Work with Older People

Challenges and Opportunities

Edited by Irene A. Gutheil

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Introduction

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THE NUMBER OF OLDER PEOPLE in the United States is growing far more rapidly than the rest of the population. In sheer numbers, the aged 65 and older cohort is impressive—it is larger than the entire population of Canada (U.S. Senate, 1988). Demographers have predicted that the numbers of persons over 65 years old will increase dramatically, absolutely and as a percentage of the population, during the next 50 years. Today, the elderly represent approximately 12% of the total population of the United States. Current projections indicate that early in the 21st century, when the postwar "baby boom" generation grows old, about one in five Americans will be over 65 years of age. The oldest old, individuals 85 years of age or older, constitute the fastest-growing segment of this country's population (U.S. Senate, 1988). The growth in the number and proportion of older persons is one of the most dramatic and influential developments of this century, and we must anticipate and address the needs of this burgeoning older population.

One anticipated result of the increasing numbers of older persons, especially the oldest old, is an unprecedented demand for support services for older people and their families. Although technological advances may reduce the length of time people experience chronic disability, the incidence of chronic illness and the need for assistance with activities of daily living does increase with age. Approximately 31% of persons over the age of 85 need some assistance with activities of daily living compared to less than 3% of persons 65 to 74 years old (U.S. House of Representatives, 1987).

In addition to demographic trends, changes in family structure such as high divorce rates and the aging of primary caregivers may result in greater reliance on the social service

delivery network. As a result of demographic and social trends, policymakers in both the public and the private sectors are grappling with how to prepare for an aging society and how to make the current service delivery system more responsive to the needs of older Americans.

Service providers, too, are struggling with the increasing needs of an aging population. Greater numbers of professionals interested in and trained to work with older people and their families are needed to do this important work.

During their training, relatively few social work students express a specific interest in working in the field of aging. Although it is not entirely clear why this is the case, several factors are believed to contribute. Working with older people is not recognized as the exciting opportunity it actually is. Students do not recognize the tremendous possibilities for personal growth among the older population. Failing to see older people as integrated into families, many students overlook the potential for family treatment and intergenerational practice. The range of clinical modalities for work with older people often goes unrecognized. In addition, some students fear the possibility of coming too close to their own inevitable aging and mortality, a fear they share with others training in the helping professions.

However, even when social workers enter the field with no intention of serving an older population, chances are they will be working with older people at some time during their practice. Many agencies not necessarily seen as targeting older people do in fact serve older clients. The most obvious example is hospitals. Older persons are also served by family service agencies, out-patient mental health clinics, domestic violence programs, and so forth. Often, once out in the world of practice and seeing more and more older clients, social workers feel an increasing need for greater knowledge about working with this age group. This book is intended for both students and practitioners interested in learning about the challenges inherent in practice with older people.

The idea for this book grew out of a conference held at Fordham University's Graduate School of Social Service. The title, *Work with older people: Challenges and opportunities*,

reflects the theme of the conference. Work in the field of aging presents many challenges: some frustrating; some invigorating. It also presents many opportunities for stimulating and gratifying practice. The chapters that follow reflect the remarkable diversity of the challenges and opportunities in work with older people. The content of the book is organized into two parts: Setting the Stage and Issues in Practice and Service Delivery. Part I comprises three chapters, providing the foundation essential to work with older people and their families. The six chapters in Part II examine a range of issues that has demanded increasing attention in recent years.

In the first chapter, Barbara Silverstone discusses practice concerns currently confronting us in our work with older people. These relate primarily to impairments of advanced old age, the struggles of caregiving, and the impact of complicated systems of care on social work practice. Silverstone reviews a practice model that can be applied to diverse populations and across varied settings, and addresses the challenges the future elderly will present to us.

Two chapters by Lynn Tepper follow. In the first, Tepper reviews some developmental theories that address the second half of life. In her discussion of growth, change, and life transitions, Tepper describes some common patterns in later life and provides a foundation for understanding development in old age. In the next chapter, Tepper considers the complexity of family relationships in later life. Stressing the importance of viewing older people in the context of their families, Tepper reviews a range of family issues such as parent–adult-child relationships, widowhood, and the impact of dementia. Her discussion of counseling older families emphasizes the tremendous diversity that exists among older people and their families.

Elaine Congress and Martha Johns lead off Part II with a discussion of the increasingly diverse older population and the accompanying challenges to service providers. The authors make the point that the differences in the life experiences of minority older people do not abate with old age, and that obstacles to service delivery and utilization must

be recognized and addressed. Congress and Johns call upon service providers to become better informed and better trained to deal with the cultural diversity among the older population.

Patricia Brownell's chapter addresses elder abuse, an issue of growing concern in the field of aging. Although it has come into public awareness only relatively recently, elder abuse is not a new problem. Brownell reviews definitions of elder abuse, profiles of victims and their abusers, and models of intervention. In closing, Brownell underscores the role of the social worker in dealing with this problem.

In the next chapter, Bart Collopy and Martha Bial examine ethical issues in long–term-care practice, an area of bioethics that has, thus far, received only limited attention. The issues that social workers in long–term-care settings deal with are diverse and often highly complex. Resolving one problem may stir up others. Collopy and Bial use several cases to illustrate ethical problems confronting social workers and provide some road-maps for negotiating the rugged terrain these practitioners face.

Eileen Chichin and Ilse Leeser write about interdisciplinary teams and their role in helping older people whose needs have reached a high degree of complexity. The role and function of interdisciplinary teams are examined as are some of the difficulties that may arise when two or more disciplines work closely together. Chichin and Leeser address the role of education in enhancing interdisciplinary teamwork. An examination of three different teams illustrates teamwork in action.

In the chapter that follows, Sally Robinson considers case management as a pivotal service in community-based long-term care. The practice of case management is complex, and requires that the social worker operate on many levels simultaneously. Robinson addresses issues ranging from client self-determination to accountability, and reviews mechanisms for improving the case management process. She underscores the importance of the relationship between client and case manager.

Roslyn Chernesky writes that agencies serving older peo-

ple are strongly influenced by the environment in which they operate. This environment determines what services are delivered and to whom. As Chernesky notes, managers and direct service workers are continually being affected. Chernesky examines the aging service delivery network, recent shifts in the environment, and the implications for agencies and workers.

Steven Gambert's afterword reminds us that today's older people are survivors, who may ultimately face complex, often interacting problems. It is time to address the current shortage of professionals who are knowledgeable about the challenges older people face and have the skills to help.

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PART I

Setting the Stage

1

Practice with Older Persons: Challenges and Opportunities

Barbara Silverstone

INTRODUCTION

THE FIELD OF DIRECT PRACTICE with older persons presents something of a quandary, for we are speaking of a client population that includes three to four generations and a broad spectrum of racial and ethnic groups. It is a population that includes individuals with widely differing family configurations, varying abilities and capabilities, and divergent physical, mental, emotional, and social problems. The older population includes individuals who are blessed by economic affluence or cursed by abject poverty; those who can grow and change over the years or who are rigidly fixated in their ways; those who are optimistic about the future; those who are despairing; and those who are dying.

Does this litany sound familiar to you? It should, for we could be talking about any age group in our society. After all, the old of today are the young of yesterday, bringing into later life their widely divergent characteristics. Thus, just as with younger clients, there can be no set list of practice rules and principles to follow in working with them. Work with older persons demands all the ingredients of generic social work practice, from a careful assessment of the individual's biopsychosocial cultural situation to interventions on the levels of individual, family, organizational, and environmental systems. It calls for meeting the client where he or she is, and for collaborating and problem solving in a manner enhancing the client's self-determination. Like work with younger clients, work with older people challenges us to

overcome biases within ourselves related to sexism, racism, and ageism.

What stands out in our work with older persons is that it can be even more exciting and challenging than work with younger persons because we are dealing with survivors who have crossed the terrain of the life course, and who bring into old age the richness of experience, and into advanced old age a very special perspective on life, unique psychological mechanisms for preserving a sense of self, and the strength and fragility that result from having lived through multiple and often unremitting losses.

Other differentials *do* exist for social work practice with older persons, but for the most part these differentials are related not so much to the fact of being old as to those problems among the old we have *chosen* to address and to the settings and circumstances in which we address these problems. It is the practice issues related to these problems, settings, and circumstances that I shall discuss here. They do not make up the universe of situations encountered by older persons. Predictions for the future strongly suggest that as the aging population changes we shall have to address a much broader set of problems, and I shall touch on this expectation later. For now, I shall focus on the problems and practice issues that for the most part confront us now.

THE PROBLEMS WE FACE

These problems relate largely to functional disability among the old and their need for long-term care, and, in the case of neglect and abuse, protective services. Given the higher incidence of mental and physical impairment in a rapidly growing very old population, this emphasis is understandable. Millions fill our nursing homes, and there are many others who place inordinate pressures on family and home-care providers for support. (I might note that similar problems are being faced with persons with AIDS.) Long-term care was an overlooked area of concern until recently. It was the professional and consumer communities in the 1970s

and 1980s which successfully brought societal and governmental attention to the crisis in long-term care and the harsh pressures being placed on families. Sound financial strategies still elude us, and services are wanting, but the problem has taken center stage and has become synonymous with aging issues in both health and human services.

Typical clients among the older populations, therefore, are persons of advanced age, frail, and chronically functionally disabled, needing supportive and protective care, who seek or are receiving nursing home care and home-care services or whose crisis presents itself to the social workers in case management agencies, protective service, or acute hospital settings. The social worker's role can include serving as a gatekeeper, discharge planner, and case manager.

A number of compelling issues have emerged for social work practice with this population in these settings. One relates to the often helpless condition of our older clients, resulting from impairment and the exigencies of advanced old age. Of paramount concern is the fact that they can no longer care for themselves as a result of physical immobility and/or mental impairment compounded by severe emotional reactions and, not infrequently, sensory loss.

Ironically, this is a client population desperately in need of help and yet the most difficult to help. Sensory difficulties, particularly hearing loss and mental impairment, as seen in those with Alzheimer's disease, are roadblocks to communication and to effectively retaining control of their own lives.

This irony plays itself out in the social work relationship and, of course, impacts heavily on family members. Helping this population is an awesome challenge to the practitioner's skill. Client self-determination seems at times an unrealistic ideal, as the personal autonomy of older clients seems to dissipate in a system of care which is becoming increasingly regulated, and in which even life-and-death decisions are taken out of the older person's hands.

Closely related to the difficulties presented by a client population who are suffering severe depletions and losses is the role played by their families. Many of them are coping on a day-to-day basis with frail and impaired elders. Some

are desperately struggling. Some have given up. It is well documented that family members are truly the long-term providers of care to the frail and disabled elderly, yet many are themselves in late life, or are burdened with other responsibilities. What role can they effectively play as primary caregivers to the elderly or in secondary roles? How do we address the family's self-determination and the personal autonomy of each of its members?

Last, but not least, is the overriding issue of the social worker's autonomy in a system of care that imposes serious constraints on effective practice. Social workers in hospitals and long-term and protective care settings are typically overburdened by large case loads. A host of policies and procedures constrict or thwart professional efforts.

The hidden or not so hidden agenda of the settings in which we practice is the disposition, in the most rapid and presumably least costly manner, of the long–term-care case. Hospitals are pressured to discharge elderly patients as quickly as possible, and this action precipitates decisions about long-term care. Nursing homes, home-care settings, and case management agencies must keep sharply focused on providing only the amount of care demanded by the client's functional impairments. Protective service agencies are so overwhelmed by numbers that abuse cases seemingly can be treated only in the most bureaucratic or legalistic manner.

Funding streams have constricted the services that can be provided, including social work and rehabilitation services. In New York State, Medicaid will pay more than $70,000 per annum per person for nursing home care, yet rehabilitation that can reduce or prevent functional disability resulting from impaired hearing, vision, or motor activity is severely restricted under both Medicaid and Medicare. Little recognition is given to the cost-effectiveness of meaningful social work intervention that can allay precipitous decisions and costly plans of care.

This issue, the constraints placed on professional practice by social and health care policies and administrative proce-