked by them versus by other people. High-educated elders tended to approach organizations versus being asked. Low-income and unmarried elders tended to be asked by organizations.
The findings suggest that elders strongly motivated by or interested in the organizational goals are likely to approach the organization and seek for volunteer positions. Therefore, voluntary organizations are advised to specify their missions and connect them with issues that are easily identifies, such as improving school children’s academic performance, preserving families (Kovacs & Black, 1999). Meanwhile, asking elders, particularly those with fewer social networks will increase volunteer pool. Both formal (organizational) and informal (friends and family) asking can link older adults to volunteer roles fit for their interest and capacity. Barriers to voluntary organizations associated with social structures should be overcome in the effort to expand volunteering in the older population. Such a knowledge base will help gerontological social workers and volunteer administrators recruit, train, place, and work alongside older volunteers.


Staying Involved: Stress, Resiliency, and Older Adults Attainment of Meaningful Living

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Topic: Assessment/Evaluation, Health

The older adult population is growing in a steady phase. Older adulthood is often characterized as a period in life when people experience multiple stresses. A growing body of research indicates that old age is also characterized as a period of resilience when the older adult uses internal and external resources to overcome the challenges presented by this stage of life and maintain optimal functioning (Laferriere & Hamel-Bissell, 1994).

The purpose of this study is to explore those strengths that older adults use to overcome stress and stay involved in the world in a meaningful way.

Stress is defined as “a relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well being” (Lazarus & Folkman, 1984, p. 21). Resiliency is defined as “the ability to develop and/or maintain healthy functioning and successfully adapt to life's challenges and risks” (Patterson, 1997, p. 8).

Methods and Procedures:
This study involves older adults, a vulnerable segment of the population. To maintain congruency between the research methods used in this study and the nature and unique experience of this study's participants, a feminist research methodology has been applied. Feminist research methodology has been characterized as reflexive, attentive to emotions, concerned with daily living (Fonow & Cook, 1991), and sensitive to the impact of one's life special circumstances on one's self perception and relationship (Brown & Gilgum, 1992).

Data were collected from older adults living in the rural and urban parts of Eastern United States. The sample was a purposive sample. Along with the demographic information an open-ended semi-structured type of interview protocol was followed. Two major topics were specified in the questionnaires: first, the major stresses affecting the older adult's life and second activities undertaken in order to overcome stress. Within the main topic, specific areas of the older adult's life were explored, including health, financial condition, living arrangement and mobility, family relations, social support, and social involvement and volunteering.

Forty three older adults participated in the study. The majority of respondents (86%) were women (n = 37) and Caucasian (n = 28, 68.3%) with men making up 14% of the sample (n = 6). Respondents mean age was 76.07 (range 53-92, SD = 9.0). Thirty percent of the participants had a high school education (n = 13) and almost 33% of the respondents had
college education (n = 14). The average yearly income of the study participants was $25,000. The majority of respondents were either living with a spouse/partner or with a son/daughter (n = 12, 28.6%). Twenty nine (67.4%) of the participants experienced health problems which they controlled with medication, nine participants (21%) were in good health and three (7%) were in poor health.

Interviews lasted for approximately one half hour. The semi-structured interviews were tape recorded and later transcribed. The feminist approach to narrative data analysis emphasizing collaborative processes was used for data analysis (Reinharz, 1992).

Results:
Four dominant themes of stress and five dominant themes of resiliency were identified. Stress factors included anxiety relating to failing health and restricted mobility, finances and the high expenses of medical bills and medications, loss of meaningful people and worry about family members' well being. Themes of resiliency consisted mainly on a strong belief in maintaining a proactive attitude and behavior towards life. This was articulated by expressing a strong belief in a higher power and engaging in religion related activities, asserting control over life circumstances, enlisting support from family members including children and grandchildren and staying physically and mentally active and involved with the world around, and having a positive perspective on life and giving to others.

Implication to practice with older adults and future research:
Listening carefully, with respect and genuine interest and caring leads to an engagement built on trust and validation. Understanding the energy invested by older adults to retain balance and meaning in life is crucial in trying to develop effective interventions. Encouraging older adults by using images of resilience from their lives provide goals to aspire for, sense of purpose, hope, strength and confidence. Enlisting environmental resources to help older adults is an essential component of a strength based intervention.

Implications for future research and evaluation suggest that social workers should not only include items and questions reflecting stress but also those reflecting efforts to go on with life (concrete activities or inner work) in spite of stress.


Older Congregational Volunteers and Community Service: What Motivates, Sustains, and Limits Involvement?

Dennis Myers, Baylor University


Objectives:
1) Provide evidence-based guidance for structuring effective and sustainable transactions between older congregational volunteers and community service opportunities;
2) Discover transformational power of volunteering for older congregants;
3) Identify implications of research for preparation of social work professionals for practice with productive elders.

Content:
Congregations are the greatest source of volunteers in the nation, and church attendance is the best general predictor of involvement in volunteer service (Gerard, 1985; Wuthnow, 1995). Moreover, Sheie (1994) notes it is difficult to distinguish between “religious” and “community-based” programs, since many community-based organizations originated in church basements and are staffed and supported by congregants. Congregational programs often serve more members of the surrounding community than the congregation’s own members (Cnaan, 1997; Hall, 1998; Unruh, 1999a, b; Wuthnow, 1995; Boddie, Cnaan, & Dilulio, 2001). Putnam (2000) asserts that “faith communities in which people worship together are arguably the single most important repository of social capital in America” (p. 66).

Increasingly, social workers find themselves working with older faith-motivated volunteers because of the intersect of the age revolution (Caro & Bass, 1997) and the profession’s commitment to community-based services, the provision of funding support for “faith-based initiatives”, and the growing awareness of the social services congregations provide. In addition, there is a critical need to equip social work professionals with knowledge and skills for activating and retaining older congregants who are major contributors to scarce services. Despite increasing research attention to the role of congregations in a community’s array of social services, little interest is directed to understanding what motivates and sustains older volunteers.

Wuthnow studied the development of caring that leads to voluntarism and concluded that it must include exposure to the needs of others and identification with their suffering (Wuthnow, 1995). Wuthnow’s qualitative research was the first in-depth exploration of the complexities of volunteer motivation (Wuthnow, 1991). Clary and Snyder (1996) concluded that there are multiple layers to the motivation to volunteer, and that long-time volunteers differ in their motivations from those with less experience. The most important motivation for volunteering, according to their research, was to express and act on humanitarian values. Unruh has noted that there are ranges of religious meanings invested in church-based social services that involve volunteers. She suggests these three
“modes of religious meaning” in faith-based service: gratitude, obedience, and discipleship. (Unruh, 1999).

Two sets of variables at work in the relationship between the service that older volunteers provide and their faith are: “servant” variables-characteristics of older volunteers, such as age, ethnicity, level of motivation to serve, beliefs systems, and previous experiences and “service” variables-characteristics of the community service activity—what they do and how and in what context. Service variables may include whether or not the older volunteer works alone or with others, location of service delivery, preparation for service, length and extent of the commitment required, the social distance and relational intensity between the older volunteer and the recipient of service. For example, do those experiences of service in which the older volunteer has the opportunity to form a relationship with those served (tutoring, or mentoring) have a more profound effect on the older volunteer’s motivation than other less interactional forms of service? In what ways do these two sets of variables interact with one another? What motivates congregations and their older volunteers (Chambre, 1987) to serve through particular programs? What characteristics of the service sustain or deplete their motivation? What are the outcomes of service for them?

The presentation examines these questions related to senior volunteering and is based on data from four research sites—Michigan, South Carolina, Texas, and Southern California. The sample consisted of 36 diverse congregations that were predominantly Anglo, Hispanic, or African-American and diverse in their denominational affiliation. All congregations were involved in at least one form of community service beyond their own members. Each congregation was surveyed as, resulting in 7,403 completed surveys, 1503 of which were persons 60+. Older members actively involved in community service completed an additional survey about their volunteer work and its relationship to their congregation and their personal beliefs, attitudes, and values (n=230). A sub sample (N=10) of these older volunteers participated in qualitative interviews.

Method:
Engage participants around the findings from the quantitative surveys and qualitative interviews, to include audio samples of narratives from older congregational volunteers. Promote conversation about issues and possibilities of social work involvement with older congregational volunteers.


Session 423 – Workshop
Field of Dreams: A Transforming Model of Gerontology Program Design

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Patti A. Aldredge, University of Houston

Topic: Curriculum, Field

“If you build it, they will come”. The goal of this workshop is to engage participants in an exploration of a dynamic approach to gerontology curriculum design driven by a unique field model. This approach transforms traditional university-community relationships, attracts students to the practice of gerontology social work, and engages multiple constituents in a collaborative educational process.

Workshop leaders developed this model as a result of participation in the Practicum Partnership Program funded by the John A. Hartford Geriatric Social Work Initiative. This initiative afforded the opportunity to design and test new structures for developing competence in geriatric social work practice. Outcome data which will be shared demonstrates increased student interest and participation in gerontology education and a transformation in university – community partnerships. Unanticipated benefits include change in the way community agencies relate to each other, change in the way academic partners relate to each other, and empowerment of students to participate in the educational design process.

This field based approach to curriculum design demonstrates the potential of field education to create innovation and to shape change for both social work education and social work practice (Lager & Robbins, 2004; Schneck, 1995; Schneck, Grossman, & Glassman, 1991; Reisch & Jarman-Rohde, 2000). More specifically, it is a clear response to the call by Reisch and Jarman-Rhodes (2000) for social work to revisit the community-academy relationship, develop field-centered education, and forge educational links to community based practice, thus resurrecting the strength of the social work tradition. The future of social work education lies not in separating ourselves from practice reality but rather in embracing the challenges inherent in it.

Ten building blocks to the transformation were identified. These ten blocks include:
· The Geriatric Capability Assessment
· Leadership Identification
· University-Community Consortium Development
· Gerontology/Geriatric Competency Delineation
· Field Rotation Model Conceptualization
· Field Rotation Model Operationalization
· Curriculum Innovation
· Interchangeable Roles of Faculty and Field Instructors
· Employment Connection Development
· Organization and Empowerment of Gerontology Students
Workshop leaders will address the following questions:

What
1. Do all ten building blocks comprise a model or can they be broken out and used as discrete tools?

How
2. How do you get faculty support for this initiative?
3. Is support from the field education office necessary for success of this initiative?
4. What are the implications for faculty/field instructor workload in this initiative?
5. Is gerontology education practice driven, academy driven, or both?
6. Who is the learner in a holistic curriculum approach?
7. Given today’s practice realities do field instructors really have the time to participate in these changes?

Why
8. How is gerontology education enhanced by this initiative?
9. Who does this model work for and why?
10. How does this initiative increase student interest in gerontology?
11. How does this initiative result in enhanced student competency with gerontology clients?

Workshop participants will have the opportunity to discuss the application of this initiative to their own educational settings. They will receive handouts including a description and rationale for the ten building blocks, samples of specific tools used in program implementation and a bibliography to support the conceptual framework.


TEEN CONNECT is an intergenerational project that matches youth and older adults in a mutually beneficial relationship in an attempt to bridge the gaps between generations. TEEN CONNECT is based on a service-learning concept that was developed by students at a preparatory high school in Broward County, FL (TEEN CONNECT, Inc., 1999) and has been replicated in Salt Lake City, UT. Utah is a particularly rich community to successfully implement an intergenerational service-learning project, like TEEN CONNECT, because of its great pool of resources of youth volunteers and its rapidly growing at-risk older adult population. Utah is projected to be one of eight states in the nation to experience a “doubling effect” where the number of people aged 65 and older will increase from 165,000 in 1993 to more than 334,000 in 2020 (495,000 in 2025); it has the fifth fastest growing population over the age of 65 in the nation. Approximately 8.5% (190,222) of the state’s population is aged 65 or older (Census Bureau, 2000; Wright & Rice, 2001). The majority of Utah’s population resides in Salt Lake County. Salt Lake County’s population over the age of 60 years alone is expected to grow from 96,330 in 2000 to 136,361 by the year 2010. The proportion of the population of Salt Lake City that is 65 or older is 11.1% (19,921) (Census Bureau, 2000; Wright & Rice, 2001). Conversely, Utah has the lowest median age (27.1 years), one of the highest birth rates, and the biggest share of pre-schoolers (9.4%) in the country (Census Bureau, 2000; Wright & Rice, 2001). Additionally, Utah ranks first in the nation in rates of voluntarism (Points of Light Foundation, 2004). It has been shown that people who begin volunteering as youth are twice as likely to volunteer as adults as those who did not volunteer when they were younger (Points of Light Foundation, 2004). TEEN CONNECT is one effort to engage today’s youth in volunteer service in order to ensure a generation of caring adults tomorrow. Youth volunteers contribute more than 2.4 billion hours to their communities each year, representing more than $34.3 billion to the U.S. economy (Points of Light Foundation, 2004).

TEEN CONNECT provides opportunities for both youth and older adults to make contributions to their communities and build better interactions between age groups. The service model consists of having youth volunteers make a minimum of one 15-minute telephone call per week to a community-dwelling older adult. The goals of the project are two-fold, including benefits to older adults as well as benefits to youth. Benefits of TEEN CONNECT to older adults include: (1) decreasing isolation, loneliness, depression, and anxiety, (2) increasing socialization and community connections, (3) being a role model and sharing life experiences and wisdom, (4) teaching history from first-hand experience, and (5) dispelling stereotypes and misconceptions of younger generations. Benefits of TEEN CONNECT to youth include: (1) providing opportunities to volunteer and do community service, (2) learning about issues and consequences of
aging, (3) sharing life experiences, (4) gaining wisdom from older adults about social concerns, how to get along with people, how to cope with life’s trials and tribulations, and how to succeed in life, (5) learning about history from a personalized perspective, (6) improving communication and social skills, and (7) dispelling stereotypes and misconceptions of older generations. Through collaborations with youth-centered settings (e.g., schools, church groups, scout troops, community centers) and social service organizations that serve older adults, TEEN CONNECT provides a model of bringing communities together by building on existing strengths and assets (Kretzmann & McKnight, 1993). It is a service model that provides opportunities for each generation to learn from one another and interact more positively. TEEN CONNECT is a model that can be successfully replicated in other communities to help improve the quality of life of community-dwelling older adults while instilling the values of voluntarism and community service in today’s youth.

Kretzmann, J.P., & McKnight, J.L. (1993). Building communities from the inside out: A path toward finding and mobilizing a community's assets. Evanston, IL: Northwestern University.


Across Ages: An Intergenerational Substance Abuse Prevention Program

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Andrea Taylor, Temple University

Topic: Intergenerational Service/Practice, Substance Abuse

A intergenerational mentoring/advocacy intervention was used as a means of inculcating the knowledge, skills, and abilities necessary to resist the anti-social pressures of pre-adolescence as well as support high risk youth in achieving personal and societal goals. Some researchers have suggested that the presence of a caring adult is the most important protective factor in contributing to the resiliency of at-risk youth (LoSciuto, Townsend, Rajala & Taylor, 1996). The purpose of this study was to determine whether the proposed interventions--mentoring/case management, life/management skills, substance abuse prevention skills, family activities and academic support, would ultimately reduce or delay onset of substance use/abuse among these youth. The project also helps older volunteers feel more productive, experience greater sense of purpose, and regain a central role in their communities.

Sixth-grade classes in the same three middle schools in urban Philadelphia participated in the program in each of the three years included in the evaluation. Experimental and control group classes of students were selected randomly and assigned to one of three groups. These three groups were: (1) the control group, which received no intervention, (2) the program group, which participated in all components of the program except the mentoring component, and (3) the mentoring group, which received all program components including an older adult mentor. Successful mentor-youth matches were often maintained for at least three years.

For the three evaluation years, a total of 729 students completed the pretest. The final sample used in the evaluation consisted of 562 students who completed both the pretest and posttest over the three-year period.

Approximately equal numbers of students completed both the pretest and posttest in each of the three groups; 189 in the control group, 193 in the program group, and 180 in the mentoring group. Likewise, attrition rates were approximately identical. Fifty-three percent of the students were female. The majority of the students were African American (52.2%), followed by White (15.8%), Asian American (9.1%), Hispanic (9.0%), and other (13.9%).

Analysis of covariance (ANCOVA) was used to test the hypothesis that students in the treatment groups would demonstrate more positive changes on the posttest measures than those in the control group.

The pretest and posttest both contained several extant instruments reactions to situations involving drug use (Caplan, Weissberg, Bersoff, Ezekowitz, & Wells, 1986); reactions to
stress or anxiety (Caplan, Weissberg, Grober, & Sivo, 1992); Harter Self-Perception Scale (Harter, 1985); overall frequency of substance abuse (for specific substances) during the past two months (Caplan et al., 1992); knowledge about older people (Palmore, 1977); the Rand well-being scale (Veit & Ware, 1983); a problem-solving efficacy measure (Caplan et al., 1992); and a measure of knowledge about substance abuse (Caplan et al., 1988).

The mentoring group demonstrated significantly fewer days absent from school (15.4 days vs. 19.9 days in the curriculum-only group and 21.8 days in the control group, p=.01). Within the mentoring group, students rated by staff as having “exceptional” mentoring relationships had a mean number of 7.4 days absent, as compared to 12.0 days absent for those with “average” relationships, and 25.4 days absent for those with “marginal” relationships (p<.001).

The mentoring reported significantly better reactions to situations involving drug use than did the control group (p=.042). Within the mentoring group, students rated by staff as having “exceptional” mentoring relationships scored significantly better on reactions to situations involving drug use and knowledge about substance abuse (p=.018 for each) than did those who had either “average” or “marginal” relationships with their mentors.

The mentoring group demonstrated significantly better attitudes toward school, future, and elders than did the control group (p=.038) or the curriculum-only group (p=.002). The mentoring group demonstrated significantly more knowledge about older people than did the control group (p=.008).

Within the mentoring group, students rated by staff as having “exceptional” mentoring relationships scored significantly better on attitudes toward school, future, and elders (p=.041), and attitudes toward older people (p=.027) than did those who had either “average” or “marginal” relationships with their mentors.

A pre-post survey was also conducted with the mentors to measure social connectedness, generativity, life satisfaction, self-perceived health, civic engagement, significant life events, elements of attractive volunteer opportunities and affect balance. Mentors showed significant improvements in each of these constructs. ‘Exceptional’ mentoring relationships were also predictors of increased positive changes in the mentors, as they were with the youth.


Rural regions tend to have older populations than urban areas (Rogers, 1999). Four-fifths of the United States (U.S.) population lived in metropolitan areas in 2000, of which 11.9% were 65 and older. In the remaining 20% of the U.S. population, living in non-metropolitan areas, 14.7% were over 65 (U.S. Census Bureau, 2000). The greater concentration of elders in rural areas than in urban areas is due, in large part, to older adults being less likely to migrate to urban centers than younger adults looking for work (Fuguitt & Beale, 1993; Longino, 2001).

There is substantial evidence that older persons in rural areas have less access to a smaller number and more narrow range of community-based services than do elders in urban areas (Glasgow, 1993; Krout, 2001; Ormond, Wallen, & Goldenson, 2000; Rogers, 1999). This is particularly true in the area of long-term care, where alternatives to institutionalization are far less available (Coward, Netzer, & Peck, 1996). This dearth of services may lead to premature institutionalization of rural elders (Coward & Dwyer, 1998). Moreover, while limited transportation services can also be a challenge for elders in metropolitan areas, it is a particular challenge for rural elders (Burkhardt, 2001).

Compared to their urban counterparts, older adults in rural areas tend to be less educated, to have lower incomes, and to have less adequate housing (Bull, 1993; Glasgow, 1993; Ormand et al., 2000; Rogers, 1999; Stallman, Deller, & Shields, 2001). Despite these challenges, rural elders do not necessarily see themselves as deprived. Lee and Lassey (1980) noted several factors that may place older adults in small towns at an advantage over their metropolitan counterparts: more involvement in community activities, receipt of more support from local organizations, less fear of crime, and less abrupt retirement.

The study reported herein sought to investigate the meaning of an elder-helping-elder program in a very rural and impoverished region of the Northeast. The Senior Companion Program (SCP) is one of three programs in the federal Senior Service Corps. Started in 1973, the SCP has a two-fold purpose of providing: 1) community service opportunities and small stipends to low-income persons 60 years of age and older and 2) supportive person-to-person services to assist frail adults in the community. This study involved face-to-face interviews with 34 SCP volunteers; 32 clients receiving SCP services; 7 family members of clients; a staff person from each of 11 agencies and community programs, which link SCP volunteers with clients; 2 SCP staff members; and 11 key community informants, who were knowledgeable about the needs of elders in the region. Data collection occurred from February to October 2002. The analysis reported here is based on the open-ended questions regarding the impact of this program for elders in the community. Informant responses were transcribed and interview transcripts were closely read for emergent themes (Strauss & Corbin, 1998).
The volunteers and clients in the sample (n=66) ranged in age from 62 to 99 (mean age=78) and generally spoke of their SCP experience in very positive ways. Themes emerging from SCP volunteer interviews (n=34) included the satisfaction of giving (n=15), rewards from the client interaction (n=15), companionship (n=14), and keeping busy (n=9). Themes from the client interviews (n=32) included companionship (n=13), increased independence (n=11), the joy in seeing their SCP volunteers (n=7), and a reduction in anxiety (n=5).

The remaining 31 informants reiterated how the SCP supplements the often scarce formal services in this very rural region. Family members (n=7) emphasized the relief they felt in knowing their relatives was being visited and assisted by peers who would be respectful, empathetic, and companionable. Key community informants (n=11), not directly connected to the program, emphasized the ability of the SCP to strengthen the natural support systems already in place and its importance in filling service gaps, particularly with regard to transportation. SCP and community agency staff identified specific examples of health promotion for both volunteers and clients resulting from SCP involvement.

Through quotes from the 97 informants, this paper will describe the impact of the SCP in a very rural region of the country. Implications of the study findings will be outlined including policy advocacy for expansion of the SCP through increased federal funding and practice methods that support, train, and empower older adults interested in assisting elders in their communities.


Session 427 – Paper
Adult Day Care in Rural Pennsylvania

Janet Ann Melnick, Ph.D, Pennsylvania State University – Worthington Scranton Campus
Heather A. Shanks-McElroy
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Topic: Caregiving, Rural

The majority of dependent elders and their familial caregivers desire that the elderly loved one remain in their own homes and communities and hope to delay institutionalization. (Zank & Schacke, 2002; Henry, Cox, Reifler, & Asbury, C., 2000). Without appropriate supports the ability of familial caregivers to safely maintain their elderly members in the community steadily decreases, as that loved one becomes increasingly frail and dependent. Family caregivers become incrementally stressed as the burden of providing care escalates (Zank, et al, 2002). Additionally, for many of the dependent elderly, family supports are sporadic or nonexistent. Thus, these elders are at increased risk of serious injury and institutionalization.

Rural elders face additional risks in this regard, as they may be isolated both physically and socially from both informal and formal support systems. As noted by The First International Rural Aging Conference in Charleston, West Virginia (June 2000), models for servicing rural elders should include, “the promotion of services that have preventive, self-reliant, and self-care components and service-delivery mechanisms and decision making that is locally based and adapted to meet the needs and circumstances of the people and communities they are designed to serve” (Kaye, et al, 2002, p.15). Thus, the task of the aging service delivery system is to provide services to delay or prevent nursing home placement in a cost-effective manner. Given the isolation and large geographic distances in rural areas, this task becomes challenging at best and impossible to achieve at worst.

While the numbers of older adults residing in rural communities are increasing, their health outlook is not. The literature demonstrates rural elders encounter far more biopsychosocial factors placing them at greater risk for physical and mental health difficulties.

A state wide study of rural adult day services (ADS), funded in part by the Center for Rural Pennsylvania, was completed in 2003. The study focused on six key outcomes: (1) inventorying current suppliers of ADS in rural areas; (2) determination of the number of adults currently and within the next 5 years who are/will be in need of ADS; (3) analysis of the gaps between supply and demand; (4) financial and funding issues; (5) identification of successful models; and (6) policy recommendations. Quantitative (survey) and qualitative (focus groups) methodologies were utilized in this study.
This study concluded the availability of service lags severely behind service need. However, contrary to the projected need for service, most centers participating in this study were not at capacity and did not report a waiting list. Thus, while this study shows a future demand for services it also demonstrated an apparent lack of community knowledge which impacts usage for ADS providers. This study identified crucial policy recommendations for the state of Pennsylvania, with national implications, in order to support and enhance ADS programs. Policy recommendations address: transportation, state/local Area Agencies on Aging; Federal recommendations specifically Health Insurance Portability and Accountability Act (HIPAA), and provider organizations (Pennsylvania Adult Day Services Association and National Adult Day Services Association).


Publications, Inc.

Practice with the Elderly: Teaching a Biopsychosocial Perspective

Cynthia D. Bisman, Bryn Mawr College

Topic: Assessment/Evaluation, Clinical, Practice

The elderly population is growing rapidly. “In 2000, 13% of the pop was 65 and older... In the last 20 years, the number of people 85 and older has doubled, and the number of people 100 and older has tripled” (Administration on Aging, 2000). In order for social work students to receive an education relevant to practice with the elderly, educators must teach assessment knowledge and skills for practice applicable to this population. This paper presents ways to teach the formulation of social work assessments, reflective of a biopsychosocial perspective, that are appropriate for the elderly.

The biological encompasses health-related issues, medications and drug effects, disorders and brain functioning. The psychological includes history of affective and emotional functioning, and thoughts about one's own aging. Sociocultural refers to role and status, and the meaning of work and retirement (Greene, 2000). Kivnick and Murray (2001) also support exploration of the physiological and psychosocial and suggest using, but not limiting oneself to, agency mandated assessment tools such as the Resident Assessment Instrument (RAI) in nursing homes or the Minimum Data Set (MDS) that had been available from the Health Care Financing Administration.

In this paper we cover skills needed by students to identify and organize presenting symptoms into hypotheses that make sense of problem situations. Many agencies and funding sources require completion of specific intake forms, inventories or scales, and social workers must be familiar with them. Yet, as important as these forms are, they cannot substitute for the case theory which integrates the range of information collected with the relevant theoretical models into the social worker's biopsychosocial theory of this particular case. Social work's mission requires this breadth and practice with the elderly demands that social workers address the physical, psychological and social problems that can benefit from intervention (Keller and Bromley, 1989). It is the case theory that links together the range of relevant data collected, organizes it into a coherent whole to understand a specific client in order to intervene and grounds the assessment in relevant social and behavioral theories.

Discussion in this paper offers a range of assessment approaches to use with the elderly including genograms, ecomaps, tapes, journals or direct narrative, reminiscence, and questionnaires. These help to capture a broad view of the client including medical history and comparison to the client's peers (Nathanson & Langer, 1996), affect, intellect, memory, judgment, orientation, level of independence, and physical limitations. As Kivnick and Murray (2001) remind us, social workers must go beyond the basic data to find the uniqueness of each elderly human. Keller and Bromley admonish that “viewing all elderly as alike is a common mistake that disregards their variability of experiences, situations, and expectations” (1989, p. 30). Moreover, they stress the importance of
context in understanding the needs of older persons; their problems are not solely products of aging.

Assessments of the elderly must also include family issues and this paper covers approaches to acquire information about intergenerational and historical patterns, caregiving, role shifts, family life cycle, education and income level, financial health, access to resources, and level of family support. For many elderly, their family life is undergoing major alteration. Individuals' perceptions of family are highly emotional and intimate. It is through family, after-all, that each person shapes a sense of identity and belonging at home and in the wider world. Family changes in the later years challenge these basic assumptions and need to be incorporated in the social work assessment.

This paper provides an abundance of case examples and exercises that provide students with knowledge and skills to construct biopsychosocial family-centered assessments of elderly clients.


Session 429 – Paper
Integrating Reminiscence Focused Service-Learning with Web-Based Instruction to Teach Practice

Denise Gammonley, University of Central Florida

**Topic:** Practice, Teaching Methods/Learning Styles

This paper presents a curriculum overview and outcome and process evaluation from a hybrid web-based/service-learning gerontological practice course taught at the undergraduate level. Teaching basic undergraduate gerontological practice via web-based instruction requires adaptation of curricula to ensure student access to appropriate content and opportunities for skill development. Resources like the CD based video interview series produced by Columbia University and the New York Academy of Medicine and email exchange between students and older adult volunteers are helpful resources that allow students to learn directly from the voice of older adults. Limitations of these approaches include their one-sided direction (in the case of CD video-based modules) and the absence of audio or visual contact in email exchanges.

Service-learning, a method of instruction growing in importance for teaching gerontological practice, provides another mechanism to link web-based students in reciprocal face-to-face interactions with older adults (Hegeman, Horowitz, Tepper, Pillemer & Schultz, 2002). The complex logistics involved in coordinating web-based instruction with service-learning require faculty contemplating this method to consider carefully the timing, sequencing, and structure of service-learning activities within a web-based course. Undergraduates enrolled in a web-based practice elective “Community Services for Older Adults” participated in 8 weeks of service-learning activities at two local congregate meal programs. Following volunteer training by the agency students contributed 20 hours of service in the home-delivered meals program, or, on site at one of the congregate meal facilities. Crucial to the success of the project was the close supervision and support provided by an M.S.W. intern who provided onsite supervision and liaison with agency personnel.

To meet an identified need of the agency students facilitated a group community history activity using community mapping techniques. Students also partnered with individual meal program participants to conduct an individualized reminiscence interview emphasizing attachment to place and recollections of the history of the local community. This emphasis on community history served a dual instructional purpose by fostering a perception of the older as a teacher of history and by providing a mechanism for students to learn and practice basic interviewing skills.

Generically, there are three forms of reminiscence utilized in practice. The focus of this service-learning project encompasses that of informative reminiscence. This theoretical approach entails focusing on factual material reviewed for the purpose of re-evaluation of personality and/or life history. The main function is to provide pleasure and to enhance self-esteem through reliving and retelling past events. Contextualism, a meta-model...
associated with reminiscence theory, emphasizes the individual as enmeshed within their environment. In this perspective a shift that occurs in one area of life, such as a change in the structure or functioning of a community, shapes and molds fundamental areas, even if at first inspection there is no direct relationship. This concept refers to the demands that social and physical environments make on the individual to adapt, respond, or change (Hooyman & Kiyak, 1999). Our emphasis on recollections of community history is grounded in this perspective and in the literature of community psychology, specifically the construct ‘sense of community. As outlined by McMillan & Chavis (1986) ‘sense of community’ encompasses four domains; (1) membership—a sense of belonging, (2) influence—the power to persuade and be persuaded in a group setting, (3) integration and fulfillment of needs—an acknowledgement of interdependence, and (4) shared emotional connection—recognition and shared in investment in a common history.

To evaluate the impact of the project students enrolled in the course completed self-ratings using the Sense of Community Index (SCI) and items from the Social Work with Aging Skill Competency Scale at the start of the course and following the completion of service learning activities. Elder participants’ sense of community at the meal program site was also assessed with the SCI as part of the group community history activity. As a process evaluation measure students and elders completed adapted versions of the service-learning evaluation questionnaire developed by the University of Iowa School of Social Work as part of their Hartford GeroRich Project (Dorfman, 2004).


Session 478 – Paper
Infusing Gerontology Into Social Work Curricula Without Sacrificing Content on Diverse Populations

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Topic: Education Issues

The purpose of this study was to examine whether the amount of content on diverse groups changes when a new group is added to the curriculum. Social work educators are under a Council of Social Work Education mandate to include materials in core curricula on diversity in areas such as gender, ethnicity, and disability. Additionally, the dramatic growth in adults living to old age, along with increases in diverse populations receiving social work services in a variety of arenas, has sparked considerable interest in social work education. Aging issues are of critical significance to social work education, and inclusion efforts into social work curricula are becoming more common.

In a new grant-funded initiative, one school of social work attempted to further increase content on diversity through planned infusion of knowledge about aging into the core curriculum. The project involved school faculty identifying needs for curriculum material, offering resources to meet these needs, and providing special workshops for faculty and students. As this project unfolded, faculty became concerned about the potential loss of curriculum content on other diverse populations. These concerns led to a formal study of curricular infusion of gerontology content with a concurrent analysis of the impact of this infusion on other important content.

In a quantitative methodological orientation, four years of syllabi of foundation courses were assessed for content in aging, gender, ethnicity, and disabilities. Syllabi were examined for one year prior to the infusion project and for the first three years of the project. The assessment of syllabi entailed categorizing all required books and articles based upon title into categories based upon topic: gender, disability, ethnicity, and aging. Aging content increased steadily after the first year, but decreased the final year of the study, while coverage of other diverse populations did not change. Results show that the infusion of aging content into foundation courses did not significantly affect the overall content of other diverse populations in this study.

Many schools of social work are constantly evaluating curricula to better improve students’ education. This longitudinal study provides evidence for an infusion model that successfully adds the desired content without compromising other content that is equally crucial for social work students to master. Results suggest that infusion of a new topic or population, when implemented strategically, need not compromise other crucial populations already infused, or in the process of being infused, into the curriculum.


This presentation focuses on a project to explore the inclusion of aging content within social work education. The amount and the type of aging content that appears in the most commonly used foundation textbooks are examined. Each social work faculty member with a current and active e-mail address from the Council on Social Work Education’s Strengthening Aging and Gerontology Education in Social Work’s (CSWE SAGE-SW) database was asked to submit the title of textbooks used for any of the undergraduate and graduate social work foundation courses taught. A database of 214 textbooks was created and the most commonly used from each of the foundation areas was chosen for analysis. A second tier analysis of texts was chosen in order to represent a full range of publishers. The framework for the analysis was developed by consulting with experts in the field and reviewing the CSWE SAGE-SW gerontology competencies. There were eight critical areas of aging content identified that included realities and myths associated with aging and foundation level skills for working with older adults.

The content analysis of the textbooks involved identifying the aging content and rating the content as being present and from the strength-based perspective. The overall aging content of the text was ranked from poor to excellent in terms of accuracy, currency and comprehensiveness.

The objectives of this presentation are:
- To explore the relationship between basic aging competency for all social work students and the availability of aging content in core textbooks.
- To assess the need for aging content within social work education foundation textbooks.
- To assess the amount and adequacy of aging content within the most commonly used social work education foundation textbooks.
A Study of Memories of Older Adults: Critical Events Involving Discrimination

Roberta R. Greene, University of Texas at Austin
Harriet L. Cohen, University of North Texas
John Michael Gonzalez, University of Texas at Austin
Youjung Lee, University of Texas at Austin
Margaret Evans

Topic: Diversity/Ethnicity

This study was designed to understand how people overcome oppression and become resilient adults. Resilience theorists continue to grapple with why, despite the increased risk of racism and discrimination, many children do not surrender to the effects of oppression and the attendant inordinate environmental stress (Garmezy, 1991). How do children raised in an oppressive society become competent adults? What factors contribute to the family's ability to cope with such stress and to promote resilience in their children?

There is a growing body of literature that suggests that resilience is enhanced by an ethnic family's cultural values and mutual psychological support (Genero, 1998); as well as socializing children to have a positive racial or ethnic identity or providing them with strategies to resist discrimination.

This paper presents results of a study that examined older adults' autobiographical memory of critical life events involving discrimination and oppression, and the impact that such experiences had on individual, family, and societal resiliency. Memories are especially important in adulthood and old age when the events were precipitated by conditions that were uncontrollable or unpredictable.

This study will use the work of postmodern epistemologists who have sought to understand reminiscence in a broad context--- narrative gerontology. Narrative gerontology is a scientific approach to human development that emphasizes the study of aging through narrative-obtaining a story or an account of events as told by an older adult (Kenyon & Randall, 2001).

According to Diehl (1999), adverse critical events and the ability to overcome them should be understood with an emphasis on the interrelatedness between the developing individual, his or her family, and changing sociocultural context. Personal stories are recognized as being “nested within a set of larger stories” or “macro” narratives that reflect shared history, values, beliefs, expectations, myths (Webster, 2002, p. 170). Thus, the recall of past events can be considered a community narrative- a link to one's personal past and to collective historical events. Most importantly, because autobiographical memories have social origins and are culturally and historically constructed, such memories are particularly important in revealing historical collective events among ethnic/racial groups.
The first step in the study was to review the literature for theoretical assumptions about the role of grandparents in helping families overcome oppression. The second step was to ascertain if the theoretical assumptions regarding resilience as discussed in the literature were reinforced by interviews with older adults observed in the field (Miles & Huberman, 1984/89). A snowball sample of 25 older adults from ethnic minority communities was obtained by speaking with practitioners in work associated with trauma or disruptive life events. The study was guided by a series of open-ended study questions derived from the literature review. Interviews lasted one to one-half hours in person. Interviews were transcribed, coded, and analyzed for themes.

Interview findings were explored from four interrelated dimensions as seen below:

I. Structural Dimension encompassing social policies, power relations, and economic conditions
   • obtaining resources such as housing, water, and sewage
   • accessing education and health care
   • using transportation and recreational facilities
   • obtaining economic security through equal employment and job opportunity
   • establishing and influencing institutional and community structures such as banking, professional and volunteer organizations,
   • participating in national movements such as the Civil Rights Movement
   • advocating for equality and combating oppressions such as racism, anti-Semitism, and sexism
   • realigning power differentials
II. Sociocultural Dimension referring to social meaning associated with aging and the life course
   • learning from one’s culture of origin
   • creating coalitions
   • developing and advocating for a community vision
   • combating oppressive conditions
   • affirming positive past events and behaviors
   • contrasting other generations
III. Interpersonal Dimension including family and friends
   • mentoring others to succeed
   • teaching in your community to achieve aspirations
   • leading others in a cause
   • providing unconditional love
   • learning about others cultures
   • giving family and community support
   • playing and working with peers
   • forming activist groups
   • creating a safe and secure environment
IV. Personal Dimensions involving internal meaning and coherence
   • aspiring to a “better” human condition
   • achieving one’s personal goals
• feeling competence under difficult conditions
• being able to trust others
• hoping for a “bright” future
• maintaining one’s dignity when oppressed
• working for a “better” world
• exhibiting strengths such as perseverance and determination
• transcending adverse events through spirituality


Webster, J. (2002). Reminiscence functions in adulthood: Age, race, and family dynamics correlates. In J. D. Webster & B. K. Haight (Eds.), Critical advances in reminiscence work. (pp. 140-152). New York: Springer.
All Alone? Friendship Networks of Older Gay Men and Lesbians

Robert D. Schope, University of Iowa

**Topic:** Gay/Lesbian/Bisexual/Transgender

The common stereotype of older gay men and lesbians stresses that they are lonely and isolated from their families. But most authors argue that LGB individuals create new “families” consisting of close friends (Getzel, 1997). The presence of large social support networks have been shown to lessen depression and increase positive self perception among gay men and lesbians (Adelman, 1990; Frable et al., 1997; Vincke & Bolton, 1994).

Studies have disagreed on the composition of these friendship networks. While some stress that older gay men mainly have other older gay men as friends (Grossman et al., 2000; Lee, 1987), other studies have found that women, gay men of all ages, and even heterosexual men are members of such friendship networks (Quam & Whitford, 1992). There also is disagreement concerning lesbian friendship networks. One study found that older lesbians listed heterosexual women and even gay men as friends (Grossman et al., 2000). However, other studies have reported that older lesbians are most often partnered and have lesbian friends of all ages (Kehoe, 1986; Tully, 1989). The current study compared the friendship networks of older gay men and lesbians to those of younger gay and lesbian individuals and explored possible factors related to such networks.

The sample consisted of 183 respondents (74 gay men, 109 lesbians) from a university community in the Midwest. Lesbians had an average of 21 friends. Most older and younger lesbians indicated that they were in a relationship, with almost all being in a long term relationship. Among single lesbians, almost all older respondents indicated they no longer dated, while a majority of single young lesbians were still dating. The size of lesbian friendship networks did not significantly vary according to age or relationship status. Gay male respondents averaged 29 friends. Most older gay men were single, with less than a third being partnered, although most of these were in long term relationships. Slightly over half of young gay men were partnered, with roughly a quarter in new relationships. Young and older gay men who were single had around 24 friends, while gay men who were in a relationship averaged more friends regardless of whether they were young (M = 33) or older (M = 43).

The friendship networks of older gay men were found to consist of individuals of all ages and gender. While older individuals (heterosexual women, lesbians, gay men, and heterosexual males) were named most frequently, almost two-thirds also reported having young gay men and young heterosexual male friends. Young gay men named young individuals (gay men, heterosexual men, heterosexual women, lesbians) most frequently as close friends. But, about two-thirds also listed older gay men as friends. Thus, while same-age individuals were named most frequently by both older and younger gay men, their networks also included large numbers of different age friends.
Older lesbians were much more segregated, with most of their friends being female (older lesbians, older heterosexual women, and young lesbians). While younger lesbians also reported having many female friends, they tended to have a more diverse support group, even including young heterosexual men and young gay men.

The results tend to refute the stereotype of the lonely and isolated homosexual. Gay men, regardless of age, had large and diverse friendship networks. Unexpectedly, gay men who were partnered tended to have more friends. Most older lesbians were in long term relationships and limited their friendships to other women. In contrast, younger lesbians, regardless of relationship status, had more diverse, although no larger, friendship networks.


Session 482 – Paper
Respite for Grandparent Caregivers: An Academic and Advocate Partner in Program Development

Jessica Rosenberg, Long Island University – Brooklyn Campus
Deborah Langosch, Chair of the Brooklyn Grandparents' Coalition

Topic: Collaborations/Partnerships, Intergenerational Service/Practice

Substantial increases in the number of grandparents raising grandchildren have been noted. According to the 2000 U.S. Census, there are currently over 6 million children in the United States today who are living in grandparent- or other relative-maintained households. Among this group, the greatest increase is among children residing with grandparents in homes with no parent present. A Current Population Survey report issued in March 2000 reported that 2.1 million children were being raised solely by their grandparents or other relatives with no parents present.

Most grandparents are thrust into the role of primary caretakers, not by choice or design, but because their adult children are unable to care for their children. The reasons for the strong growth in the number of grandparent caregiver families is attributed to a myriad of factors including parental substance abuse, parental incarceration, disabling mental illness, death, violence and/ or medical conditions such as HIV/AIDS (Generations United, 2004). Such problems have been identified as having a strong negative effect on family relationships, straining ties and disrupting family cohesion, and are linked to anxiety among primary caregiving grandparents (Goodman & Silverstein, 2002). Parental substance abuse can be particularly problematic for caregiving families because substance abusing parents are prone to ambiguous patterns of parental involvement with intermittent periods of attention paid to the child. This promotes an uncertain outlook which is particularly linked to grandparent depression (Hirshorn, Van Meter, & Brown, 2000). Grandparent caregivers are often unprepared for the multiple demands of their new role. The physical, emotional and economic burdens associated with being the caregiver for their grandchildren are substantial. As such, grandparent caregivers are twice as likely as their non caregiving peers to report depression, health problems, social isolation and financial concerns (Cox, 2003).

Grandparent caregivers are often subject to “caregiver burnout”, a phenomenon first identified among caregivers who are caring for their aging relatives. Respite care, defined as short term, temporary care, is designed to help caregivers “take a break” from the ongoing stress of caregiving. Respite has been demonstrated to be an effective tool in reducing caregiver burnout and is considered an important family preservation support service intended to reduce family stress, support family stability, and prevent abuse and neglect.

However, although respite is a widely used intervention, it is traditionally utilized with parents of special needs children, those who care for the disabled, and those who care for their elderly parents or other relatives. Respite programs are not often available to
grandparent caregivers and have had limited application with grandparent caregivers. Nonetheless, grandparent caregivers and their families could clearly benefit from the supportive and stabilizing influence derived from participating in respite programs.

In recognition of the need for respite for grandparent caregivers, Long Island University, Social Work Department and the Brooklyn Grandparent Coalition, an advocacy group serving the needs of grandparent caregivers, have developed a model respite program that adapts traditional respite models to meet the unique needs of grandparent caregivers. A large number of grandparent caregivers struggle with poverty and come from diverse ethnic backgrounds and cultures. Some are recent immigrants, are not fluent in English and may have issues related to their immigration status in the United States. Furthermore, there is significant variance in the cultural norms that govern intergenerational and familial relationships. Accordingly, the respite model is designed to provide culturally competent care, with respect for and understanding of diverse cultural norms, ideals and traditions.

This paper illustrates a collaborative process for program development between a social work program and an advocacy organization, and provides a model for Grandparent Respite Care. The partnership between an academic and advocacy organization is particularly effective through joining respective skill sets toward a shared goal. The model program includes a rationale for the utility of respite with grandparent caregivers and links the respite program to ongoing grandparent caregiver support groups that are member programs of the Brooklyn Grandparents' Coalition.


Generations United. Kinship Care Section. Issues facing grandparents and other relatives raising grandchildren. Available at: www.gu.org


Session 483 – Paper
"Project Grandfamilies Health Watchers:" A Program Evaluation

Michael Forster, University of Southern Mississippi

Topic:  Assessment/Evaluation, Children/Families

The paper presents findings of a current, on-going evaluation by School of Social Work faculty of a community-based program in Mississippi designed to improve the physical and mental health of caregiving grandparents and their grandchildren.  Funding for the program (though not the evaluation) is provided by the Johnson & Johnson/Rosalynn Carter Institute Caregivers Program, under auspices of its 2004 “Practice in Action” initiative (http://www.rosalynnncarter.org/jjpracinactpage.html).

Twenty-five grandparents and 35 grandchildren participate in weekly exercise sessions and informational meetings, and otherwise follow individualized plans overseen by hospital-based health workers, community health nursing students and licensed social workers.  Among specific measurable physical health outcomes are increased physical activity, improved nutrition, endurance and flexibility, weight loss, improved blood pressure and blood sugar levels.  Outcome baselines are established and progress measured principally through tests and scales developed by Rikli and Jones (2001).  Among desired mental health-related outcomes are increased perceptions of personal efficacy and general well-being, reduced psychological stress, higher satisfaction with grandparent-child relationships, and improved social functioning.  Outcome baselines here are established and progress measured principally through the SF-36 Health Survey instrument, in the manner employed by Kelly et al. (2001) in their study of grandparents raising grandchildren in Georgia.  Quantitative measures are supplemented by qualitative assessment of case plan progress by nursing students and social workers.

In the project under study, leadership is provided by a professional community-based family support agency with expertise in grandparenting support.  The agency has three project-specific partners – a local hospital, YMCA facility, and university community nursing program – as well as a long-term collaborative relationship with the School of Social Work conducting the evaluation.

The evaluation design encompasses several dimensions of assessment:

(1) Process objectives specific to the project.  Focus here is on program development and objective achievement as specified in the funding proposal (Petal Association for Families, 2004) – including success in connecting with the targeted populations, sequencing (“rollout”) of service activities, “producing the numbers” of clients and service episodes projected, and remaining within projected implementation timelines.

(2) Health and mental health outcomes achievement, i.e. endurance, weight loss, etc. (physical health outcomes), and reduced psychological stress, etc. (mental health
outcomes.) – as measured by standardized instruments and compared to the qualitative observations of community nurses and social workers.

(3) Client satisfaction with activities and services.

(4) General organizational capacity/sustainability. Emphasis here falls on broader capacity concerns (e.g. leadership, collaboration maintenance, fiscal management, long-term fund development, public relations), and especially the ability to sustain the project beyond the initial funded (18-month) period. (Ahsan & Cramer, 1998)

(5) Community development on the model of a sustained collaborative effort by a lead agency, multiple community partners, and a public university (School of Social Work). Drawing on multiple sources (Alter & Hage, 1993: Bailey & Koney, 1996; Mattessich & Monsey, 1997), the School of Social Work has developed and tested a similar model for several years in application to delinquency prevention-oriented youth and family services. The Project Grandfamilies Health Watchers program represents an extension of the fundamental model into the areas of aging and intergenerational (grandparent-grandchild) work. Of particular assessment interest is potential for linking the Project Grandfamilies Health Watchers program with university service learning and civic engagement activities. This dimension of assessment at least begins to address the important but difficult to gauge question of “impact.” (Abramson & Rosenthal, 1995)


Session 484 – Paper
Professionalization Issues in Nursing Home Social Work

Kelsey Simons, University of Maryland, Baltimore

Topic: Long Term Care

As a result of the Nursing Home Reform Act of 1987 (OBRA, 1987, P.L. 100-203), federally funded nursing homes are required to provide “medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.” Facilities with more than 120 beds must also employ a full-time social worker “with at least a bachelors degree in social work or similar professional qualifications” (OBRA, 1987, P.L. 100-203). A recent report from the Office of Inspector General (DHHS, OIG 2003) found that nearly all Medicare certified facilities (98%) met these minimal requirements. However, NASW standards recommend that social work staff have degrees in social work and be licensed, either in their home state or through the NASW.

The discrepancy between federal requirements and professional guidelines raises concerns regarding the qualifications of social service providers in nursing homes and their connection to the quality of psychosocial services. This paper will present findings from a national survey of nursing home Social Service Directors (n = 299), both professional social workers and those with other human service degrees, describing these staff in terms of professionalization characteristics including type of degree, job tenure, years of experience, licensure, and so forth, and will make comparisons by facility characteristics including ownership status, size, and numbers of social service staff hours. In addition, recommendations to improve the professionalization of social service staffing will be made.

Six hundred and seventy-five nursing facilities with 120 beds or more were randomly sampled from a federal database (the Online Survey, Certification and Reporting system). A self-administered survey addressed to the Director of Social Work or Social Services was mailed to each facility in early 2004. Two hundred ninety-nine surveys were returned for a response rate of 45%. The majority of facilities in the final sample were for profit (70.9%) and part of multi-facility chains (57.4%). The mean number of beds per facility was 165.9 (SD = 58.1), with many facilities staffing two full time social service staff, based on the mean number of weekly social service hours (Mean = 88.1 hours per week [SD = 54.1]; Median = 80; & Mode = 40). Facilities were located in 44 states, with 40.4% located in surburban areas, 35.6% in rural areas, and 24% in urban areas.

Results indicate that most nursing home Social Service Directors hold bachelors degrees (62%) and degrees in social work (61.7%). Those without social work degrees were most likely to have psychology (n = 35), sociology (n = 21), counseling (n = 10), gerontology (n = 5) or “other” (n = 59) degrees. Few of the directors were receiving clinical supervision from a licensed social worker (15.2%) and the majority were unlicensed (52.6%). Respondent job tenure averaged 4.4 years, less than the average years of
experience in nursing home social services (7.6 years) and social services in any setting (12 years). The average yearly salary was $39,290 (SD = 11,612), but ranged from less than $20,000 to over $100,000. Finally, nearly one-third (29.8%) of the facilities had only one social worker, while caseloads averaged 90.3 residents per respondent (SD = 47.9; Mode = 120).

Scores on a composite scale, average training, comprised of the mean of six professionalization characteristics (highest degree earned, degree in social work, licensure, social services experience, nursing home social services experience, and job tenure) were compared on several facility characteristics (chain affiliation, ownership status, total weekly social service hours, and certified number of beds). Average training was found to be significantly higher in independently operated facilities (t = -5.72; p < .01) and in not-for-profit and government facilities (t = -5.45; p < .01). Correlations between average training and both total weekly social service hours (r = .18; p < .01) and the certified number of beds (r = .19; p < .01) were weak.

Implications for social work practice and research include the need to demonstrate the relationship between the staffing of professional social workers and the quality of psychosocial services in nursing homes through the development and implementation of outcome measures. Professional social workers in this setting must be able to demonstrate their efficacy and value when federal regulations allow for the substitution of other human services professionals who may command lower salaries. Otherwise, efforts to influence the nursing home industry or federal regulation are likely to fall short.


Session 485 – Paper  
**Psychosocial Issues of Nursing Home Residents: Building Social Workers’ Awareness**

Mercedes Bern-Klug, University of Iowa

**Topic:** Death/Dying, Long Term Care

Significance: Nursing homes play an important role in care of the dying. Almost half (43%) of people age 85 in the U.S. die as nursing home residents. With the aging of the population, and the trend toward shorter hospitalizations, it is expected that over the coming decades a larger number of people will face the end of life in a nursing home. After the publication of the SUPPORT study (Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments), the nation’s attention was focused on the need to improve care of the dying. Good end-of-life care includes attention to psychosocial issues. Social workers can help residents identify and support their own strengths in resolving psychosocial issues and assist with unmet psychosocial needs.

Methods: The study is a secondary analysis of an NINR-funded ethnographic study (P.I. Sarah Forbes, PhD) of two nursing homes in a Midwest city. (The author was a member of the original research team.) Three perspectives are used to guide the study: social constructivism; the person-in-environment perspective; and the strengths perspective. A new coding scheme was developed for the secondary analysis and applied to the transcripts using version 5 of QSR NUD*IST to organize the data. All psychosocial issues were identified and coded, not just unmet psychosocial needs. In this way, we can begin to document how nursing home residents are meeting their own psychosocial needs, as well as to clarify areas of unmet needs.

Results: The main categories of psychosocial issues encountered by the nursing home:

**Psychological issues:**
1. Coming to terms with not living at home;
2. Adjusting to diminished physical and/or cognitive status, and concerns about further debilitation;
3. Struggling for privacy (personal and for belongings);
4. Dealing with multiple losses: former roles; health, functional ability, family members, friends, and possessions.

**Social issues:**
1. Concerns about ability to communicate effectively (because of vision or hearing problems, or the ability to speak plainly);
2. Concerns about being valued as a “person” by staff. Dealing with being lonely in a crowd of people; starved for one-on-one “sit down” conversation.
3. Adjusting to dependence on staff, especially in two areas: incontinence and repositioning in wheelchair or bed. Unlike the staff, residents consider these urgent needs. One resident stated, “who cares if you get your medicine, if you got crap in your
face.” This area involves dealing with threats to one’s sense of expertise on one’s own needs, and dealing with waiting;

4. Adjusting to being surrounded by people with very compromised health status.

Strengths used by residents to work through these psychosocial issues include:

1. Mastering the skill of ignoring unpleasant people, sights, sounds, smells, etc.;
2. Overlooking being ignored by staff, resident, or family members;
3. Maintaining flexible expectations of self and others;
4. Looking for ways to be creative;
5. Looking for ways to be useful to self or others;
6. Working on relationship with God (Higher Power);
7. Refusing to dwell on negative aspects of health status or living situation;
8. Practicing gratitude for small pleasures and small favors;
9. Risking investing in personal relationships that may end in the death of the fellow resident, or the staff member leaving;
10. Complaining to authorities (administrator, police, state regulators)
11. Yelling for help or out of boredom;
12. Persistence in asking for what is wanted or needed;
13. Being open to the humor in the situation;
14. Using affection and kindness to develop rapport with staff;
15. Practicing acceptance and transcendence;
16. Keeping connected to family, both those living and deceased;
17. Choosing to believe that Life is a gift.
18. Accepting death as a part of Life, while still admitting concern about how it may happen.

Conclusions:
Nursing home social workers are ideally suited to work with residents to identify psychosocial issues. This awareness and identification can lead to a better understanding of the residents’ strengths and style preferences in handling psychosocial issues. Social workers can also help residents recognize and anticipate the effects of their coping styles on others. Staff and family members can be coached to support residents’ use of strengths where possible, and to offer assistance when needed. Learning about the psychosocial needs of each resident is important, and can contribute to an enhanced experience of living and dying in the nursing home.


Teno J. Now is the time to embrace nursing homes as a place of care for the dying. Innovations in End-of-Life Care. 2002; 4(2), www.edc.org/lastacts

The vast majority of older persons who receive health care obtain it in the context of a visit with their primary care provider. In spite of growing recognition of the potential of primary care as a location for the early identification and prevention of health and psychosocial problems for frail elders, the prevalence of treatable and undetected mental health and psychosocial problems among the frail elderly is well documented, as are the structural barriers that primary care physicians face in effectively coordinating or providing assistance with psycho-social issues. Recent controlled clinical trails have demonstrated the benefits of interventions using behavioral change methods such as Problem Solving Therapy (PST) to promote the self-management of chronic illness for improving health outcomes in community-dwelling frail older adults. In addition, care coordination in primary care has been shown to improve patient health and mental health outcomes. A number of studies have combined these approaches, but few have utilized social workers. More recent studies of social work care management in primary care have shown promising results to improve patient outcomes and reduce costs but have had a number of design or methodological weaknesses.

This study employs a randomized controlled trial (RCT) to test a social work care coordination intervention with frail older adults in primary care that is designed to reduce unnecessary hospitalization and improve patient outcomes. The study population will be a group of home-dwelling older adults with multiple chronic conditions, a recent history of unnecessary hospitalizations, and no more than mild cognitive impairment. At the core of the intervention will be the use of intensive Problem-Solving Therapy (PST), a validated behavioral change approach shown to be effective in treating depression and other psychosocial problems. This approach emphasizes mutually agreed upon goals for improving the patient's health status and promoting his/her independence. Behavioral change approaches like PST provide patients with the resources and tools to manage and maintain their health status, and have been shown to reduce use of hospital, Emergency Department, and other more costly forms of treatment. The study will compare outcomes for patients randomly assigned to the social work intervention with outcomes for patients receiving usual primary care.

Key research questions include
- Does a social work care management intervention in primary care that incorporates Problem Solving Therapy (PST) lead to improved patient outcomes and reduced unnecessary hospitalization for frail elders with multiple chronic illnesses?
- Does the integration of PST and care coordination promote self-efficacy and problem solving skills among chronically ill elders with multiple chronic illnesses?
Does the use of PST and care coordination lead to improved outcomes for depression and other psychosocial issues?
Overall, is the intervention cost-effective compared to usual care?
Does the use of social in primary care create collaborative interdisciplinary team model?

The key components of the intervention are
- Integrate a social worker into the primary care office setting by locating the social worker at the office
- Build a patient-centered, collaborative interdisciplinary team with physicians, nurses, social workers, and other health care professionals.
- Utilize a social worker to use PST for all care management issues including depression and other psychosocial problems.
- Improve the health outcomes of frail older adults participating in the study by integrating physical and mental health care in the primary care arena.

The research is being conducted by the Institute for Geriatric Social Work (IGSW) at Boston University School of Social Work. IGSW is supported by a five-year grant funded by The Atlantic Philanthropies. IGSW will subcontract with Partners In Care Foundation of Pasadena, CA to conduct our randomized controlled trial. Kaiser Permanente (KP) Long Beach Medical Office has been selected as the primary care office site for this study. The KP Long Beach Medical Offices have approximately 16 primary care physicians who serve an average of 30,000 patients, approximately 15% or 4500 of whom are 65 or older.
As the older population grows, the demand for personnel is paramount. Much attention is given to preparing students in terms of interest, knowledge, attitudes and skills as they enter fields and professions in which they will care for older adults (Kropf, 2002; Robbins & Rieder, 2002). Interesting students in working with older adults early in their education may be an effective strategy for increasing the number of professionals committed to working in the field of aging.

This paper presents the results of a collaborative initiative between a graduate school of social service and a community college. The primary purpose of this initiative was to recruit interviewers for a needs assessment of seniors in Bermuda. The approach was also intended to increase students’ knowledge about aging, challenge stereotypes or myths students may have, and strengthen student interest in gerontology careers. Like service learning, this approach actively involved students in a learning experience that met actual community needs (Dorfman, Murty, Ingram & Evans, 2002; Hegeman, Horowitz, Tepper, Pillemer & Schultz, 2002).

Bermuda, like all industrialized countries, is facing a demographic challenge resulting from its rapidly growing older population. Seniors represent 11% of the population of Bermuda, an island of approximately 63,000. Of elderly householders, 38% live alone, and 40% of households headed by persons 65 and older are categorized as poor (Census Office, 2000). Many older adults are struggling financially and physically to remain as independent as possible and at-home. Fertility and employment patterns in Bermuda affect the capacity of family members to care for their older relatives. Bermuda has among the highest labor force participation rates in the industrialized world.

Spearheaded by an international foundation, a comprehensive needs assessment was launched in September 2003. To understand the unmet and undermet needs of current and future seniors, a random sample of 300 individuals, age 65 and over, was interviewed in their homes, using a structured questionnaire. Because the project required that these interviews were to be completed within 4 months, it was necessary to identify a pool of local interviewers familiar with Bermuda’s culture, who were flexible in their availability.

Discussions with Bermuda’s only college, a two-year program, led to a collaboration. Students at Bermuda College, registered for a special course designed to coordinate with this project. Students were screened, and the outstanding ones were selected as interviewers. Fifteen students participated in training provided by Fordham University on
how to interview seniors using the survey instrument. The training built on materials on aging and research that students received in class. To meet course requirements, students had to successfully complete a set number of interviews. In addition, students were paid for each completed interview.

Feedback obtained from students revealed that at the end of the semester, students identified their myths or misperceptions about aging that had changed to a more positive, realistic view. They felt they had a new understanding of what it is like to grow older in Bermuda. This initiative demonstrated that it is possible to alter student attitudes and knowledge about the older population by engaging students as interviewers with seniors. Coming in contact with the seniors did more to combat ageism than classroom learning. This project suggests that students can be engaged in the field of aging before they have made career choices. However, the experience alone may not be sufficient to interest them in careers in gerontology.


Session 540A – Workshop  
Global Aging Content for the Social Work Curriculum  

M.C. "Terry" Hokenstad, Jr., Case Western Reserve University  

**Topic:** International, Policy

A silent revolution is taking place as we enter the 21st century. The “globe is graying!” Population aging is a worldwide phenomenon. This rapidly changing demographic environment has important implications for social policy and the quality of life. All nations are experiencing the aging of their populations and all are facing the resulting economic and social challenges. There is much to learn from the ways in which different nations are meeting these challenges.

The workshop will focus on the incorporation of global aging content into the social work curriculum. Content for course modules addressing international issues, such as active aging and retirement, advancing health into old age, and enabling and supportive environments for older people will be discussed. The use of cross national comparisons of policies and programs for older persons will also be considered. Finally, the role of the United Nations and other international organizations in addressing the challenges of population aging will be considered.

The workshop will also consider guidelines for the incorporation of an international dimension into a course or curriculum on aging. These include the following:

- A global perspective includes an understanding of international issues and action in the field of aging. This content is of necessity limited in a U.S. focused course, but can be incorporated in an international module. The United Nations International Plan of Action on Ageing (2002) provides an excellent overview and issues for discussion in one or two class sessions.

- Cross-national comparisons can help students to better understand the strengths and limitations of U.S. social policy in the field of aging. Comparisons with other countries in social security, health care, long-term care, and social service policy and programs can be incorporated into a course on Aging Policy in the United States.

- European nations are demographically advanced as compared to the United States. Current policy directions in those countries can provide ideas and insights for U.S. policy over the next 10 to 20 years.

- Innovations in services for older persons sometimes come from other nations. Hospice, which originated in Britain, is a case in point. An international module could include examples of such service delivery innovations and their applicability to the U.S.

- A discussion of cross-national comparisons and program adaptations should include consideration of contextual differences between nations. These include demography,
heterogeneity, history, and economic/political systems. At the same time, such differences do not preclude learning from abroad.

The workshop will be organized with examples to facilitate participant discussion of both content and guides. Different learning formats for the international content will also be considered.
Session 540B – Paper
Graduate Social Work Students' Attitudes Toward and Interest in Working with Elders

Vaughn A. DeCoster, University of Arkansas
Sherry Cummings, University of Tennessee
Geri Adler, University of South Carolina

Topic: Education Issues

Problem & Question
One product of modern society has been the incredible increase in life span throughout the world. In the United States alone, people 65 and over make up 12.6% of the population (34.5 million), those 85 and older now make up 1.5% (4.2 million) (U.S. Census Bureau, 2000). This rapid age shift presents new challenges for our society. An unprecedented number of individuals and families will face expected late-life developmental issues, producing a like increase in demand for family, social, and emotional support services. As these needs for services grows the supply of master-level gerontological social workers falls short of the documented need. This study sought to identify factors predictive of both MSW students' interest in working with the elderly and of actual employment in aging related jobs after graduation. The specific objectives of the project are: 1. To explore students' interest in working with the elderly and factors predictive of that interest; 2. To explore factors related to students' employment in geriatric-related jobs after graduation.

Methods
This study used a survey design to assess the attitudes of graduating MSW students from three social work programs located in three adjacent southern states. Surveys were administer in classes to all attending students one month prior to graduation. A total of 382 students completed the survey for a response rate of 83%. Selected programs represent various levels of gerontological research and training activities. One program operates a large interdisciplinary center on gerontology with a graduate gerontology certificate program, a second program has access to a center on aging and certificate in another department, and a third program recently completed a Hartford Geriatric Enrichment initiative yet lacks a gerontology center or certificate.

Following previous research, the survey measured undergraduate and graduate gerontological education, dimensions of professional and personal relationships with elders, interest and skill level working with older persons, basic demographic variables, attitudes toward aging (Sheppard, 1981), and personal aging anxiety (Kafer, Rakowski, Lachman, & Hickey, 1980). Researchers collected and coded data into a standardized data file using SPSS. The researchers then initiated descriptive analysis by state and for the entire sample, ANOVA and chi square analysis to investigate for differences between states, correlations across student interest working with older adults after graduation and all continuous variables, and multivariate (linear regression, stepwise) to determine interest in working with the elderly and factors predictive of that interest.
Results
The researchers completed data collection and are currently analyzing data; complete findings will be available by the end of the summer.

Discussion/Implications
This study builds and expands past research on student interest in working with elders, factors predictive of that interest, and factors related to students' employment in geriatric-related jobs after graduation. Unlike past research, this project explores these questions across three programs, located in different states, having varying levels of gerontological research and training activities. Findings also will investigate the effectiveness of the Hartford Geriatric Enrichment initiative, comparing student interest and commitment to working with older persons across two other programs. Results will inform social work gerontologists and practice advocates about the salient factors shaping student interest in working with this rapidly growing cohort in the United States.


Session 541 – Paper
Fieldwork Rotation in Geriatric Social Work: Perspectives of Field Instructors and Task Supervisor

Joann Ivry, Hunter College of the City University of New York
Bernadette R. Hadden, Hunter College of the City University of New York
Maria Hodges, Hunter College of the City University of New York
Anne E. Fortune, University at Albany, State University of New York
Linda K. P. Mertz, University at Albany, State University of New York

Topic: Field

Fieldwork rotation was a central component of the Geriatric Social Work Field Practicum Partnership Program funded by The John A. Hartford Foundation. Rotation, the systematic and planned movement of students between fieldwork sites, was the preferred field education model because of its potential to provide students with maximum exposure to the continuum of care in geriatric services. Through fieldwork rotation, students acquired specialized knowledge about older adults and their support systems; were educated about current issues in geriatrics and gerontology; developed competency in various geriatric social work treatment modalities; participated in interdisciplinary team practice; and became familiar about entitlements, resources, and the complex array of institutional and community older adult services and programs (Ivry and Hadden, 2002).

Beginning in the 1970’s, social work began to experiment slowly with adopting fieldwork rotation, particularly in the health care system. Social workers in health care began to consider rotation as an efficient mechanism for educating and training social work students for practice in the rapidly changing and complex health care environment (Dalgleish, Kane & McNamara, 1976; Spitzer et al., 2001).

However, in contrast to other professions, rotation in social work fieldwork education has been used rarely. It is a major departure from the standard social work field education paradigm of a one-to-one student-field instructor relationship in a single field placement site for the duration of one academic year. Innovations in fieldwork education such as block placements, group supervision, primary and task supervision, and field instruction centers, have been adapted periodically, but have not essentially altered the privileged place of the standard fieldwork education paradigm (Lurie & Pinsky, 1973; Marshack & Glassman, 1991; Spitzer, Holden, Cuzzi, Rutter, Chernack & Rosenberg, 2001).

Given the relative rarity of rotation in social work and the lack of familiarity with its educational potential, field instructors and task supervisors, have been generally apprehensive about rotation as a suitable field education model. Their reservations have included the possible negative effect of rotation on weak students, concerns about reducing or condensing the intimacy of the one-to-one student-field instructor relationships, and qualms that rotation might compromise in-depth learning opportunities by sacrificing depth for breadth (Bogo & Vayda, 1998; Netting, Hash & Miller, 2002).
This presentation will address these reservations by focusing on field instructors’ and task supervisors’ perceptions of fieldwork rotation over a three-year period in two public schools of social work. Data were collected from field instructors and task supervisors regarding their experiences with field rotation. Specific information was gathered on student assignments, the extent of coordination between field instructors and task supervisors across field placement rotation sites, and field educators’ views on the feasibility of rotation as an educational model in geriatric social work education.

Preliminary findings indicate that field educators responded positively to the rotation model. Communication between field instructors and task supervisors occurred regularly, and supervision was more focused. Having the input of more than one field educator enhanced the quality of students’ field education experience, and was regarded as positive rather than a hindrance. There was overwhelming support for the view that students exposed to a rotation model had enhanced their knowledge and practice skills in geriatric social work.

As a primary objective of the Hartford program, the rotation model increased students’ gerontological knowledge and practice skills. The accomplishment of this objective was further supported by the consensus among field instructors and task supervisors that their students were more confident working with the elderly as a result of being exposed to a rotation model.

Social work educators have begun to challenge the reigning field education paradigm in social work, and to question its universal application in all areas of social work practice (Jarmon-Rhode, McFall, Kolar & Strom, 1997; Reisch & Jarmon-Rhode, 2000). This presentation will advance the discussion of field education models by reporting field educators’ reactions to and perceptions of fieldwork rotation. Their views of rotation may contribute to the development and implementation of fieldwork educational models appropriate for the needs and challenges of geriatric social work.


Session 542 – Paper
Career Tracking: MSW Graduates of the Practicum Partnership Program

Sang Eun Lee, University of California at Los Angeles
JoAnn Damron-Rodriguez, University of California at Los Angeles
Frances P. Lawrance, New York Academy of Medicine

Topic: Education Issues, Field

The need for professionally trained social workers with expertise in aging is projected to grow in the current and future decades (NIA 1987). However, only 2.4% of MSW students were found to have chosen aging as a primary field of practice or social problem concentration (Lennon, 1999) and only 3% of MSW students have graduated with a specialization in aging or gerontological social work (Scharlach et al, 2000). Furthermore, there are no studies that demonstrate that MSW students who specialize in aging actually obtain employment in aging after graduation.

The Practicum Partnership Program (PPP), an innovative field education model, funded through the John A. Hartford Foundation's Geriatric Social Work Initiative, aims to attract graduate students to the field of aging. The six PPP demonstration sites (comprising 11 graduate schools/programs of social work) planned (1999-2000) and implemented the model (2000-2003). In addition to recruitment to aging, other essential components of the PPP are: formal university-community partnership or consortium; competency-driven education; an integrated field internship across multiple programs, aging populations, interventions and disciplines; and an expanded role in the educational process for field instructors.

A key aspect of the evaluation of the PPP was to ascertain if students completing a PPP internship were actually employed in aging related jobs after receiving their MSW. The PPP students were a mean age of 33 years, were predominantly female (84%) and ethnically diverse (18% African American, 15% Hispanic, 12% Asian American, 50% Caucasian, and 5% other). A survey, inquiring about their employment status, salary level, and other related areas, was mailed to graduates (n=264) at four months post MSW graduation. Additional survey was mailed to graduates to obtain information about employment one to two years after graduation (n=165). The response rates were 64% for four months post graduates and 54% for one to two years post graduates.

Findings from the study show that most MSW graduates who had participated in a PPP were employed in the field of aging immediately after graduation and within two years post graduation. At four months, more than 80% of respondents were employed full (74%) or part time (7%) and 80% of working graduates were employed in aging. Almost half spent all of their work time in aging related activities while another 27.3% worked with older adults at least half of their work time. The top five work settings for new graduates were hospitals, care/case management agencies, social service agencies, mental health and public policy/advocacy. Fifty-five percent of employed respondents reported
salaries in the range of $30,000 to $39,000 range with another 24% reporting salaries between $40,000 and $50,000.

At one year to two years post graduation, 93.3% of the respondents were working full or part time and 80% were working in aging. Forty-two percent spent 100% of their time in aging related activities and 78% were working at least one half of their time with older adults. While 67% reported an income of between $30,000 and $50,000 (which is similar to the four month report), the upper income bracket category ($50,000 to over $60,000) doubled from 12.2% at 4 months to 24%. Sixty-Four percent were affiliated with professional organizations and 38% were involved in leadership activities in social work and aging. The value of this aging enriched field education model was reflected by the response of 98% of the graduates that the PPP was useful or very useful in preparing them for their current career. Also, over the two points in time, students reported networking with friends and professional contacts through PPP as the most important source used to obtain their current jobs (65% and 70%, respectively) and the PPP internship/practicum as next important source (59% and 68%, respectively).

A challenge of career tracking surveys is locating students after graduation and is often reflected in low response rates. However, this first career tracking effort has proven valuable by relating the role of aging enriched field education to increasing the numbers of social workers working in the field of aging. Further, we have learned more about gerontological social work roles, work settings and career options. Additional surveys are needed to track the careers of social work graduates specializing in aging to assess whether their graduate education plays a role in strengthening the geriatric workforce over time.


The purpose of this study was to assess the needs of the frail, homebound elderly being served by the Kosher Meals on Wheels Program of Jewish Family and Children’s Services of Monmouth County N.J. The agency’s Licensed Clinical Social Workers felt that many of the program’s participants had called in for meal delivery as a means of reaching out for additional social work services. The sample included 109 meal recipients who had called the Agency to request Kosher Meals on Wheels. Secondary data was collected from Psychosocial Evaluations conducted by licensed clinical social workers in order to assess what further needs might exist for this population.

The analysis of secondary data was conducted by the author's BSW Program Research Methods Class at Georgian Court University with permission of Jewish Family and Children's Services. All secondary data was anonymous. Literature reviews were conducted by the students as well as a content analysis of qualitative data and quantified data when and where possible. Analysis of data was conducted via SPSS and the students assisted with drawing conclusions and outlining implications for social work practice.

The population studied is an older population, with over 50% above age 80. Females represented 70.6% of the population, and this sample is well educated with 65.1% having completed high school or better. More than 50% of the current sample reported experiencing social isolation, depression, and a loss of physical functioning. A significant number of meal recipients desired additional counseling services, and practice implications for the delivery of mental health services to the frail, homebound elderly are discussed.


Session 544 – Roundtable
"Counseling the Older Adult:" Pedagogical Strategies to Enhance Student Learning

Peggy L. Black, Mercyhurst College

Topic: Teaching Methods/Learning Styles

We live in a unique time, where the population of older adults continues to grow due to a large aging baby boom cohort and improved medical technologies. As this group increases in number, the need for counseling older adults through adjustments to life changes also continues to expand. Longevity brings both opportunities and challenges to elders and their families. Virginia Burlingame (1995) coins the term “gerocounselor” to describe professionals who are knowledgeable about the mental health of elders and, and to help elders and their families to focus their problem-solving abilities, overcome the challenges and take advantage of the opportunities aging brings. Gerontologically trained social workers are invaluable professionals that can help meet this need.

This presentation is designed to provide participants with concrete suggestions which will enhance social work student learning of aging content and provide a direct application to counseling approaches. Discussion of pedagogical strategies as well as cultural diversity and ethical issues will be provided. Additionally, specific assignment examples will be provided, as well as a detailed explanation of an experiential partnership with an area assisted-living facility that proved to be a successful vehicle for students to integrate knowledge with practice.

Objectives:
1. Participants will gain a greater understanding of the need for skilled counselors of older adults.
2. Participants will acquire pedagogical tools that can enhance the learning of their gerontology students.”

Unprecedented increases in the absolute number of older people and the relative proportions of older versus younger people in the U.S. compel gerontologists to plan for the exponential increase in the need for care of the 85 plus age group, and to anticipate the psychosocial needs of a culturally diverse aging population. Schools of social work and agencies currently serving the elderly have much to contribute to effective policy and program development, yet these two types of organizations often view each other with skepticism and little respect. Differences in mission, values, culture and fiscal incentives create a gulf between community and academe which is often hard to overcome.

Community agencies tend to feel that educators and researchers only notice them when they want internships, subjects for research, or letters of support for grants. Academics often recognize the validity of this perception but see few unfunded avenues for collaboration. (Bringle, 1999). Interagency councils on aging which the university joins or develops as an equal partner concerned with older people’s present and future well being are excellent vehicles for bridging this gulf, promoting collaboration, mutual learning and exciting educational, research and service ventures.

This paper describes the development and operation of, (WHICOA), a successful interagency planning and advocacy council on aging established in 1972 in a culturally diverse urban community in which a local school of social work has earned the role of a trusted articulate partner, leading to enhanced impact on local aging policy, service delivery and to new growth and learning opportunities for social work students, faculty, and the approximately 50 member agencies of the coalition. The conceptual underpinnings of the collaborative are identified and its reasons for success and longevity are explored by a faculty member, two agency directors and a roving field instructor. The theoretical rationale for the group is derived from the sociology of inter-organizational relationships and community organization practice. (Whetten, 1981), Schopler (1994), (Mizrahi, 2001). The WHICOA interagency model is included in Schopler’s broad typology of collaborations, those that are voluntary, with both an external and internal focus. Articles on successful public school and university collaborative programs; Sessions, et al (2001), Glow (2003) Bringle (2002) emphasize the challenge of creating healthier communities and overcoming complex social problems through campus-community partnerships. This paper applies the principles of effective collaboration to the field of aging and highlights the steps educational institutions can take to identify or create effective academic—community interagency councils on aging to promote creative social planning, cultural competence, and to respond to Boyer’s) challenge to higher education to “bring new dignity to community engagement by connecting its rich resources to our most pressing social, civic and ethical problems” (Boyer 1996 pp. 19-20).


Session 546 – Roundtable  
Videos: Where Do They Fit in an Aging-Infused Curriculum?

Marla Berg-Weger, Saint Louis University  
Julie Marie Birkenmaier, St. Louis University  
Joseph Pickard, Washington University

**Topic:** Curriculum, Education Issues, Teaching Methods/Learning Styles

Educational videos, feature films, and television movies and programs have long held a place in the social work curriculum as a strategy for teaching social work students about human behavior, social work practice, and policy issues. Corcoran (1999) provides support for the assignment of using popular movies as a way to apply developmental theory related to adults. The increased interest in social work issues related to older adults and their families has provided the opportunity to consider strategies for incorporating aging-related video materials into the curriculum as well.

As all social work educators know, there are a wealth of video resources from which to choose. The challenge becomes knowing the answers to such questions as:

· Which videos should I use for my specific course(s)?
· Which topics within the course(s) lend themselves to the use of a video?
· When in the course should I show or assign a video?
· Has another faculty member already shown this video?
· How do I use a video to teach a particular concept or skill?
· How frequently should videos be used so that students do not become de-sensitized to the intended message?
· What is my goal and desired outcomes when using videos?
· Does a list of recommended videos exist?
· How can integrate older adults into a discussion of the way in which older adults are portrayed in movies and videos?

This roundtable session will focus on the dilemma and opportunity presented to social work faculty in their attempts to incorporate aging-related videos into the social work course. The presenters will share their observations about videos that may be included in various areas of the curriculum to enhance aging content and strategies for inclusion. The participants will be invited to share their video resources and teaching strategies as well. A summary will then be compiled and shared with the participants following the session.

Session 547 – Roundtable
Designing and Implementing a "Grand"Parenting Network through Intergenerational Service-Learning

Jo Ann O'Quin, University of Mississippi
Debra Moore Shannon, University of Mississippi

Topic: Caregiving, Intergenerational Service/Practice

Intergenerational service-learning (ISL) is a teaching method that can be integrated into a variety of social work classes for the mutual benefit of students, communities, and older adults. This session will illustrate the use of ISL with students in a number of experience-based undergraduate and graduate social work courses that addressed a burgeoning need in our community. Realizing that there are over 4 million grandparents nationally raising grandchildren and that our state ranks near the top in percent of grandparents as heads of households, there has been a growing concern about the needs of this population in our community. Over the course of two years, a variety of courses were involved with aspects related to concerns of these grandparents. The courses included social gerontology, psycho-social aspects of aging, research methods, community and group practice courses, social policy, and internship. In addition, an undergraduate honor’s student based her thesis on work stemming from these issues and produced a needs assessment of grandparents raising grandchildren. The culmination of the ISL activities has been the initiation and facilitation of a series of community events that provided meaningful community services as well as valuable learning experiences for the past several years. For example, research and community practice classes developed and conducted a needs assessment of grandparents responsible for grandchildren. Students in other classes developed and coordinated day-long community events--a Grandparents Celebration and Booth in a middle school, a Grandparents Day with informational "fair" in an elementary school, and a community-wide "Grandparents Celebration Brunch and Forum." Out of all of these events, a core group of grandparents that were responsible for the care of grandchildren were identified who expressed an interest in an ongoing support network. Working with the outcomes of these projects, the subsequent semester, graduate and undergraduate students implemented a community support group that met every two weeks during the semester. An issue affecting sustainability was what to do after the service-learning commitment of the classes end. Our solution has been to involve several ISL classes with practice and internship students in the ISL-initiated activities. This has provided continuity and promotes further training in group processes and working with older adults. In addition, the partnership with the school system and community agencies working with children and families has provided positive interrelationships. The social work department has successfully partnered with a community agency working with families to provide a centrally located meeting facility, refreshments, and childcare while the students and faculty organize and facilitate the group. Program descriptions, materials, course syllabi, and needs assessment results will provide models for those with interest in the “grand”parenting network and for addressing these community needs through intergenerational service-learning.
In the form of a reading of two brief chapter from a memoir in progress, this presentation effectively juxtaposes two quite opposite reactions of elderly women to adversity. Both are in their eighties. One, a native of Yugoslavia accustomed to farm work, defies all expectations when she gets out of bed following a stroke to assist the man in whose house she is living. For her, it is a matter of honesty and determination. She is in his house, getting room and board there, in exchange for his care.

The other woman, who decades previous to the worker's involvement had been a well known actress on Broadway, sees her final decline with a certain detachment and irony. She is determined to define her own role in this drama and refuses the social worker's attempts to help maintain her at home.

The limits of intervention as well as the rewards are evident in these contrasting stories that are designed to provoke thought and consideration more than they are to present ready answers to complex problems. The ethical dilemmas involved in attempting to do what is best for a client are tacitly explored, making the narratives suitable for classroom discussion for students of social work.
Session 549 – Roundtable
Seniors, Spirituality, and Shadow Work: Innovations in Gerontological Social Work Practice

Marian L. Swindell, Mississippi State University –Meridian

**Topic:** Practice, Spirituality

The social work profession has a decidedly important role to play in the field of gerontology and in order to be more effective in the future, social work will have to adapt accordingly to the many demands, resources, and needs of this client group. One way the field of social work is adapting is increasing the use of spirituality in assessments with the elderly. The purpose of this presentation is to explore the use of another adaptation: the use of “shadow work” during the life review.

Elders often speak of their spiritual development in terms of their spiritual awakening and the nature of their spiritual journey. Aging often influences the experience of the spiritual journal through factors such as reducing the number of work or family distraction, providing more time for contemplation, and providing the freedom to travel to seek out spiritual teachers. The nature of the spiritual journey however, can also profoundly affect the experience of aging.

Social workers often assist the elderly in a life review, a process in which a client looks back over the past life and reflects on challenges, regrets, appreciations, awards, dreams, and failures. An innovative aspect of the life review, “shadow work” asks the client to focus on forbidden feelings, secret wishes, and creative urges, bringing them into the conscious so that they may be acknowledged and appreciated. By asking the client, during the life review, to look inward, and process these feelings, wishes, and urges, we empower our clients to cultivate a deeper self-knowledge and authenticity.

Through the use of both the shadow and spirituality, social workers possess an untapped ability to assist our clients toward soul, heart, and mind fulfillment in their later years. We also have the unique ability to assist our clients, through these two tools, to bring closure to unhealthy family and friendship dynamics and to improve the overall quality of life.

The purpose of this presentation is to provide an overview of the life review, an assessment instrument used in social work practice with the elderly. Shadow work, based on Carl Jung’s shadow archetype will be introduced and explored. Methods to infuse shadow work and spirituality throughout the assessment phase will also be reviewed. Participants will be able to see through the use of role play, dialogue techniques which have successfully in integrating the shadow and spirituality in social work practice with the elderly. Participants will also be introduced to a variety of training tools and strategies relevant to shadow work and spirituality in late life.
Implications for social work education and the future development of social work practice with the elderly are also discussed.
Session 550 – Roundtable
Negotiating End of Life Issues Among the Older Adult

Margaret Souza

Topic: Death/Dying, Health

Since the death of older adults is the “natural” progression of the life cycle and considered inevitable health care professionals can have difficulty understanding the complexity of the issue for family members called upon to make decisions regarding ongoing care and treatment options. This presentation considers the complexity of health care decision making by presenting the perspective of persons who have made decisions to end or terminate treatment based on the recommendations of the health care staff. It also discusses the multiple ways in which family members although agreeing to terminate treatment negotiate the ongoing care of their older relative in a manner that precludes the conditions for which they have refused ongoing interventions. Cases will be presented in which multiple interventions already have been put in place and the older person's health status is poor. However, death will occur after a choice about terminating an ongoing intervention or refusing another intervention the reality of death as being a timed process becomes more visible. The cases presented will illustrate the difficulties of the decision making and the emotional components of the decision making process.

In this presentation the manner in which clinicians assist family members in the decision making process will be examined. Well intentioned discussions based on rational expectations and outcomes of treatment often lead to resistance. An understanding of connections to the person, the meaning of the loss, and the emotional impact of that loss in relation to larger life issues are essential It enables clinicians to more clearly understand and work with families supporting the choices they make and enabling them to provide the environment they need to deal with the issues surrounding the death.

This presentation presents data gathered from three years of research in nursing homes focusing on death and dying. It also presents data from 22 months of research, training, and direct service in the development of a palliative care program in a community hospital.
Session 551 – Paper  
The Relation Between Spirituality and Depression Among Immigrant Chinese Older Adults  
Siyon Y. Rhee, California State University, Los Angeles  
Eunai Shrake  
Tiffany Liu, Department of Mental Health, Los Angeles County  

Topic: Immigrant/Refugees, Spirituality  

The purpose of this study is: (1) to examine the prevalence of depression among immigrant Chinese older adults; and (2) to assess key dimensions of religiousness/spirituality (religious beliefs and daily spiritual experiences) as predictors of depression among community-dwelling immigrant Chinese older adults in a major U.S. metropolitan area.  

Religiousness/Spirituality was measured by using (1) Hoge’s scale consisting of 10 statements about religious belief (intrinsic religiosity) (score range=10 to 40) (Hoge, 1972); and (2) Underwood’s Daily Spiritual Experiences Scale (DSES) consisting of 16 items about the individual’s perception of the transcendent in daily life (score range=15-90) (Underwood, 1999). Additionally, the 30-Item Geriatric Depression Scale (GDS), measures of self-rated health status, socio-economic status, living arrangement, and religious service attendance were administered to a community sample of 126 elderly Chinese immigrants (62 males and 64 females). A sampling frame was constructed based on a list of Chinese surnames selected from the 2004 White Pages phone directory. The sample was randomly selected in increments of six from this sampling frame. Two hundred and fifty survey questionnaires were mailed to individual households selected from the directory and 126 respondents completed and returned the questionnaires.  

The average age was 69.3 years (SD=9.7) for the male respondents and 67.0 years (SD=9.5) for the female respondents. The majority of the respondents (92%) lived with their spouse or adult children. The mean length of U.S. residence was approximately 19 years for both groups. Over 87% of the male respondents had high school or some college education (mean education for the males = 13.5 years), while about 25% of the female respondents had less than high school education (mean education for the females = 11.9 years). Over half of the elderly Chinese respondents (51.5%) rated their health as being poor to fair.  

With regard to religious affiliation, about 42% of the respondents identified themselves as Buddhist, followed by Protestant (24%), other (10.4%), Catholic (2.4%), and no religion (21.6%). The length of their religious involvement ranged from none to 90 years, with an average of 26 years (SD=20.4). In terms of structured service attendance, about 41.3% reported never attending religious services, 27.0% attending services a few times a year, 10.3% once or twice a month; 18.3% once or twice a week, and only 3.2% attending services nearly everyday. Findings reveal that there was no significant gender
difference with regard to religiousness (t = .461, p = .645, df = 123) and spirituality (t = -1.704, p = .091, df = 121).

Depression among elderly Chinese immigrants was measured by the GDS. This study used the Brink and colleagues’ cutoff points (1982), with scores 0 to 10 - normal, 11 to 20 – mildly depressed, 21 to 30, moderately to severely depressed. The study showed that 22.6% of the male respondents were mildly depressed, and 1.6% were moderately to severely depressed. For the female respondents, 17.5% were mildly depressed, and 4.8% were moderately to severely depressed. Unlike other study findings (Mui, 1996, 2001), there was no significant difference in the mean score of depressive symptoms between the male and female respondents in this sample (t = 0.375, p = .708, df = 123).

A hierarchical regression model was employed to control for the usual predictors of depression, such as demographic variables and self-rated health status, and thereby measured the net effect of religiousness/spirituality variables. Three demographic variables (age, income and length of residency) and self-rated health status were entered in the first block as control variables, followed by the second block of key dimensions of religiousness and spirituality. The variables for the first block were selected based on prior research findings (Mui, 1996, 2001). The model explained 25.9% of the variance in depression among immigrant Chinese older adults (R = .509, R2 = .259, p = .000). Results show that self-rated health status and religious beliefs are the most significant predictors of depression, suggesting that better self-rated health status and strong religious beliefs tend to contribute to a reduction in levels of depression. However, unexpectedly, the variable of daily spiritual experiences has no significant effect on depression in this population.

The results of this study demonstrate the need for developing culturally sensitive collaborative practice models between social work practitioners and ethnic religious leaders, and the need for developing an active outreach plan to increase mental health service utilization among immigrant Chinese older adults.


Understanding the Elder Immigrant Experience

Rebecca A. Lopez, California State University, Long Beach

Topic: HBSE, Immigrants/Refugees

At the turn of this century, the foreign-born population in the U.S. numbered approximately 27 million, or roughly 10% of the population (Camarota, 2001). The immigrant population is estimated to be growing 6 1/2 times faster than the native-born population. While the chief conduit for immigration remains re-unification of family members with a U.S. citizen, other sources include refugee admissions and undocumented migration. This presentation provides an overview of all sources of immigration and outlines eligibility criteria and the processing leading to arrival in this country. Also evaluated are the stresses of these experiences which may hinder healthy re-settlement and adjustment for the elder.

In particular, old age poses very unique concerns for the elderly who arrive in the U.S., often reluctantly. They often follow adult sons and daughters who are honoring cultural expectations for “filial obligation” (Kitano & Maki, 1997) in caring for aging parents. The elder immigrant faces a number of complex, and sometimes daunting tasks in assimilation and acculturation. At a time when the traditional and familiar is most comforting, elderly immigrants must cope with the stresses of adjusting to new cultures and new social and familial expectations. Old companion networks and larger family support systems are now replaced with limited personal resources to meet friendship and social recognition needs. The potential for social isolation increases as the elder immigrant experiences progressive physical limitations and persistent language barriers to functional assimilation.

This presentation also explores the unique processes and outcomes of the elder who immigrates to the U.S. as a refugee; that is, someone who has been forced from their ancestral homeland because of fear of persecution or death (U.S. Bureau of Refugee Affairs, 2003). The U.S. has and will continue to play a major role in providing sanctuary for displaced populations worldwide. The experience of the uprooting, uncertain status in refugee camps and transport to a foreign host country, like the U.S. poses additional strain on the elder who has not fully processed the traumatic circumstances which brought them here and who is unable to cope with cultural conflict and alienation. As for many elder immigrants, the language-relevant social networks and resources may be limited and may result in isolation with pathological outcomes. A survey of potential elder clinical disorders is presented, including PTSD, depression, somatoform disorders and culture-bound syndromes (APA, 2000; Vergara, Miller, Martin & Cookson, 2003).

The disruption of family status, role ambiguity and other sources of cultural dissonance are surveyed for their particular impact on the elder immigrant. Equally critical, given the greatly reduced family systems available to the immigrant elder, is the intergenerational family conflict which can foster resentment, anger and frustration when
the elder is forced to shift from esteemed head of the family to a “juvenilized” role. This can often occur when the elders' parentified/English speaking grandchildren are able to provide more instrumental benefits to the family's survival in the U.S. (Gelfand, 1989; Skinner, 2001). Loss of status and role confusion may often pose tremendous challenges for immigrant elders.

Finally, this presentation explores several indigenous resources found in many immigrant enclaves in the U.S. which sustain non-English speaking elders. Gatekeepers, religious institutions and alternative health care systems available in many communities are surveyed for their functions in meeting the needs of isolated elders who are unable to interact with mainstream resources (Majka & Mullan, 2002).


Case records of 306 home health patients were reviewed to find that the number of days between a patient’s admission to home health care and referral to medical social services and the patient’s annual income did not have a statistically significant impact on social service goal attainment. However, residing in a rural area and having a moderate number of social service goals were both significant predictors of unattained social service goals.

The Joint Commission on Health Care Organization (1991) and the National Association of Social Workers’ Commission on Health and Mental Health and the Society of Hospital Social Work Directors (1990) have identified discharge planning as an integral component of high quality healthcare for Medicare beneficiaries. Discharge planning is a complex process that includes activities ranging from concrete resource provision to clinical assessment and intervention, involves the active participation of a team of health care providers, and should begin at admission (Kadushin & Kuly, 1993). Several facility-based studies have shown that prompt initiation of discharge planning procedures is central to successful discharge (Boone, Coulton, & Keller, 1981). The literature also suggests that patients often return to acute care facilities when they lack adequate support services after discharge (Naylor & McCauley, 1999; Proctor, Morrow-Howell, Li, & Dore, 2000).

The reimbursement rate for home care is now calculated in advance of patient care and is based on clinical severity, functional status, and service utilization (Elias, Ferry, & Treland, 2000). One significant implication of the funding change is that patients’ social service needs are not included in the formula for reimbursement. Medical social services are now provided by home health agencies as an overhead cost. This translates into a potential disincentive for patients to be referred to medical social services.

The purpose of this study was to investigate correlates of unattained social service goals among home care recipients. The premise was that patients with unattained social service goals may be less able to manage their chronic health condition after discharge from home care.

A multiple regression analysis was calculated to investigate the impact of 1) the delay of the social service referral, 2) urban vs. rural residence, 3) annual income, and 4) total number of social service goals on attainment of social service goals. The curvilinear model explained 12% of the variance in unattained social service goals (F=7.67, df=5, p <.000). The beta scores and corresponding significance values indicated that number of days before social service referral (â=.09, p<.117) and annual income (â= -.05, p<.361) were not significant predictors of unattained social services goals; however, living in a
rural area (\(\hat{\alpha} = -.20, p<.000\)) and having a moderate number (3-5) of social service goals (\(\hat{\alpha} = -.51, p<.024\)) were significant predictors.

Contrary to the finding of our main hypothesis, the literature supports the need to initiate discharge planning as early as possible after admission to health care services. The significant findings of our secondary hypotheses (rural residence and moderate number of social service goals) support the need for early social service intervention. Early initiation of social services can remove obstacles to the care plan, thereby shortening treatment duration, and can prevent medical relapses secondary to psychosocial barriers. Our secondary hypotheses indicate that, in some situations, social service goals will be more difficult to attain and that additional time may be needed to remediate these problems. This is especially the case in rural areas where social services are not as readily available. Social work practice and policy implications are discussed.


Nursing home social workers face the daunting challenge of promoting resident independence and psychosocial well-being in a setting where people’s highly individualized needs are often thwarted. Conflict is “an inherent characteristic of organizations” (Anderson et al., 1999, p. 108), but a growing literature paints the nursing home as especially virulent, fuming much disharmony (Diamond, 1992; Painter, 1999, p. 28; Nelson & Cox, 2004), with social workers taking the brunt of family conflict (Vinton, Mazza, & Kim, 1998). However, minimal literature focuses on training the professional to strategize handling conflict (Umbreit, 2002; Nelson, Netting, Huber, & Borders, 2001a). Education is needed to prepare social workers beyond assessment of problems to becoming the expert in managing conflict (Damron-Rodriguez, Robinson, & Feldman, 2000).

The social worker’s deep bow to resident choice reflects the profession’s historic roots in championing rights of the disadvantaged against various resistive authorities (Keefe & Koch, 1999). Common sources of conflict include tension between the profession’s dedication to resident autonomy and self-determination under a highly regulated, bureaucratic, litigious, profit-driven industry (Nelson et al., 2001a, 2001b). Ethical applicability to promoting the rights of those most vulnerable is stressed, as are the policy concerns for the social work profession under which facilities practice in hiring under-trained social service personnel.

The Resident-Centered Contingency Model of Conflict Resolution presents a collaborative approach and considers social workers not only as case-level change agents, but organizational culture change agents – engaging management, family, residents, and nursing staff in problem solving, making the nursing home more conducive to individual needs, and aiding nursing home social workers to constructively manage day-to-day conflict. The model examines the structural, ecological, and psycho-sociological dynamics that shape the nursing home social worker’s conflict environment in order to identify factors that challenge the social worker’s ability to resolve problems in the client’s best interest.

Instruction and use of the model advances the knowledge base of gerontological/geriatric social work through outlining (a) the nursing home’s unique conflict accelerants, (b) the status of the social worker’s role as a change agent, and how the (c) Resident-Centered Contingency Model of Conflict Resolution (RCCMCR) points to the social worker’s optimum, sub-optimum and likely dysfunctional range of case level conflict tactics. We provide (d) training, policy and practice recommendations for empowering social
workers to effectively resolve nursing home conflict. The RCCMCR employs strategies from collaboration to contest depending on the urgency of the resident situation against the facility’s resistance. Skills in navigating types of conflict among family, staff, and residents are suggested. The authors advise when and how to employ the five basic interpersonal/conflict tactics of: (1) Avoidance; (2) Conciliation; (3) Compromise; (4) Problem Solving; and (5) Forcing (adapted from Thomas & Killman, 1974). Knowledge gained from the model can be directly utilized as a resource for social work practice or education. Under the standards by which we practice, social work education is based on values of service, social and economic justice, dignity and worth of each person, importance of human relationships, (EPAS, 2001, sec. 1.2), and looks to advance the status of vulnerable and oppressed persons through specialized instruction relevant to practice. Nursing home residents consist of a diverse population facing issues of adjustment, ageism, interpersonal relationship challenges, and compromised choice within the skilled nursing home setting. Social workers are logical agents (Mizrahi, 1992) to provide advocacy within long-term care to advance the dignified treatment of older and disabled residents. Through education and resources, including the RCCMCR, communication within the nursing home organization can promote the rights and voice of the consumers in the advent of long-term care culture change.


Session 608 – Poster
The Voice of the Paraprofessional Caregiver on Their Work Today and Tomorrow

Victoria Gay Murdock, University of Wyoming
Mary Susan Hagar

Topic: Agency Job Issues, Long Term Care

“Imagine a world without paraprofessionals: imagine the hassles, the unmet care needs, the children, the disabled, the elderly, the sick and the dying” (HCAA, 2002). The shortage of paraprofessional caregivers is already severe, and is projected to increase in the next 30 years; “half of all U.S. hospitals say they struggle with a shortage of nurse’s aides” (Solovy & Towne, 2003, p. 21). With a smaller workforce of working-age people (even allowing for immigration) and a larger population of elders in the “Baby Boom” cohort, there is simply not going to be a dependable supply of persons to care for the personal needs of the old, the sick, the vulnerable adult, or the person with a disability (Dawson & Surpin, 2000). “The U.S. elderly population is expected to double over the next 30 years, while the ‘traditional’ female caregiving population—the largest cohort of women of caregiving age in the general population between the ages of 25 and 54—is projected to grow during that same period by only 7%” (Dawson & Surpin, 2000, p. 227). The demographics only address potential numbers being too small; another issue is the quality of care that is offered if staffing is insufficient and employees are under-trained and unmotivated. Researchers have called for improved pay, better working conditions, and advancement opportunities for the paraprofessional caregiver (Breedlove, 1993; Freels, 2001; Vance & Davidhizar, 1997).

What appears scarce in the literature at this time is the voice of the paraprofessionals themselves, speaking directly to the issues that might motivate or discourage; one notable exception is an interview with one Certified Nursing Assistant (Bilyeu, 2002). Paraprofessional can be defined as the health care or human service worker who may have a high school diploma or an Associates’ degree, but not the baccalaureate degree or LPN/RN preparation.

The research design is a qualitative study of the experience and perspective of individuals who currently provide paraprofessional caregiving services in long-term care settings (in institutions or at clients’ homes). The researchers, social work and nursing faculty, will use semi-structured interviews to search for the meaning in the voices of the workers themselves. This social constructionist approach also encourages the paraprofessionals’ recognition of the importance of the work that they do, by hearing them and then disseminating their voice to a larger audience. The qualitative nature of the study also presumes that the researcher has awareness of her own perspective, and uses an interview structure that guides by following the study participant’s lead (Marshall & Rossman, 1999). Approximately 20-25 persons who work in long term care agencies will be sought through workplace advertising, as well as a snowball technique of one participant identifying another. Each interview will be made available to that participant for review and correction, in order to enhance the accuracy of information. A computerized
program such as Atlas.ti will be used to theme the comments made by the participants and to aggregate themes for clarity and usefulness of data gathered. The study will proceed in the summer of 2004, with results ready by winter of 2005. The goal of this initial research effort is to hear the lived experience of the paraprofessional, as a step toward improving their work environment and the environment of their clients. It is hoped that this research will contribute to the knowledge base in a unique way by presenting the voice of a marginalized group of workers, the very workers who offer the most intimate and direct care to similarly marginalized older adults. Students, faculty, and practitioners may use these results to encourage respect for aging and respect for the disenfranchised, both the old and the workers.

Bilyeu, S. (2002). Annie Bryant, CNA. Contemporary Longterm Care, 25, 1, 34.


Session 609 – Poster

Physician and Nurse Perceptions of Roles for Social Workers in Primary Care

Christina Andrews, Student, Boston University School of Social Work

Topic: Health, Mental Health, Practice

The vast majority of older adults receive health care in the context of primary care. The prevalence of treatable and undetected mental health and psychosocial problems among the frail elderly in this setting is well documented (Katon et al., 1999; U.S. Department of Health and Human Services, 1999; Unutzer et al., 2001), as are the structural barriers that primary care physicians face in effectively coordinating or providing assistance with psychosocial issues (Kaplan et al., 1999; Jeste et al., 1999; Schulberg, 2001; Bartels et al., 2002). To address these issues, the Institute for Geriatric Social Work (IGSW) at the Boston University School of Social Work has begun a randomized controlled trial to test a social work care intervention with frail older adults in primary care that is designed to reduce unnecessary hospitalization and improve patient outcomes. Study participants are home-dwelling older adults with multiple chronic conditions, a recent history of unnecessary hospitalizations, and no more than mild cognitive impairment. At the core of the intervention will be the use of intensive Problem-Solving Treatment (PST), a validated behavioral-change approach shown to be effective in treating depression and other psychosocial problems. This study will be conducted by IGSW and Partners in Care Foundation at Kaiser Permanente Long Beach Medical Office in Los Angeles, California.

The proposed poster session will present the findings of a focus group designed to identify providers’ perceptions of the unmet needs of frail elders in primary care, and potential roles for social workers in these settings. The focus groups will include 6-8 physicians and nurses involved in the study. Conducted before the start of the intervention, the session will focus on providers’ initial perceptions of the benefits and challenges of integrating social work into primary care. Four primary areas will be explored: (1) What do you perceive as the unmet needs of this population? (2) What roles do you believe social workers can play in addressing the needs of frail older adults? (3) What do you perceive as the main challenges in integrating social workers in primary care? (4) How do you believe that social workers can improve service delivery and effectiveness to patients? The session will be co-facilitated by Scott Miyake Geron, Ph.D., Principal Investigator for the study. The analysis will employ “grounded theory” methods to elicit provider responses to focus group questions. Through the use of general questions, the focus group leader will obtain initial unfiltered responses from providers, then ask probes based on recurrent themes and issues that emerge during the course of discussion. Using grounded theory methods, transcriptions of the session will be sorted into content categories and synthesized for analysis.


Session 610 – Poster
Predictors of Perceived Training Effectiveness in Geriatric Social Work Continuing Education

Kelly Mills-Dick, Student, Boston University School of Social Work

Topic: Practice, Education Issues

The rapid aging of our society and the related increase in demand for services that meet the needs of older adults result in an important challenge for the field of social work. However, despite the critical need for skilled workers in aging, research shows that there is a severe shortage of social work practitioners trained to work with older adults (Gonyea, Hudson & Curley, 2004, Scharlach, Damron-Rodriquez, Robinson & Feldman, 2000). Studies by Gibelman and Schervish (1997) found only 16% of baccalaureate social work graduates (BSWs) and only 4% of masters-level graduates (MSWs) worked specifically in services for older adults. According to another recent estimate, only about 5,000 of the 155,000 members of the National Association of Social Workers (NASW) indicated aging as their primary area of practice (Rosen & Zlotnick, 2001). This shortage has been addressed recently through several initiatives to promote education and scholarship in gerontology among social work practitioners, educators and researchers. Through support from The Atlantic Philanthropies, the Institute for Geriatric Social Work (IGSW) at Boston University provides training nationwide to currently practicing social workers from widely diverse practice settings and backgrounds who have already completed their formal academic training, but need further professional training as they work increasingly with older adults. The overall goal of IGSW training is to increase the number of practicing BSW and MSW social workers with knowledge and expertise in geriatrics and to improve the quality of social work practice with older adults and their families.

This poster will present findings from training evaluation data from the IGSW education and training programs. In the past year, IGSW has trained over 8,000 social workers across the country through conferences and internet-based web seminars and downloadable self-study courses. Trainees at all IGSW-sponsored or supported training are asked to complete a standard evaluation form that includes demographic information on participants. To date, over 1,600 evaluations have been entered into SPSS for analysis. Preliminary analyses of these data show that 89% of respondents report having a degree in social work, less than 30% had a concentration in aging, and 38% report that more that 75% of their work involves working with older adults and their families. In this poster, data will be presented on: (1) the effectiveness of training in reaching social workers; (2) the effectiveness of training in self-reported gains in geriatric knowledge; (3) the satisfaction of the training experience by educational method; (4) the characteristics of social workers participating in training on aging; and (5) self-identified gaps and barriers to obtaining geriatric training. Special attention will be paid to the impact of demographic variables on the level of knowledge expansion and practice relevance. A regression analysis will be performed to identify predictors of perceived training effectiveness. This information can lead to a better understanding of the training needs of
practicing social workers, and to improvement in the methods of transferring skills through continuing professional education.
Early Family Structure and Women's Later Year's Earnings

Richard K. Caputo, Yeshiva University – Wilf Campus
Susan E. Mason, Yeshiva University

Topic: Policy, Research (Statistical), Women

The effect of early life experiences on future achievement, specifically the structure of the family of origin on earnings capacity, has attracted national attention (McLanahan, 2001; Powell & Parcel, 1997). The reauthorization of the Temporary Assistance for Needy Families, for example, has focused attention on the economic plight of children born to and/or raised by poor single parents, many of whom may have had spent part of their own childhoods in poor single-parent households (Boo, 2003; Budgig & England, 2001; Haskins & Primus, 2001; McLanahan, Garfinkel, & Mincy, 2001; Parke & Ooms, 2002). The question of whether it is preferable for children from all socio-economic groups to be raised in two-parent families is a subject that remains open to debate. Using data from the National Longitudinal Survey, Young Women's cohort, a nationally representative sample of women ages 14-24 in 1968, we address the following questions of this cohort in survey year 2000: Does family structure during young adulthood have a lasting effect on future earnings? What is the effect of early family structure on older women’s chances of being in poverty? Although future earnings are but one aspect of economic well-being, they do provide a stepping stone for further scrutiny of this much politicized issue where opinions far outdistance hard data (Blau, 1998).

We examine the relationship between living in a two-parent family at 14 years of age and the cumulative earnings of women over the life course, through survey year 2000, the most recent year of available data at the time of this study (N=2581). Additional measures that are considered include race, education, marital status, and number of dependents, all of which are likely to affect women's earnings capacity and economic position in later years (McCall, 2001; Wilmoth & Koso, 2002).

Using OLS multiple regression, we found that women who lived in two-parent families at age 14 earned nearly $500 more per year over the life course when controlling for such factors as their marital history, race, education, and average number of dependents over the study period. They also had completed more years of schooling, 14 vs. 13 years (t = 3.05, p < .01). The data on cumulative lifetime earnings over the life course provides some support for the importance of living in a two-parent family during adolescence, but social workers must be mindful of the potential for its abuse. Poor families need not be singled out for changes or labeled as dysfunctional. The paper concludes with policy recommendations for improving the economic capacity of women throughout the life-course with an emphasis on the older years (Segura, 1994).


Benefits of Work for Older Adults

Jared Miller, Student, University of Louisiana at Monroe

Topic: Agency Job Issues, Practice, Education Issues

There are 8.6 million older workers in the United States aged 60 and older. They continue to occupy an ever-increasing proportion of the work force. The purpose of this study is to highlight the benefits of work for a person past the age of retirement. Interviews with individuals employed through the local university Older Workers Program were conducted as part of a project being conducted by the Oral History Institute of that university. This study will utilize case examples to qualitatively illustrate the benefits of work for older persons and the benefits for employers who hire older persons.

Findings:
Remarks by those interviewed illustrated an ingrained Protestant work ethic. Respondents indicated that in general family members were greatly supportive and some were even the ones to introduce the older worker to the program. Financial duress and inability to “make ends meet” were the major reasons given for continuing to work or for returning to work. Other benefits of working included the opportunity to get out and interact with other people, and to break up the monotony. Being engaged in meaningful interpersonal relationships gave them something to look forward to as well as a shared sense of belonging with fellow workers. When asked how their mental health was affected by work, most of the workers stated that the job had helped them mentally, and by the very nature of the job, their minds were required to be active.

How this paper can contribute to social work knowledge or skill development in social work education, research or policy:
This paper can contribute by allowing the students a view of the personal perceptions of a group of older working adults regarding: attitudes about work, their personal work ethics as well as the financial and social/psychological benefits of work. In the coming years, older persons will become more of a presence in the work place. They need to determine what their options are as they reach the age of retirement. Some may want to exit the workforce, others may want to continue working and others may need to work out of necessity. Those students must be provided with knowledge as well as the skills necessary to appropriately intervene and to have the knowledge necessary to address issues that may beset older workers.

Because older adults are a diverse population, it is essential that institutions of higher learning provide a sound knowledge base to those students who will ultimately provide services for this growing population. Considering that the population as well as the labor force is aging more research is needed in this area. This small study can contribute to that knowledge base. Programs and policies need to be implemented now so as to smooth the transition to an older workforce. If we are to facilitate this transition, we need to know how to better adapt to and accommodate older workers.
Older Adults: The Effects of Physical Activity on Mental and Physical Health

Courtney Howard, Student, College of Mount St. Joseph

Topic: Health, Mental Health, Practice

This survey research study will assess the level of physical activity in older adults, age sixty and over, in a large senior center in a metropolitan city. The self-reported data on personal physical activities and measures of mental health of the participants will be tabulated. Rosenberg’s self-esteem scale will also be used in this study. Correlations will be used to analyze the associations found between the amount of physical activity and the physical and mental health of participants.

Considering that aging is one of the fastest growing areas in need of social work intervention, I believe it is important to have a thorough understanding of what influences the mental and physical health of older adults. This study has the ability to contribute to social work knowledge that is essential in the area of gerontological studies. The research in this study will serve to better educate social workers on the effects that staying physically active can have on older adults as they age. The more that social workers know and understand about the population that they are working with the better able those social workers will be to serve them. Both mental and physical health are key issues concerning many aging adults. Therefore there is a need to be educated on factors that can affect both of these aspects of health. Since older adults are interested in what they can and need to do in order to stay and remain healthy, it is essential for social workers to have some answers to these critical questions. This research can serve as tool to give social workers some of the information they need as they work with older adults. The more that social workers know about the health issues concerning older adults the more able they will be to communicate these issues to the older adults with which they work. This study thus serves to better educate social workers in the area of physical and mental health in relation to physical activity.

As far as research and policy are concerned the implications of this study could be far reaching. The conclusions that this study comes to will hopefully inspire more research in the area of the mental and physical health as related to physical activity in older adults. Policies could be formed that require public service notices to older adults explaining the benefits that physical activity can have on their health. Some policies could even require physicians to prescribe a workout routine to help their older adult patients stay active and healthier. Overall this study will prove to be very beneficial in the field of social work, especially to those working with older adults.
Session 615 – Poster
Successful Aging: Do Senior Centers Make a Difference?

Victoria Hanson, Student, Indiana University School of Social Work

Topic: Education Issues, Health, Mental Health, Policy

This is a phenomenological qualitative study of older adults and their views on aging. Information was gathered using a comparative sample of older adults involved in senior centers and those who are not involved in senior centers. Through individual interviews, I identified from participants what it means to age well. I wanted to find out their lived experience of aging and what aging well means to them. The study participants illustrate if those involved in senior centers are aging more successfully than those who are not.

Often the word aging is associated with the word problem. The dominant popular image of old age is one of inevitable decline, senility and dependency. This study aims to illustrate that many older adults are active, healthy and involved in the community. Even in advanced old age, millions of people function independently. This study seeks to identify those aspects of older adults’ lives that influence whether or not they are aging successfully. This project addresses two questions: what does it mean for one to age successfully and do senior centers influence one’s ability to age successfully?

This study can contribute to knowledge and skill development in the areas of social work education, research and policy. As the baby-boom generation ages, the country is preparing for the next generation of older adults. As social work educators it is imperative that we strive to prepare students to meet the needs of this large group of older adults. This will be accomplished through teaching social work students about aging across the curriculum. Aging content is lacking in many of the current social work core curriculum. Most social workers will be involved in work with older adults at one time or another and will need the tools in which to provide appropriate support and services. Details of the study methods will be included in this presentation. This will provide conference attendees with information on how this phenomenological qualitative research project was completed. Finally, this study will show the impact senior centers have on older adults. This information can be used to influence policy decisions that support senior center funding, support and services.

In conclusion, this study will offer insight into what factors contribute to successful aging. I would like to use the information gathered during the interviews to contribute to the literature regarding positive aging and what it means to age well. I hope to contribute literature illustrating that many older adults are active, healthy and involved in the community and senior centers assist older adults in aging successfully.
Session 616 – Poster
Measuring Customer Satisfaction in an Adult Day Health Program

Julie Cataldo, Student, Greater Rochester Collaborative Master's of Social Work Program

Topic: Research (General)

Measuring customer satisfaction within an adult day health program is a dubious task at best. Folks are admitted because they need medical supervision; members may or may not have family supports and are likely to be socially isolated due to health and other challenges. In their lives, members have lost much of their previously enjoyed independence and experience conflicting feelings upon admission. Given this, what kind of “satisfaction score” is realistic for a program and its staff?

For 15 years, an adult day health program used a questionnaire with a closed-ended items, with questions about each service area posed as “Are you satisfied with ____?” As an MSW student in this field practicum, I wondered how significant the data could be when the implication behind “Are you satisfied?” is that there should be a level of satisfaction for the respondent.

Towards this end, my project involved developing a new instrument with 25 Likert-scale items focusing on each program area (nursing, recreation, social work, daily meals, and transportation) and overall satisfaction. Five response categories were as follows: All of the Time, Most of the Time, Some of the Time, Seldom, and Never. Responses were scored from 1 to 5 respectively, with 1 being the highest level of satisfaction, and composite satisfaction scores were calculated for each participant.

Two items asked for qualitative data: under recreation, participants could submit new activity ideas; and under social work, participants could indicate their interest in four potential discussion group topics. Program administration approved the final instrument.

Purposive sampling of program membership was used, and data were collected over six days. Social work staff identified survey participants according to cognitive ability required to answer questions. Had the tool been designed differently—perhaps with pictures to represent the five responses—members with lower cognitive levels may have been included.

Out of 77 program members, 47 (61%) completed the survey either independently or with staff assistance. Of note, while both transportation and meals received scores indicating high dissatisfaction (4.7 and 5.0 respectively), their overall means were 1.7 and 2.4, which are well within the satisfactory range as established by the scale.

Participants showed interest in discussion group topics: 10 (21%) for celebrating life, 7 (15.2%) for change; 6 (13%) for loss/grief; 8 (17%) for writing their story. While the numbers for the specialized topics are not high, they do indicate enough interest to
encourage purposeful collaborative efforts between recreation and social work. This information would not have been gleaned under the previously used questionnaire.

This project contributes to social work research by demonstrating new approaches for assessing customer satisfaction/quality of life for older adults. Limitations of the study also are valuable for future research. During the data collection process, critical flaws in survey design became apparent. The project discusses recommendations for improving survey methods, including the need to adequately train and educate the staff involved with the annual survey process. Such planning will enhance staff buy-in and overall survey administration.
Preparing Social Work Students for Practice in End of Life Care: One Approach for Action

Cynthia Forrest, Student, University of South Carolina

Topic: Education Issues, Practice

Many people are growing older, but are not necessarily living well. The one-two punch of advancing medical technologies that makes living longer possible is also creating conditions that are resulting in increasing demands for a stronger social work presence. Beyond the traditionally defined practice areas such as hospice, palliative care medical practices, skilled nursing facilities, and home-health services, it is likely that social workers will be exposed to this area of concern across diverse practice lines, including mental health, school-based, and other social service arenas. The potential emotional, physical, and financial fallout of life-threatening and terminal illnesses on individuals and familial caregivers are requiring heightened levels of knowledge and skill in the area of end-of-life care for bachelors and masters prepared social workers.

Quig (1989) and Parry (2001) argue that social workers are best prepared to respond to the psychosocial concerns and needs of people facing the end of life. Based on the profession’s core components as defined in the Working Definition of Social Work, social workers are ideally suited to assess and advocate for individual and familial wishes through direct care, responsible systems changes, and to facilitate collaborative relationships in order to maintain a holistic system of care.

Two recent studies exemplify the critical need for social work knowledge and methods in end of life care. The 1995 Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments (SUPPORT) is considered the landmark study of care of the dying in America. This study reveals alarming deficiencies in the way people are cared for as they are dying. In 1997, the Institute of Medicine (IOM) released their report, Approaching Death: Improving Care at the End of Life, further revealing the deficiencies of care in this country among medicine, nursing, and social work disciplines (Gelband, 2001).

Other studies looking at social work practitioners and at social work educational efforts in end of life care reveal alarming perceptions of low levels of competence and of educational opportunities (Christ & Sormanti, 1999). Social work education is in a critical position of exploring academic options that can better prepare future practitioners with a strong baseline of knowledge and skills in caring for those facing the end of their lives.

This poster session will describe a case study dissertation focusing on one educational approach that infuses academic course work with community-based experiences to provide social work students opportunities to learn about practice in end of life care. Specifically, the course connects students with agencies that serve people dealing with
end of life matters and with volunteer mentors – people facing the end of their lives. Using social constructionism as the theoretical perspective, this approach provides a ‘greenhouse’ effect in heightening learning opportunities for gaining knowledge, skills, and professional development specific to practice in end of life care. Evaluation results of the course’s effectiveness will be provided.


Quig, L. (1989). The role of the social worker. American Journal of Hospice Care, 6(4), 22-23
African American elderly persons experience greater exposure to potentially stressful situations than do white elderly (AARP, July 2001). Moreover, they have been reported to have higher rates of illness and disability--including chronic disease, functional impairment, and indicators of risk--and to be more likely to see themselves as being in poor health (AARP, November 1995). Despite this, they have been under represented in health studies (Sinclair, Hayes-Reams, Myers, Allen, Hawes-Dawson, & Kington, 2000).

The purpose of this research was to examine the correlates of stress among 170 African American women with a mean age of 64 (50-86). Approximately 69% had less than high school education; 65% had annual income of less than $12,000 and 66% were not currently married. The dependent variable was an index of perceived stress. The independent variables were indices of hassles related to personal health, health care services and physical condition. Mediating variables were measured by indices of religiosity and social support. The control variables included age, income and education. Stepwise regression was used to enter variables in blocks in the following order: health, mediating and control variables.

Results indicate that after adjusting for age, education and income, stress levels were significantly associated with hassles related to physical condition (beta = .33) and medical services (beta = .32, all P < .001). Surprisingly, neither religiosity nor social support moderated stress levels. Age and income were inversely related while education was positively related to stress level. The model explained 47% of the variance in stress levels.

These results suggest that stress levels in older African American women are associated with perceived hassles related to their health status and the health services that they receive. Further research is needed on how these factors could be altered to lower stress levels in older women.


Session 619 – Poster
Promoting the Mental Health of Older Adults in an Aging Society: The Consumer's Perspective

Tsukasa Okino, Southern Illinois University Carbondale
Elaine Jurkowski, Southern Illinois University Carbondale

Topic: Mental Health, Rural

Key partners in the detection of mental health concerns experienced by older adults have been primary care physicians and social service providers and families. Limited information is currently available from the professional literature on the awareness that social service providers have related to mental health concerns and older adults, especially within rural communities. This study forwarded a survey to social service providers who serve older adults to agencies within the most southern 27 counties of Illinois. A 25% sample (n=250) was randomly selected from Southern Illinois, and administered a questionnaire that addressed providers’ perceptions related to systems integration, screening and consultation and education/training. Nutrition sites were randomly selected within three Area Agency catchment areas. Seniors from nutrition sites were surveyed to ascertain their perspectives using both survey and focus group format. Preliminary analysis suggests differences between the three groups in a variety of areas, but most notably related to system integration and collaboration between these three groups. This exploratory study begins to identify training needs and perspectives that seniors perceive are critical for collaboration between consumers, social service providers and primary care within rural communities. The preliminary data can be useful in efforts to develop meaningful training interventions, and partnerships related to systems integration and screening/assessment and referral, and can be helpful in the training of students who will be working to detect mental health issues with older adults. None listed
Session 620 – Poster
Grandmothers as Primary Caregivers: Effects of Care Demands and Poverty on Depression

Hwa-Ok Park, University of Wisconsin-Madison

Topic: Caregiving, Intergenerational Service/Practice

Recent evidence suggests that an increasing number of grandparents assume care responsibilities for their grandchildren on a regular basis (Fuller-Thomson et al., 1997). Since 1990, the fastest-growing type of grandparent-headed household is that in which grandparents and their grandchildren reside together without the grandchild’s parents. By 2000, approximately 2.4 million of grandparents were responsible for most of the basic needs of their grandchildren (Bryson, 2001).

The Personal Responsibility and Work Opportunity Reconciliation Act in 1996 replaced the Aid to Families with Dependent Children program with funding for Temporary Assistance for Needy Families (TANF). A variety of concerns have arisen about potentially detrimental impacts of TANF regulations (e.g., five-year lifetime benefit limits, work requirements) on grandparent-headed households (Minkler et al., 1999). However, very little is known about how grandparent primary caregivers and their families are faring under welfare reform.

Given the increasing number of grandparents as primary caregivers and the dramatic changes in welfare policies, the disproportionately higher levels of poverty and chronic financial struggles among grandparent primary caregivers merit special attention (Casper & Bryson, 1998). Prior research documents that grandparent primary caregivers face disproportionately great risk of depression due to numerous stressors associated with caring for their grandchildren (Bowers & Myers, 1999; Burnette, 1999; Kelley et al., 2000; Minkler et al., 1997; Pruchno, & McKenney, 2000; Sands & Goldberg-Glen, 2000; Strawbridge et al., 1997; Szinovacz et al., 1999).

Significant economic difficulties compound the other, unique problems faced by grandparent caregivers, but little is known about the direct relationship between poverty and depression among low-income grandparent caregivers.

The specific aim of the study is to investigate the effects of care demands and poverty on depressive symptoms in grandmothers providing primary care to their grandchildren.

A conceptual framework for this study is adapted from the Caregiver Stress Process model developed by Pearlin and his colleagues (1990) to examine the relationship of background and contextual factors, care demands, poverty, informal social supports, and depression. This research focuses on the stress-process where both care demands and poverty are primary stressors of depressive symptoms in grandmother caregivers. The framework also conceptualizes informal social support as having a buffering effect on depression (Cohen & Wills, 1985).
This study analyzes the two waves of panel data from Welfare, Children, & Families: A Three City Study, which interviewed female primary caregivers of children in low-income families in Boston, Chicago, and San Antonio. A sample of 118 grandmother caregivers was selected from the larger sample. I examine the effects of background factors; care demands, measured by the Child Behavior Checklist (CBCL); poverty; informal social supports; and the dependent variable depression, measured by the Brief Symptom Inventory.

Preliminary results from hierarchical multiple regression analysis indicate that the predictor variables account for 44% of the total variance in depression. Background factors explain 20% of the variance, with grandmothers’ self-rated poorer health significantly increased depression. While controlling for the background factors and baseline depressive symptoms, greater care demands (e.g., caring for grandchildren with clinically high CBCL) and increasing financial strain significantly increased the levels of depressive symptoms, explaining an additional 8% and 4% of the variance, respectively. Informal social supports (e.g., lack of emotional support and small favors) further significantly explain 12% of the variance, significantly predicting depression.

Findings suggest that interventions should focus on reducing grandmothers’ financial hardship and grandchildren’s behavioral/emotional problems and improving grandmothers’ physical health and social/emotional support to help grandmother caregivers maintain their own psychological health and enhance their ability to care for their families.

Despite of some limitations of the study (e.g., small sample size), the study of grandmother primary caregivers can make contributions to theory, social work practice through intervention, and social policy. First, this study can contribute to the theoretical literature by testing a conceptual framework that considers both care demands and poverty as primary stressors in the grandparent caregiving context. Second, results from this study can be used to suggest interventions that may more effectively meet the needs of grandmother caregivers and their families. Finally, of immediate salience are potential unintended effects of the 1996 welfare reform legislation on this particular group of older caregivers, especially those living below or near the poverty line. Given their financial vulnerability and the dearth of information on the impact of the 1996 welfare reform on their households, results from this study can be used to determine the degree to which current anti-poverty programs for economically disadvantaged families headed by grandmother caregivers are working.


Effects of Psychoeducation on Caregivers’ Depression

Hyun Jung Shim, Student, Columbia University

Topic: Health, Mental Health

This study reports the results of a six-month randomized trial of psychoeducational intervention targeted to family caregivers of persons with dementia. The intervention was provided as a part of Resources for Enhancing Alzheimer’s Caregiver Health (REACH) program and secondary data analysis was performed with selected caregivers from the original data set. The difference between experimental group and control group will be examined as well as identifying effects of severity of dementia, social support, formal service utilization, and treatment group membership for depression as an outcome variable.

Design and Methods: Family caregivers (N = 233) of dementia patients were randomized to intervention (n = 173) or control group (n = 60). The intervention was involved with two programs: one site was provided with ten weekly classes to teach mood management skills with eight monthly booster sessions. The other site implemented care recipient-focused behavior management skill training and caregiver-focused problem solving training with six home visits for eight weeks and another five monthly visits over the rest of the year.

Results: This study found psychoeducational intervention was less effective in decreasing depression experienced by caregivers of persons with dementia (d = .24) comparing the result of the recent meta-analysis with mixed nondementia samples (d = .43). The hypothesized causal effect of the intervention on depression was found, but there was no difference in depression among different levels of cognitive impairment and formal service utilization. Caregiver depression was significantly higher in lower social support group than in higher social support group. Social support did not predict depression when demographic variables, caregiver health, and depression at baseline were controlled.

Implications: The psychoeducational intervention with dementia caregivers appears to have small effect on decreasing their depression. The author addressed that different stage of dementia and uniqueness of dementia might provide alternative explanations about findings of this study. Power issue and threats of internal validity were also discussed.
Spiritual Well-Being in Health-Related Quality Of Life for Older Chronically-Ill Adults

Steve Wilson, California State University, Long Beach

Topic: Clinical, Disabilities

Empirical investigations of spirituality in health-related research have been dominated by studies of the religious dimensions of quality of life. Typically, these studies have shown that religious factors such as religious service participation and commitment are predictors of positive health outcomes (Koenig, McCullough, & Larson, 2000; Mathews, 1997; Mathews, McCullough, Larson, Koenig, et.al., 1998). Additionally, frequently used measures of spirituality are often limited in their scope and could be seen as measures more closely associated with religiosity. While these studies have been useful in examining some of the spiritual aspects of life of older adults, they have neglected the multidimensional nature of spirituality, and how spirituality might influence health-related quality of life particularly for those at end-of-life.

The goal of this study was to test the psychometric properties of a new measure of spiritual health developed by medical researchers at the West Los Angeles Veterans Administration Medical Center, and to examine the relationships and potential overlap of spiritual health with health-related quality of life. This measure broadens the interpretation of spirituality to include Viktor Frankl’s philosophical perspective of logotherapy (1988). This existential interpretation defines spirituality as a way of finding meaning and purpose in life regardless of life stage or life circumstances. Given the importance of spirituality to older chronically ill adults, knowledge of spiritual health is an essential part of the biopsychosocial assessment, and provides a more comprehensive holistic assessment of overall quality of life of older adults.

Using secondary data from a sample of 389 community dwelling older chronically ill adults in Los Angeles, this spiritual health instrument was factor analyzed and then confirmed using confirmatory factor analysis. Convergent validity was demonstrated with an existing measure of spiritual well-being (Ellison, 1983; Paloutzian & Ellison, 1982). Using structural equation modeling and canonical correlations, this study demonstrated that spiritual health was indeed distinct from aspects of mental health, capturing unique psychological characteristics. This new spiritual health dimension includes a more transcendent and philosophical state of how he or she finds meaning and purpose in life, which is important for understanding the sources of inner strength of older medically-impaired older adults (Mytko & Knight, 1999). The implications for practice and education are discussed to include how social workers can be better educated on the use and interpretation of spirituality in clinical practice with older, chronically-ill adults (Derezotes, 1995). Directions for future research include the need for ongoing testing and development of this measure for potential inclusion into the assessment repertoire of social workers who provide care planning for older adults.


Session 631 – Paper
Collaboration for Assessing the Future Needs and Interests of Tomorrow’s Seniors

Joy Swanson Ernst, Hood College
Mary Margaret Collins, Frederick County Department of Aging

Topic: Collaborations/Partnerships, Education Issues, Students

Experiential learning opportunities help prepare social work students to deal with the real needs and experiences of their future clients and to develop their knowledge of resources in the community (Goldstein, 2001). Exposure to community-based research, such as a needs assessment, helps students to gain a compelling picture of social problems and to learn important skills needed for community practice in an era of devolution (Brzuzy & Segal, 1996; Sanfort, 2000). While not all BSW students exhibit reluctance to learn about research (Secret, Ford, & Rompf, 2003), our experience suggests that some students undergo anxiety as they take the basic social work research course that outweighs their anxiety in other curricular areas. “Hands on” work demonstrates the relevance of research for social work practice in ways that classroom learning does not.

This paper focuses on both the process and outcomes of student involvement in a survey of middle aged and older adults in a countywide area that has experienced demographic change, increased suburban sprawl, and population growth over the past 20 years. The survey was designed to assess future needs, to discover gaps in existing services, and to identify barriers seniors encounter in accessing services and programs in senior centers sponsored by the local department of aging. It was a yearlong project for a second-year MSW student, who was doing a Management and Community Organization (MACO) field placement at the department. Four students from a local BSW program assisted with participant recruitment, survey data collection, data entry, and organizing and attending focus groups.

The student’s involvement in community research generated ideas and questions to consider as social work educators plan to educate students for beginning generalist practice in two areas that often elicit student reluctance rather than enthusiasm – working with older adults and conducting research for practice. Review of the process also offered insights into how this project assisted the MACO student in becoming more comfortable and skilled in the tasks of overseeing a large-scale project managing a diverse work group.

Four female undergraduate social workers who ranged in age from 26 to 51 participated in the research. Two were African American, one was Latina, and one was Caucasian. The MSW student (and second author on this paper) is 32 years old and white. Information on the undergraduate students’ reaction to the process was obtained through analysis of undergraduate students’ written logs and project participation memos, and through conversations with the students. Findings from the analysis reveal that the undergraduate students enjoyed the experience because they were able to meet lots of adults in the community, observe focus groups, and learn about community resources.
The project helped the BSW students see the relevance of research for program planning and meeting community needs. The students also experienced frustration (e.g., from rejection of their attempts to get surveys completed, difficulty in recruiting a diverse sample, and lack of communication among team members), nervousness about conducting the interviews, and new awareness and appreciation for some of the more tedious aspects of research – data entry and qualitative data transcription. Students noted the importance of patience, in both the data entry tasks and in the interview process. The MSW student gained experience in project management, survey research, conducting focus groups community outreach, analyzing quantitative and qualitative data, and in supervising a team of students.

This presentation has relevance for social work education and practice with community-dwelling older adults. As the aging population changes, senior centers will have to change in order to meet the needs of their potential consumers. While surveys of consumers of senior center services (see, e.g., Aday, 2002) report generally positive benefits, future consumers have signaled some reluctance to see themselves as participants (Burnidge Cassell Associates, 2002). Local departments of aging, which operate many senior centers, are also faced with financial constraints and the need to develop programming that meets diverse community needs. Affiliation with local colleges or universities as a resource for human and pooled financial resources offers one way in which senior centers can develop new programming and enhance services offered (Skarupski & Pelkowski, 2003). For social work programs, departments of aging are settings filled with multiple opportunities to learn practice with a range of client systems. Students can augment the work of the department or senior center; the student gets a learning experience and the department can broaden what it is able to accomplish. The presentation will also highlight the benefits of this evolving partnership and selected results of the survey as well.


Lessons Learned: Infusing Aging Content in Research Courses via Service-Learning Projects

Elizabeth S. Kelchner, Binghamton University
Nelima Wood Gaokar, Binghamton University

**Topic:** Education Issues, Teaching Methods/Learning Styles

**Purpose:** The population of the United States is aging, and social workers in all fields of practice can expect to interact at some point in their careers with an older person. Depending on the nature of their work, that contact may be tangential to their primary responsibilities, or it may be substantive and directly affect the clients they serve. However, interest among social work students in working with elders is minimal, and has actually declined over the past two decades (Carmel, Cwikel, & Galinsky, 1992; Scharlach, Damron-Rodriguez, Robinson, & Feldman, 2000). Additionally, the number of graduate level social work students who claim gerontology as a concentration is low, only 4 percent, and among practitioners only 3 percent describes aging as their “primary area of practice” (Rosen & Zlotnik, 2001b).

According to the U. S. Department of Labor, social work is expected to grow more quickly than other occupations, and the field of gerontological social work will grow even more rapidly (U. S. Department of Labor). In spite of these statistics, social work education has “neglected gerontological education” (Rosen & Zlotnik, 2001a), with few social work programs offering specialization in gerontology or providing electives in gerontological social work (Council on Social Work Education/SAGE-SW, 2001).

The Council on Social Work Education requires social work educational programs to provide curriculum content in a number of areas, including values and ethics, diversity, theory, research, policy, and practice. Considering the small minority of students expressing interest in the aging population and the need for all social workers to be familiar with the needs of an aging society, infusing aging content into the existing curriculum will help to ensure that all social work students have exposure to knowledge of aging related issues. One way of accomplishing this is through service learning.

While social work students are required to complete internships with local agencies, service learning offers unique opportunities to provide a community service while enhancing student learning. Although there are different definitions of service learning, a common theme is that it involves students engaging in a public service that has a direct relationship to a specific area of study, and that the activity helps to strengthen students’ learning (Cohen & Kinsey, 1994).

Empirical studies have demonstrated that service learning can positively affect students’ interpersonal development as well as their leadership ability and communication skills (Astin & Sax, 1998), has a positive effect on social responsibility and citizenship (Astin, Sax, & Avalos, 1999), positively impacts student learning, (Vogelgesang & Astin, 2000), and impacts students’ cultural understanding (Gray et al., 1999).
Methods: This paper will report the results of using service learning to infuse aging content in a research class. Students in an introductory research course worked on one of two service-learning projects, each involving the students in design of a needs assessment, survey administration, and data analysis for a community agency. The author developed an instrument to assess student interest in working with elders prior to and after experience with service learning.

Results: Of the students with little to no interest in working with elders prior to the research class, 100% reported an increased interest in this population. Students who indicated prior interest in working with elders reported no change in their interest level. In addition, through qualitative questions students revealed a better understanding of the needs of elders and an appreciation of the importance of including them in research and the planning of services.

Summary: Social workers in a variety of fields, including school social work, health care, and child welfare, have a good chance of interacting with elders as clients and/or as integral members of clients’ support group. Integrating aging content in the curriculum can be accomplished in most courses, including research, through a variety of methods. Service learning, which provides “meaningful community service activities” (Knee, 2002) is an innovative approach to providing social work students with the knowledge and understanding of elders they will need in their practice.


Session 633 – Paper
Social Workers' Personal Death Attitudes and Experiences: Implications for Practice and Education

Kathy Black, University of South Florida

**Topic:** Death/Dying, Education Issues

Advance care planning for health represents a major component of social work’s end-of-life care practices as it includes preparations for death and dying. Planning for the end-of-life is typically accomplished through advance directives, which are documents that serve as the medium to communicate end-of-life desires. Social workers' advance directive communication practices with patients include a range of end-of-life decision-related topics that involve issues of death and dying. Mortality is evoked when discussing such matters as appointing a surrogate decision-maker for future end-of-life decision-making, and considering treatment desires such as cardio-pulmonary resuscitation. Thus, social workers’ abilities to communicate about advance directives represent a significant aspect of practice in end-of-life care. However there are concerns about social workers’ abilities to deal with death and dying issues that are evoked in advance directive communication. Knowledge related to death and dying has been identified as one of the five basic competencies needed for gerontological social work practice in a survey conducted by the Council on Social Work Education (2000). As the nation’s population ages, social workers will increasingly encounter older patients who require end-of-life care planning because people over the age of 65 represent nearly three-fourths of all our nation’s deaths according to the National Center for Health Statistics (Arias, Anderson, Kung, Murphy, & Kochanek, 2003). Therefore, it is of critical importance to understand issues of death and dying among social work practitioners regarding their advance directive communication practices in end-of-life care.

There is mounting interest in exploring the impact of providers’ personal death attitudes and experiences on practice behavior. There is evidence that discussions between health care professionals and patients about death and dying do evoke deeply held personal beliefs (Hardwig, 1993) and that death-related communications between social workers and their patients may invoke practitioners’ recent experiences with illness and death (Csikai, 1999). While a growing consensus of experts in end-of-life care suggests probing the relationship between health care provider communication behavior and personal death attitudes (Jordan, 2000; Koenig, 2002; George, 2002; Tenstadt, 2002), no extant research has focused on the role of death attitudes as they impact practice behavior. This study aims to further our understanding by examining social workers’ personal death attitudes and experiences and their advance directive communication practice behavior with hospitalized elderly patients.

This study addressed the following questions:

1) What are the personal death attitudes and experiences of hospital-based social workers?
2) Does advance directive communication behavior differ by social workers’ death attitudes and experiences?

The study surveyed twenty-nine social workers and examined their personal death attitudes and experiences in relation to their advance directives communication practice behavior. The study utilized two measures: 1) Death Attitude Profile-Revised (DAP-R) measured five death dimensions: fear of death, death avoidance, neutral acceptance of death, approach acceptance of death, or escape acceptance of death, and 2) Advance directive communication practices were measured as seven sub-scales: initiation of the topic, disclosure of information, identification of a surrogate decision-maker, discussion of treatment options, elicitation of patient values, interaction with family members, and collaboration with other health care professionals. Participants’ recent experiences with death and dying were also assessed. Findings suggest that social workers’ advance directive communication behavior differs by practitioners’ death attitudes and experiences. Implications for social work education and professional development are discussed.


Social work scholars have advanced the argument that to preserve client self-determination at the end of life dying patients (or their designated proxies) must have access to reliable information so they can make sound, well-educated decisions about their care. Although many health disciplines help educate patients and family members, social workers are often charged with the responsibility of mediating salient information between healthcare professionals, patients, and families. Proffering health information, however, is not an easy task.

Educating terminally ill patients and their family members is a frequently used, underappreciated, and difficult intervention. Good clinical skills are particularly important for social workers providing end-of-life care because information can help prevent unnecessary crises, alleviate anxiety, and facilitate self-determinism. Unfortunately, brokering information while a family copes with a terminal illness is deceptively complex. Often, arbitrating information between patients, families, and healthcare providers can feel like a balancing act. When considering the educational desires and needs of patients and families, social workers face multiple challenges: determining the patient’s cognitive ability; conflicting data sources; identifying the desired amount of available information; emotional responses such as avoidance, anger, or denial; differing levels of health literacy and education; concerns about privacy and confidentiality; mediating knowledge between various family members; inaccurate preconceptions about the provision of health services; cultural differences; and unrealistic expectations about personal health and/or relationships (Koenig, 1997; Kovacs 2003).

The appropriate management and communication of information is vital to ensuring that the social work ideals of patient autonomy and self-determination are upheld (Bern-Klug, 2004; Bern-Klug, Gessert & Forbes, 2001; Drought & Koenig, 2002; Wesley, 1996). In other words, the way medical options are defined, interpreted, framed, and explained by medical professionals directly influences how patients and families make decisions. Well-meaning healthcare workers may unknowingly frame healthcare options to reflect their own values, leaving patients (or their decision-making proxies) with a biased understanding of their healthcare alternatives. Since the manner in which healthcare knowledge is presented strongly influences the treatment decisions made by patients, self-determination is frequently jeopardized (Drought & Koenig, 2002; Bern-Klug, Gessert & Forbes, 2001). Because of this potential threat to patient autonomy, it is imperative that social workers in end-of-life care settings pay close attention to how patients are educated about healthcare choices and work to present a balanced, patient-directed exploration of the available information.
In addition to promoting self-determination, tactful education can help patients and families avoid unnecessary distress. For instance, social workers can dispel common myths about palliative care and align expectations within the bounds of what service providers can actually supply. Not only does this help relieve patient and family anxiety, but it can also reduce healthcare costs since providers are not bombarded with preventable “false alarms”.

Healthcare social workers should have the specialized knowledge and skills which makes them particularly adept at handling the delicate concerns involved in educating dying patient and their families. (See Project on Death in America, 2002 for information about related curricula, certificate programs, and other education and training for social work and end-of-life care). Their unique training allows them to assess such concerns and intervene accordingly. However, little literature exists on how to best facilitate understanding with patients and families faced with impending death.

As Kubler-Ross (1969) wrote in On Death and Dying, “The question is not should we tell….?” but rather ‘How do I share this with my patient?’” (p. 28). We will address not only the ‘how’ but also the ‘when, how much, with whom’ and other factors that influence whether patients and families feel empowered and comforted or overwhelmed by information at an already emotionally charged time in their lives. Also, this paper conceptualizes patient and family education as an essential, yet complicated, intervention in health care settings; one that is especially suited for social workers. We provide a review of the related literature and an overview of several social work practice theories that identify education as an intervention strategy, namely ego psychology (Goldstein, 1995) and cognitive behavioral theory (Beck, 1995; Granvold, 1994; Powers & Wampold, 1994). We frame the concept of education as a form of informational support (Rabow, Hauser, & Adams, 2004) and focus on the importance of health literacy as it relates to access to and quality of care (Agency for Healthcare Research and Quality, 2004). Lastly, we present several recommendations on how to facilitate health literacy and, subsequently, patient self-determination.


Empowerment as a Guiding Theory for Intergenerational Programs

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Topic: Advocacy/Empowerment, Intergenerational Service/Practice

Intergenerational scholars and practitioners have in the past only occasionally relied on theory to drive programs and research, and when theory was called upon it was most often a micro-level attitude change (e.g., Allport’s [1954] contact theory) or human development theory (e.g., Erikson’s [1963] developmental stages). Because many intergenerational programs are initiated not by academic researchers and scholars but by professionals in the human services field, programs are often built through a process of need-identification (e.g., at-risk children left alone after school) and resource-identification to meet the need (e.g., older adults at home alone able to provide telephone contact and reassurance to latch-key kids), rather than driven by theoretical questions. While the responsiveness of intergenerational programs to actual field-based needs is commendable, it is also important to root programs in theory. Theory serves a number of important purposes, including providing coherence, direction, and a focus of attention; presenting hypotheses, goals, ideas, and applications; as well as to explain, predict, stimulate, and encourage understanding (Rappaport, 1995). The consistent use of theory would strengthen intergenerational research, provide an explanation for conflicting results, and simplify the process of starting new programs.

Intergenerational programs have in recent years evolved from gatherings of preschoolers and nursing home residents designed to foster positive attitudes to complex and ongoing initiatives joining youth and elders together to create positive social changes in their communities, whether through participatory community planning or collaborative lobbying and activism around an issue of concern to both generations. Partnered together, youth and older adults serving the community can address social ills while simultaneously reinforcing our lagging sense of interdependence, reciprocity, and concern for the well-being of all. Intergenerational community building programs aim to “engage citizens in activities and projects to benefit the community and to meet unmet safety, human, educational, or environmental needs” (Kaplan, 1997, p. 212). In addition to benefiting the community, such initiatives benefit participants by teaching youth and seniors - both frequently disempowered groups - that they have something to give to society. Participants feel valued, empowered, and socially engaged (Kaplan, 1997).

With the advent and growing popularity of intergenerational community-building programs, more relevant micro- and macro-level theories are needed to build a solid foundation for practice and research. Such a theory could provide researchers with a solid foundation for the examination of both micro- and macro-level outcomes beyond attitude change, such as community renewal, interdependence, and sense-of-community. This paper is intended to identify and evaluate one theory that can inform the newer intergenerational efforts to build community and civic involvement: Empowerment theory.
“Empowerment” can be simply defined as the process by which people gain mastery over their lives. Specifically, at the individual-level, psychological empowerment involves three dimensions (Zimmerman, 2000): 1) an intrapersonal dimension, which encompasses how people think about their ability to influence their social and political environment and involves a sense of personal control, 2) an interactional dimension, which involves gaining a critical awareness of one's environment as well as the skills and resources necessary to affect change, and 3) a behavioral dimension, which involves actual behaviors to exert control in one's environment. This tri-dimensional delineation of psychological empowerment helps to differentiate it from other psychological constructs with which empowerment is often confused, such as perceived control. Psychological empowerment involves more than just feelings of control - it also entails knowledge and skills (“critical understanding”) and actual behaviors to exert control and to participate.

In the context of intergenerational programs, empowerment means that participants take an active, directive role in program development and implementation. Throughout the process, participants gain knowledge about key community issues and the underlying organizational and political dynamics that affect their quality of life. Participants also develop leadership and other skills to enact desired change – change within themselves, change in their organizations, and change in their communities. In the context of intergenerational community service projects, an empowerment framework might mean that participants are at the helm in terms of: choosing issues on which to focus, defining community change objectives, and deciding upon organizing tools and tactics.

This paper will describe and profile an innovative empowerment-based intergenerational program in which undergraduate students and assisted living residents joined together to select, design, and implement a community action project over the course of one year. Challenges involved in using empowerment theory as a basis for intergenerational programming will be discussed as well.


Grand-parenting in the Tongan Culture

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Kaunanga ‘i Oregon Moala
Jaimee Enesa

Topic: Asian American/Pacific Islanders, Diversity/Ethnicity, Intergenerational Service/Practice

The existing literature remains limited in relation to the influences of grandparents as sources of risk or protection, in the lives of children and adolescents. Unlike western paradigm of childrearing as the primary domain of parents, in the Tongan culture, children are reared through intergenerational collaborations in which grandparents play a major role. Although the literature is limited and often dated, it does confirm that family members such as grandparents serve as possible sources of risk or protection for juvenile deviancy (Borgman, 1986; Hawkins, Catalano, & Associates, 1992; McArdle et al., 2002). As part of a larger research endeavor on risk and protective factors for deviance among Tongan-American adolescents, this initial phase examines the phenomenon of grand-parenting in the Tongan culture.

Conceptual Framework:
A Pacific Island-based model called Ho’okele was used to conceptualize this study. This model focuses on intergenerational relationships as well as multiple systemic relationships. The model hypothesizes that the life of a Pacific Islander is tied to past and future generations and respective systems. The wa’a or canoe was utilized as the motif for the model because it is symbolic of the role of grandparents as gatherers of generations and systems in the family and community.

Research Questions:
1. What is the traditional and contemporary role of grandparents in the Tongan culture?
2. What are the social, cultural, spiritual, systemic, and economic factors in relation to grand parenting that can serve as risk or protection for deviancy among Tongan children/adolescents?

Design:
According to Denzin and Lincoln (1994), the inductive nature of grounded theory provides a systematic set of procedures to develop a theory about a phenomenon that is grounded in data (Strauss & Corbin, 1990). It provides a systematic method to construct theory, based on data relevant to Tongan adolescents and their families by positing that the adequacy of a theory cannot be separated from the process by which it is generated (Glaser & Strauss, 1967). Data collection, analysis, and theory construction are regarded as reciprocally related (Strauss & Corbin, 1990). In preparation for the study, Tongan culture specialists were interviewed. Four local research assistants were hired for recruitment, data collection, and transcription.
Participants:
Using a networking sampling method, in Tonga and Hawaii, 24 grandparents and more than 36 grandchildren were recruited for this study. Participants completed consent forms as a requirement for participating in the study. Participants were assured confidentiality and privacy.

Data Collection:
Settings for the study were the islands of Tonga and Hawaii. In emphasizing the significance of the naturalistic environment and importance of triangulation, data were collected via individual interviews with grandparents and focus groups with grandchildren.

Data analysis:
All data were analyzed using content analysis, a systematic study of messages and the meaning those messages convey (Maxfield & Babbie, 2001). The written documents were organized according to pre-determined codes which allowed for intensive reading of each theme, pattern and category. Meanings were drawn from comparison and contrast, noting of themes, patterns and categories.

Sample Results:
Grandparents and grandchildren alike consistently discussed their genealogies and emphasized that their lives are tied to many generations and systems. Grandparents and grandchildren alike consistently talked about “unconditional love” for grandchildren as the best indicator of Tongan grandparents. Grandchildren consistently expressed a sense of responsibility and duty to the past (ancestors) and future (posterity). Grandchildren consistently expressed an understanding of their “place” and its significance in the family and community; thus they felt a sense of ownership, pride, and responsibility. Grandchildren consistently credited their grandparents for their progress in life. Grandparents indicated that “tabus” in the Tongan culture which are applied to the relationship between parents and children does not apply to the relationship between grandparents and grandchildren.


Elderly males are a significant proportion of the population but often ignored in the research and by contemporary society. In many respects, African American men have been ignored because their role in the larger society has been marginalized to the point that they are almost nonexistent. Franklin (1992) introduced the concept of the “invisibility syndrome” to explain the marginalization of African American fathers. This syndrome refers to the paradox that White Americans, while keenly aware of African Americans skin color, fear them and then treat them as if they are invisible, thus denying African American males validation and resulting in marginalization (Franklin, 1992). This “invisibility” results in denying African American men the ability to express their needs and concerns.

Little is known about the African American male experience in later life. An important factor is the older African American male's quality of life, overall well-being, and their perception of well-being. For the purposes of this research, overall well-being was measured by analyzing several psychosocial variables. Those variables included social support, stress, health, and life satisfaction. These variables were measured based on the perception of the participants, utilizing what is known as measuring “subjective well-being.”

The purpose of this study was to explore the quality of life and overall well-being of African American Males age 55 and older. This was a cross sectional, exploratory descriptive study, utilizing convenience and snowball sampling methods. The instruments used for data collection included the Elder Stress Inventory, the Social Support Appraisals Scale, and the Life Satisfaction Index-Z. Health status was measured by utilizing a global health question and self-selection from a list of health concerns indicated in the literature as primary health concerns for African American males.

Findings will be presented that include descriptive data, and the relationship of self-appraisals of social support, stress, health to self-reported life satisfaction. Recommendations are made for the areas of practice, policy, and research.

This study gives a “voice” to the African American male in defining what it means to age, both socially and physically.

Session 638 – Paper
Spirituality and Gerotranscendence as Influential Factors of Life Satisfaction
Among the Elderly

Maureen Veronica Himchak, Monmouth University
Nancy Neverka Barker, Nassau Community College

Topic: Spirituality

Problem & Question
The purpose of this presentation is to identify the dominant factors that predict life satisfaction through spirituality and the concept of gerotranscendence of elderly persons who reside in the community. Spirituality is not a new phenomenon; rather, it is a cultural universal that is common among all societies. New dimensions and expressions of spirituality are currently becoming a major development within society and within various professions including social work, medicine, nursing, psychology, and education. Spiritual practices and beliefs have an integrated function for older individuals that relates to their life satisfaction. In a recent study (Hays et al., 2001) explanatory results added value to the positive effects on an elder’s physical and mental health.

Canda and Frurman (1999, p. 243) broadly define spirituality as “the human quest for personal meaning and mutual relationships among people, nonhuman environment and for some god.” Meaning in one’s life does not just happen, it is discovered. According to Viktor Frankl, life can be meaningful in a threefold manner. “First, through what we give (in terms of creative works); second by what we take from the world (in terms of our experiencing values); and third, through the stand we take toward a fate we no longer can change (sense of loss)” (Kimble & Ellor, 2000, p. 15). Elderly’s primary motivational force lies in finding the meaning of their life experiences and integrating them in their choices that contribute to their life satisfaction. Gerotranscendence is a shift in a paradigm in the aging process from a materialistic and pragmatic perspective of the world to a more contemplative nature in the meaning of their lives that increases the life satisfaction among the elderly (Tornstam, 1997).

America’s elderly are not homogeneous. In fact social workers and other gerontological professionals are becoming more aware of the cultural and ethnic diversity of America’s elders. Current projections by the U. S. Census bureau anticipate that by the year 2050 ethnic minorities will comprise nearly half (47%) of the U.S. population (Day 1992). Gerontologists from all disciples must understand the complex and diverse spiritual issues of older persons that contribute to life satisfaction and meaningful aging.

A recent study of community elders (n= 329) researched the relative importance of spirituality, physical health, education, social support and income as key factors influencing the elderly in their life satisfaction. The 329 sample size were divided into four categories: young old (55-74 yrs.) men (49), women (128) and old old (75+ yrs.) men (33), women (119). The mean age among the groups was 74yrs. of age. This study expands the research about spirituality by providing solely a gerontological perspective.
about spirituality among the community-based elders and includes African American, Asians and Hispanics as separate minority group.

The results of this study highlights spirituality as one the essential positive factors contributing to life satisfaction \([.191, p<.000]\), along with physical health \([.374, p<.000]\), education \([.291, p<.000]\), income \([.207, p<.000]\), and social support \([.165, p<.003]\). The results of a multiple regression analysis indicates 21% of the variables were explained by three predicting variables: education, spirituality, and income as having a positive influence on life satisfaction \([r=.20, p<.05]\). Only the variable depression had a significant negative influence on life satisfaction among the elderly in the community.

Implications for social work educators include the growing knowledge that many older persons have an active spiritual life. Therefore, it is a logical expectation by older persons that gerontological professionals understand their basic beliefs. The mission of social work encompasses a set of core values that includes competence, therefore, one of the challenges for all gerontological professionals need to be inclusive of diverse, religious and non-religious expressions when assessing spiritual needs among the diverse elderly population.

One essential implication is to continue to develop the life course perspective of the whole individual that includes spirituality because aging is holistic process that gives meaning to the elder’s life experiences. Gerotranscendence, as a theory, needs further development. This theory encourages the development of an older person’s meaning of life and connectiveness with their environment. This presents a research difficulty because there are no easily identifiable variables that define Gerotranscendence. Since Gerotranscendence is directed towards an individualized and introspective process that integrates the beliefs and values of a diverse aging population. Social workers need to be educated about spirituality of their client in theory, assessment, and practice because it fosters greater successful aging of the elderly.


The Intergenerational Advocacy and Policy Project: Building an Aging Constituency Through Infusion

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**Topic:** Curriculum, Education Issues, Intergenerational Service/Practice, Policy

The Council on Social Work Education (CSWE)'s Strengthening Aging and Gerontology Education for Social Work (SAGE-SW) project, in partnership with the National Committee to Preserve Social Security and Medicare (NCPSSM), developed the Intergenerational Policy and Advocacy Course Project (IAP) to infuse gerontology education within social work curricula, support intergenerational programming, and to provide social work students with positive experiences working with older adults (CSWE Reporter, 2002). Three years since its inception and initial implementation of its pilot sites, the IAP experience has generated various lessons and new insight into the virtues of an intergenerational approach far beyond its original goals and purposes. For social work students, working with older people in the community and advocating for issues affecting them engendered more positive attitudes towards older people and inspired greater interest in pursuing careers in aging.

Apart from this, the IAP resulted in a few other gains in terms of community and constituency building. For older people in the community, the IAP provided opportunities for direct involvement in advocacy and social action efforts. The IAP efforts resulted in substantial policy gains for some of its pilot sites while also providing for a few symbolic gains for the rest of its pilot sites. The IAP likewise aided in creating new relationships and in bonding new ones across generations and between and among aging stakeholders. It encouraged the generation of social capital between and among older people and other groups and entities with an interest in aging. The social capital fostered through the IAP was instrumental in building community and creating an aging constituency. This particular achievement supports the thinking that an intergenerational approach is key to healing communities fragmented by generational, class, racial, cultural, and ethnic lines by generating social capital and strengthening civil society (Freedman, 1997; Henkin, Santiago, Sonkowsky, & Tunick, 1997, as quoted in Kaplan, 1997).

This paper will present the results of a qualitative study culling the lessons learned from the IAP three years after its inception. Areas assessed include: infusing aging content into social work foundation curriculum, increasing interest in aging among social work students, generating social capital within the community, and in strengthening an aging constituency. Results of qualitative instrument administered to faculty involved in the thirteen pilot sites will be used to explore questions about the conduct of the project, the achievements for all involved, the outcomes, and their insights on working with older people on aging issues.
Results from this study can provide additional insight into the benefits of an intergenerational approach, not only in stirring interest among social work students to go into aging careers, but also in engendering social capital between aging stakeholders and in strengthening an aging constituency that will contribute to a more potent civil society.


Carmen Geanina Luca, Catholic University of America

Topic: Community Organization/Development, Curriculum, Education Issues

Building Social Capital in Social Work Education: A Strategy for Curriculum Development seeks to examine the relationship between social capital and curriculum development in social work education. It is hypothesized that building social capital among social work educators will lead toward curriculum development. Social capital is defined here as the web of social relations, which contains resources available to an individual or a group, resources that can be accessed in purposive actions. Therefore, this study is to ascertain whether or not social capital among social work educators influences curriculum development. To illustrate the value of relationships on curriculum development, the current study will take the CSWE/ SAGE-SW (Strengthening Aging and Gerontology Education for Social Work) project as a case in point. Funded by the John A. Hartford Foundation of New York City, SAGE-SW’s main goal is to strengthen gerontological social work education for all social workers so that they will be equipped to provide needed services to a growing aging population. After close to 5 years of work, the SAGE-SW project has helped faculty establish relationships which link people to people and people to resources. This has been accomplished through an on line list serve of social work educators, a pool of expert trainers, a Faculty Interest Data-Base, among other things. The project has served as one of the main avenues of encouraging the development of aging content into foundation social work courses in the United States. It is now necessary to seek information that may indicate the value of collaboration among social work educators and the impact of the resultant “web of social relations” on the infusion of aging content curricula in social work schools.

Conceptual Framework --
Social capital is a concept that emphasizes the importance of establishing collaborations and social relations as a means of addressing a problem, such as that of increasing gerontological education in social work in the United States. Social capital is not a new concept since it can be traced in Hanifan’s work (1920), which emphasized the value of community center movements at that time. While Bourdieu (1986) began the current discourse on social capital, it was Coleman’s (1988) contribution to theoretical and empirical research on education that brought the concept of social capital new dimensions of analysis.

Putnam (1993;1995), through his books Making Democracy Work and Bowling Alone, which examined civic participation and institutional performance, has provided the inspiration for most of the contemporary discourse on social capital. For Putnam, trust, reciprocity and social networks are important elements that generate collective action and collaborations to the ultimate benefit of the community. Thus, social capital is a web of social relations and networks, which contains resources available to an individual or a
group by the virtue of their locations, resources that are accessed and/or mobilized in purposive actions (Coleman, 1988; Portes, 1998; Lin, 2001). Despite of its use in the political science literature, the concept of social capital has not been heavily examined within the context of curriculum development. The closest study that reports on the influence of social capital on school reform is that of Useem, Christman, Gold, and Simon (1996). Through a unique approach, they examine why some reform efforts are successful in some schools and not in others. They conclude that social capital among school staff is vital when undergoing school reforms.

Methodology --
The study uses a cross-sectional, sequential mixed-method design. Data will be collected from surveying 100 social work educators that come from schools which sent only one participant to a SAGE-SW FDI. Surveys will be collected through electronic mailing procedures. Semi-structured interviews will be performed face to face and with phone interviews to address the qualitative part of the project. The major hypothesis will be tested by using correlation and multiple regression analysis. Qualitative data will be analyzed utilizing ATLASTI.

Contribution to Originality --
Through its purpose and original way of looking at the social processes and their impact on curriculum development, this proposed research will add to the theory and empirical research on social capital. To put it another way, the study highlights the value and the power of human relations, as defined by the social capital concept, in curriculum innovation and development in social work higher education. Finally, the study contributes to the development of knowledge of social capital and use of the social capital concept in empirical research in social work education and in academic settings.


Residential Social Workers: Towards a Redefinition of Role

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Malka Tal, Israel Ministry of Health
Fanny Huse, Israel Ministry of Welfare
Nava Mador-Haim, Shoham Geriatric Center

Topic: International, Long Term Care

Residential Social Work has traditionally focused of the needs of the elderly residents, focusing, specifically, on the development of the casework relationship. Little attention, however, has been given to the professional needs and growth of the residential social workers. A local conference of residential social workers resulted in a request of the participants to develop a state of the art training program, appropriate to the present work environment. A steering committee was created comprising of Geriatric Supervisors from the Ministries of Health and Welfare, director of Continuing Education at Bob Shapell School of Social Work, director of Social Services at the Shoham geriatric Center and Director of a local residential home. The steering committee defined the expected quality of life for the residents and based on these measures developed a training program that offered an intensive examination of the concepts and skills needed for effective social work practice in the residential setting. The program took place at the geriatric center, enabling hands-on learning and observation. Participants were taught skills in interpersonal communication and observation, with knowledge of group and communal contexts; a more flexible, fluid use of institutions in a community context; intervention techniques such as life stories, art, music, drama and bibliotherapy; interdisciplinary teamwork and fund raising. Twenty-five residential social workers participated in the program. Participants reported a marked improvement in their professional performance, improved relations with clients, families and management, enhanced sense of empowerment, self-efficacy and success in integrating innovative programs in the work place. A by product of the program was a support group created by the participants that continued to meet after the course had ended.


Session 686 – Paper
Macro-Level Aging Services: Information Literacy and Evidence-Based Practice
Teaching Methods

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Beverly A. Massey, College of Mount Saint Joseph

Topic: Curriculum, Teaching Methods/Learning Styles

Information literature social work students need to be able to distinguish between evidence-based primary and secondary data, identify and critically analyze peer-reviewed literary sources, and comprehend search techniques that integrate interdisciplinary and multi-disciplinary resources in order to understand what and how to locate the best practice for service delivery. Learning effective electronic search processes can assist students (and thus future professional social workers) to find quality evidence faster than by manual searching (Gibbs, 1991). To develop these skills while learning evidence-based practice, a teaching strategy that provides students with authentic learning experiences/problems in public policy and aging will be implemented in a BSW program, Fall 2004. These learning experiences will be implemented and evaluated throughout the social work curriculum, in the following classes: Field Seminar; Research Methods; Community and Organizational Development; and Evaluation, Research, and Grantsmanship. This learning experience will continue in Winter 2005 also.

Specifically, the issue of health care funding of the aged chronically ill in long-term care versus community-based care settings will be the focus of the learning experiences. There are new trends in long-term care related to financing, new models of service delivery, and differences in consumer expectations and preferences, all of which affect money available for care and the type of care provided (Cohen, 1998). Students will be asked to analyze and critique this macro-level aging issue within the perspectives of political, social, and economic considerations. A selected aging service agency, which is responsible for providing many age-related services to individuals, community groups, and government institutions within a five county region, will provide students with the applied setting for this project. As this technique focuses upon gathering ‘evidence’ from one’s discipline, it is critical to provide a community setting in which students interface to collect data/evidence.

Diagnostically, faculty will test students’ knowledge of aging policy before the problem-based learning scenario is presented. A pretest on aging policy will be given to students before faculty present the preliminary lectures. The preliminary lectures will provide a baseline of information for students to be familiar with aging policy legislation, current funding issues facing long-term and community-based care providers, and the service delivery system. These preliminary lectures also will include the evidence-based research techniques of (1) Client-Oriented, Practical, Evidence-Search (COPES) questions and (2) Methodology-Oriented Locators for an Evidence-Search (MOLES) (Gibbs, 2003).
Faculty will present an initial COPES question on this topic for students to research and use for practice sessions in class and in group work assignments. Students will be asked to generate 1-2 additional COPES questions within this same topic.

To help students evaluate these questions (the one provided and the ones they develop) using the MOLES approach, faculty will provide links to appropriate health care, aging, social work, and public policy resources and information about search strategies. Students will be expected to explore library search databases and the world wide web as well as scholarly journals. A listing of thousands of databases is also available in Gale Directory of Databases (Faerber, 2000).

Class discussions, drafts of initial work on these projects, and on-line reflective journaling (via Web-CT) will assist the faculty with ongoing assessment of the progress made. Also, post-tests on aging policy will be given at the end of each class.

The intended learning outcomes of this project are as follows:

At the end of the project, students will be able to:

1) Convert information needs into a well-formulated answerable question, using evidence-based practice research methods;

2) Locate with the most efficiency the best evidence with which to answer the question;

3) Apply the results of this evidence appraisal to policy and/or practice (Sackett et al., 1997, p. 3; Gibbs, 2003); and,

4) Know the major quality of care and financing issues in the community-based and long-term care arenas for chronically ill aged persons.

Faculty will use the following evaluative methods: term papers, research project/paper, needs assessment, and reflective journaling (via WebCT).

Conclusion
The presentation will provide data on faculty and student satisfaction of learning evidence-based practice to evaluate macro-level aging issues. Faculty assessment of pre/post tests results of student learning will be presented in addition to an analysis of students' papers/projects on this topic. A discussion of any limitations and/or benefits of student learning with this approach in a BSW program will be presented.


Grandparents Raising Grandchildren: Different Pathways to a Common Destiny

Sandra Edmonds Crewe, Howard University

Topic: Caregiving, Policy

In the District of Columbia there are 8,000 grandparents who are responsible for most of the basic needs of their grandchildren. Using findings from four grandparent focus groups (n=40), this paper addresses their needs and presents implications for social work practice. It also presents policy and program recommendations.

Forty grandparents assemble to tell their story of raising grandchildren in the District of Columbia. They are different, yet, they share the common destiny of raising their grandchildren. Their stories are penetrating and speak to their individual and group needs. Their voices are different, some soft spoken and others demanding in their tone. They mostly agree, but, offer unique experiences based upon their life course perspective.

Lessons are learned from their differences and similarities that can be used to inform social work practice and public policy about their common destiny of caregiving in the District of Columbia.

They confirm much of what has been written about grandparent caregivers and specifically African American grandparents. The findings confirm findings in the literature about being centered by faith; struggling with their own health; experiencing financial difficulties; coping with mental health problems of grandchildren; facing legal challenges related to custody; overcoming housing obstacles; and unsettling relationships with birth parents (Brown & Mars, 2000; Burton, 1992; Cox, 2002; Fuller-Thompson & Minkler, Gipson, 1999; Hill, 1997; 2000; Minkler, 2001; Martin & Martin, 1995; Minkler, 1999; Row & Minkler, 1998; Smith & Beltran, 2000; Smith, 2000; Whitley, Kelley & Sipe, 2001.)

They also provide insight on the positive aspects of parenting again and affirm the literature that emphasizes the strengths perspective, social support and family tradition. Most importantly, they help us to better understand what “good” social work practice and policy should look like. By juxtaposing positive and negative experiences, the participants made a powerful statement about the gaps and strengths of the system. They tell a story of one system with different outcomes based upon worker attitudes, knowledge and values and their family and community support systems.

In addition to the findings from the four focus groups, the workshop participants will receive information about using focus groups as a research methodology and the challenges and obstacles that were inherent in this research. The presentation will discuss outreach strategies, collaboration with a national aging advocacy organization, and ongoing follow up activities to influence needed policy changes and program.
innovations. Additionally, the presenter will share how focus group findings are being used to infuse aging content throughout the social work curriculum.

Participants will receive copies of the 50-page publication generated by the focus groups that were conducted in June 2003.


Grandparents raising grandchildren is gaining attention in the United States as the numbers of children being raised in kinship homes increases. It is estimated that that 5.5 million children in the United States live with other relatives with no parent present and 1.4 million of these children are being raised by a grandparent (U.S. Census Bureau, 2001; Generations United, 2002b). The overwhelming majority of grandparents providing kinship care do so as informal caregivers outside of the formal social services system (The Urban Institute, 1999). The reasons include the historical role of the family to care for its members as well as fear some grandparents hold regarding involving the formal social service system.

Research suggests higher incidence in health and mental health problems related to the additional psychological and financial stresses involved in raising grandchildren (see Kelley, Yorker Whitley & Sipe, 2001; Casper, 1998; Kleiner, Hertzog, &Targ 1998; Marx & Soloman, 2000).

It is important that social workers working as gerontologists, and child welfare specialist complete assessments using an intergenerational contextual perspective and work collaboratively in addressing the multi-faceted issues involved. Grandparent kinship in child welfare is also increasing in other areas of the world. This is true in Russia, where drug and alcohol abuse is problematic and the transition to democratization results in changing societal services.

Since the breakup of the Soviet Union, Velikiy Novgorod Russia has partnered with Sister Cities International to develop partnerships with cities in Sweden, England and the United States. During the past 12 years, international exchanges between Novgorod Russia and a sister city in the United States have focused on issues including, child welfare, aging, substance abuse prevention, and the development of a trial judicial system. During the past several years, Novgorod has worked to reduce the number of children living in orphanages by developing residential shelters (Center Podrostok) to assist adolescents learn independent living skills (Cox, 1999), and a foster care system. In the past year alone, 17 non-kinship foster homes and 300 kinship care foster homes have been developed and there is growing recognition of the need to incorporate a family-focused framework including grandparents.

In spring 2004, a team of social work educators and practitioners were invited to participate in a delegation to Novgorod to teach family-focused social work theory,
assessment and best practice strategies to child welfare administrators and staff involved in the development and implementation of child welfare programs and services.

Novgorod child welfare staff provided case studies. Three out of the five case studies included three generations. The intergenerational material was utilized as a vehicle to incorporate gero-enriched perspectives in role-plays, and assessment techniques. The seminars incorporated principles of empowerment-based practice using an ecological framework of person-environment. As social work educators and practitioners, we are well versed in theory, assessment and intervention techniques; however, the trainees were expert on Russian culture, social expectations, and the social and political structures of day-to-day life. Rose (2000) describes empowerment-practice, as “the challenge to create relationships in which meaning is being produced, not received, where the participants were equally valid contributors to defining and shaping the process.” By embracing an empowerment-practice model in our teaching, through experiential activities, role-plays and discussions, the participants were active producers in knowledge building. We also modeled strengths-based approach to validate participant involvement. The purposeful use of an empowerment and strengths-based approach served two purposes. This approach facilitated cultural competent curriculum incorporating an intergenerational family-focused context in manner that was directly applicable to the participants of the training and it provided a strengths-based family-focused perspective in working holistically with the whole family system. As new meanings were actively produced and shared, the authors also gained new cultural understanding that will enhance global content taught in social work practice courses.


U.S. Census Bureau (2001). Household relationship and living arrangements of children under 18 years by age, sex, race Hispanic origin, and metropolitan residence: March 2000 America’s families and living arrangements. Washington: Author
Research shows that adult learners learn best when training is interactive and participatory, involves feedback, mentoring, and role playing, and incorporates specific elements that foster changes in attitudes, cognition, and behavior. Well-designed training should provide social workers with a meaningful learning experience that is skills-based, incorporates the latest in theory and research, and is affordable and accessible -- goals often difficult to achieve. Traditionally, continuing education for practitioners occurs in short didactic sessions or workshops where knowledge transfer is emphasized more than skill or attitudinal development. In this session, leading social work educators and administrators who have devoted their careers to professional education and training will address the challenges of providing meaningful training to practicing social workers using innovative strategies and approaches. Recent developments of The Atlantic Philanthropies (which funded the Institute for Geriatric Social Work), The John A. Hartford Foundation social work initiatives, and the American Society on Aging will be presented and discussed. The discussion will address topics such as: (a) the relative effectiveness of various methods of providing education including online training, face to face training, and home study; (b) the advancement of practitioner skills through training based on learning theory; (c) the importance of designing training that addresses specific competencies needed to practice effectively; and (d) discuss the need to improve the quality of curricula guidelines for training. Please participate in a discussion with us about what works, what doesn't and how sometimes contradictory goals can be reconciled.

Change Through Collaboration: Mobilizing Communities to Promote Compassionate Care for the Dying

Cheryl Simpson-Whitaker, National Association of Social Workers

Topic: Collaborations/Partnerships, Community Organization/Development, Death/Dying

In 2003 a small group of professionals and concerned citizens decided to formally collaborate to promote compassionate care for the dying. A statewide end-of-life coalition was created and is actively engaged in the state capital. The movement spread and local coalitions formed in smaller communities around the state. Each coalition identified an issue of major importance for their community. Initiatives were created to address these issues including the use of the arts in bereavement work with children and families, creating an education program on palliative care for professionals and the public, assessing needs and developing communication protocols for hospices and long term care facilities, creating a caregiver resource center, researching public perceptions about death and dying, improving the state advance care planning system through statute change, professional development and community education, and building a strong end-of-life state network.

Our organizing approach to improve end-of-life care and public perceptions of death and dying can be used as a model for change in both rural and urban communities.

“Vision without action is merely a dream. Action without vision just passes the time. Vision with action can change the world.” Joel Barker, Futurist

The Change Through Collaboration Workshop is the story of our coalition. The process used to create and develop the coalition is presented in such a way that workshop participants can replicate it in their home communities. Organizing tip sheets and a guide to accessing national organizing resources will be provided. This organizing model is particularly well suited to schools of social work with established community relationships.

Rabinowitz and Wolff (Internet 2003) describe a coalition as “A group of individuals and/or organizations with a common interest that agree to work together toward a common goal.” The similarity between goals of the social work profession and typical coalition goals is striking: “1) influencing or developing public policy, 2) changing people’s behavior, and 3) building a healthy community.” Coalition building offers professional social workers, social work students and educators the opportunity to work together to address challenges faced by older people and by people of all ages who are completing their life.

In Revolution of the Heart, Bill Shore (1995) suggests, “millions of people, businesses, organizations, and associations are ripe for the challenge of contributing in new ways,
ripe for a revolution of the heart.” This has been our experience. Once the dialogue for change began doors opened. Four organizations emerged to accept the responsibility of forming the Partners Leadership Team including the state chapter of the National Association of Social Workers. I set aside my search for employment and accepted the volunteer leadership role of coalition coordinator.

Since engaging in the first conversation about promoting compassionate end-of-life care, people have been seeking us out to join our campaign to ask for assistance in creating end-of-life coalitions in their communities. By “treating people with respect, following up on promises made and communicating as much as possible” (the simple principles of relationship building) we have developed a core group of dedicated leaders (Pierce 1999).

In addition to intentional relationship building, we clearly and consistently articulated the advantages of using coalitions to achieve social change for dying people. Si Khan in Organizing ~A Guide for Grassroots Leaders (1982) talks about the advantages of coalitions. “There are a number of advantages when an organization joins with other organizations around an issue. The organization can take on larger issues, which require more power to win. It can establish its credibility in other areas of the community. It can develop alliances that can be useful later. It can broaden the experience of its own leaders.”

We were diligent in fostering open dialogue about important end of life issues, creating a unifying mission and employing excellent leadership skills. As a result, our original group of four has expanded to twenty-four formal dues paying members and numerous associate members. Our statewide coalition now includes associations and organizations, citizen advocacy groups, legislators, attorneys, concerned individuals, health care facilities, educational institutions, related government agencies, and local end-of-life coalitions. Participants provide knowledge, tools and mechanisms to promote broad based, compassionate palliative care for terminally ill people and the frail elderly who are completing life.

Fifteen months ago six people met over lunch to talk about the D+ grade for dying in our state. Now there are 125 organizations and individuals creating positive change throughout the state. Our story can be your story.


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Gero-Ed Center Information:

The NGSWC is sponsored by the CSWE Gero-Ed Center (National Center for Gerontological Social Work Education). This Center is funded by the John A. Hartford Foundation of New York City and is part of the Hartford Geriatric Social Work Initiative (www.gswi.org).

Gero-Ed Center Rationale:
Social workers play critical roles in a wide range of settings that serve older adults and their families but often have not acquired knowledge and skills for enhancing elders’ health and well-being.

Gero-Ed Center Purpose:
The Center promotes aging content and expertise at the baccalaureate and master’s levels in order to prepare all social work students to work effectively with older adults and their families. A long-range aim is curricular transformation in which gerontology becomes embedded within the curricular and organizational structure of social work programs.

Programs/Projects:
- National Gerontological Social Work Conference (NGSWC)
- Curriculum Development Institutes (CDIs)
- Gero-Ed Institutes
- Textbook Analysis
- Website dissemination

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