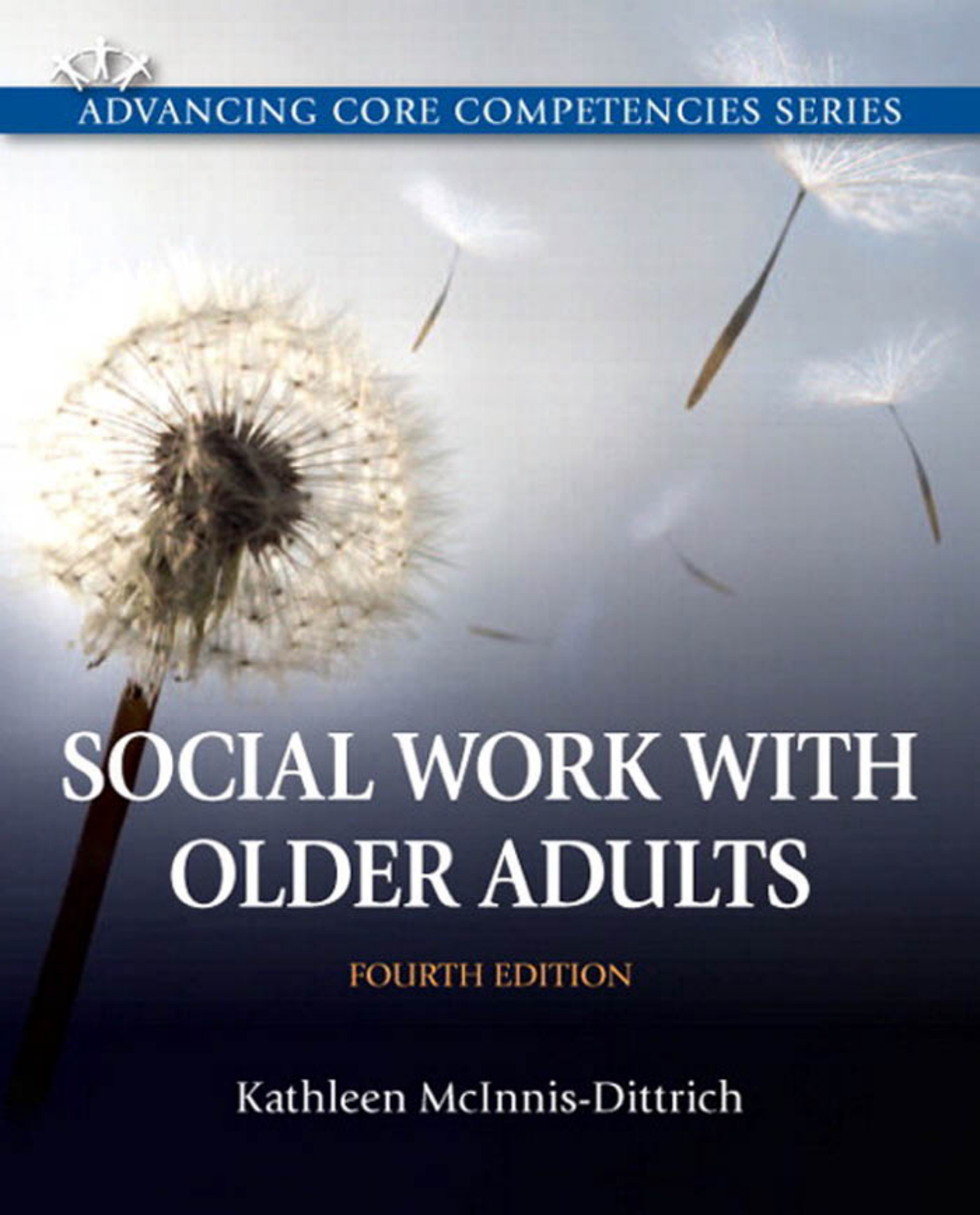
ADVANCING CORE COMPETENCIES SERIES
SOCIAL WORK WITH OLDER ADULTS
FOURTH EDITION
Kathleen McInnis-Dittrich

CSWE's Core Competencies and Practice Behavior Examples in this Text

Competency	Chapter
Professional Identity	
Practice Behavior Examples…	
Serve as representatives of the profession, its mission, and its core values	9, 10, 11, 13
Know the profession's history	
Commit themselves to the profession's enhancement and to their own professional conduct and growth	1
Advocate for client access to the services of social work	1, 6, 7, 8, 9, 10, 11, 12, 13
Practice personal reflection and self-correction to assure continual professional development	1, 6, 7
Attend to professional roles and boundaries	1, 8, 9, 10, 11
Demonstrate professional demeanor in behavior, appearance, and communication	4, 6, 7
Engage in career-long learning	
Use supervision and consultation	1, 6, 7, 9, 10, 11
Gerontology Practice Behavior Examples…	
Assess and address values and biases regarding aging	1, 5, 6, 7, 8, 9, 10, 11, 12, 13
Understand the perspective and values of social work in relation to working effectively with other disciplines in geriatric interdisciplinary practice	1, 5, 6, 7, 8, 9, 10, 11, 12, 13
Ethical Practice	
Practice Behavior Examples…	
Obligation to conduct themselves ethically and engage in ethical decision-making	1, 11
Know about the value base of the profession, its ethical standards, and relevant law	1, 5, 8, 9, 10, 11, 12
Recognize and manage personal values in a way that allows professional values to guide practice	1, 5, 6, 7, 9, 11, 12
Make ethical decisions by applying standards of the National Association of Social Workers Code of Ethics and, as applicable, of the International Federation of Social Workers/International Association of Schools of Social Work Ethics in Social Work, Statement of Principles	1, 5, 11
Tolerate ambiguity in resolving ethical conflicts	1, 5, 10, 11
Apply strategies of ethical reasoning to arrive at principled decisions	6, 7, 8, 9, 11
Gerontology Practice Behavior Examples…	
Apply ethical principles to decisions on behalf of all older clients with special attention to those who have limited decisional capacity	3, 5, 6, 7, 9, 10, 11, 12
Assess "self in relation" to motivate themselves and others toward mutual, meaningful achievement of a focused goal or committed standard of practice	1, 3, 5, 6, 7, 8, 9, 10, 11, 12

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CSWE's Core Competencies and Practice Behavior Examples in this Text

Competency	Chapter
Critical Thinking	
Practice Behavior Examples…	
Know about the principles of logic, scientific inquiry, and reasoned discernment	2, 5, 6, 7, 12
Use critical thinking augmented by creativity and curiosity	3, 5, 6, 7, 10, 11, 12
Requires the synthesis and communication of relevant information	2, 4, 6, 7, 9
Distinguish, appraise, and integrate multiple sources of knowledge, including research-based knowledge, and practice wisdom	1, 3, 5, 8, 9, 11, 12
Analyze models of assessment, prevention, intervention, and evaluation	2, 4, 5, 6, 7, 8, 10
Demonstrate effective oral and written communication in working with individuals, families, groups, organizations, communities, and colleagues	4
Gerontology Practice Behavior Examples…	
Relate concepts and theories of aging to social work practice (e.g., cohorts, normal aging, and life course perspective)	1, 2, 3, 5, 6, 7, 8, 9, 11
Communicate to public audiences and policy makers through multiple media, including writing synthesis reports and legislative statements and orally presenting the mission and outcomes of the services of an organization or for diverse client groups	13
Diversity in Practice	
Practice Behavior Examples…	
Understand how diversity characterizes and shapes the human experience and is critical to the formation of identity	1, 2, 3, 4, 8, 9, 10, 11
Understand the dimensions of diversity as the intersectionality of multiple factors including age, class, color, culture, disability, ethnicity, gender, gender identity and expression, immigration status, political ideology, race, religion, sex, and sexual orientation	1, 3, 4, 5, 8, 9, 10, 11, 12
Appreciate that, as a consequence of difference, a person's life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power, and acclaim	1, 5, 13
Recognize the extent to which a culture's structures and values may oppress, marginalize, alienate, or create or enhance privilege and power	9, 13
Gain sufficient self-awareness to eliminate the influence of personal biases and values in working with diverse groups	1, 9
Recognize and communicate their understanding of the importance of difference in shaping life experiences	2, 4, 5, 6, 7, 8, 9, 10, 13
View themselves as learners and engage those with whom they work as informants	2, 6, 9, 11
Gerontology Practice Behavior Examples…	
Respect diversity among older adult clients, families, and professionals (e.g., class, race, ethnicity, gender, and sexual orientation)	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12
Address the cultural, spiritual, and ethnic values and beliefs of older adults and families.	1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13

Competency	Chapter
Human Rights & Justice	
Practice Behavior Examples…	
Understand that each person, regardless of position in society, has basic human rights, such as freedom, safety, privacy, an adequate standard of living, health care, and education	1, 9, 11, 13
Recognize the global interconnections of oppression and are knowledgeable about theories of justice and strategies to promote human and civil rights	1, 13
Incorporates social justice practices in organizations, institutions, and society to ensure that these basic human rights are distributed equitably and without prejudice	11, 13
Understand the forms and mechanisms of oppression and discrimination	1
Advocate for human rights and social and economic justice	9
Engage in practices that advance social and economic justice	1, 9
Gerontology Practice Behavior Examples…	
Respect and promote older adult clients' right to dignity and self-determination	1, 4, 5, 6, 9, 10, 11, 12
Assess and address any negative impacts of social and health care policies on practice with historically disadvantaged populations	1, 4, 5, 6, 7, 9, 10, 11, 12, 13
Research Based Practice	
Practice Behavior Examples…	
Use practice experience to inform research, employ evidence-based interventions, evaluate their own practice, and use research findings to improve practice, policy, and social service delivery	2, 3, 5, 6, 7, 8, 9
Comprehend quantitative and qualitative research and understand scientific and ethical approaches to building knowledge	2, 8
Use practice experience to inform scientific inquiry	4, 5, 6, 7, 8
Use research evidence to inform practice	2, 4, 5, 6, 7, 8
Gerontology Practice Behavior Examples…	
Evaluate the effectiveness of practice and programs in achieving intended outcomes for older adults	5, 6, 7, 8, 11, 12, 13
Promote the use of research (including evidence-based practice) to evaluate and enhance the effectiveness of social work practice and aging related services	5, 6, 7, 8, 10, 11, 12, 13
Human Behavior	
Practice Behavior Examples…	
Know about human behavior across the life course; the range of social systems in which people live; and the ways social systems promote or deter people in maintaining or achieving health and well-being	1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 13
Apply theories and knowledge from the liberal arts to understand biological, social, cultural, psychological, and spiritual development	2, 3, 4, 5, 6, 7, 10
Utilize conceptual frameworks to guide the processes of assessment, intervention, and evaluation	4, 5, 6, 7, 8
Critique and apply knowledge to understand person and environment.	2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

CSWE's Core Competencies and Practice Behavior Examples in this Text

Competency	Chapter
Gerontology Practice Behavior Examples…	
Relate social work perspectives and related theories to practice with older adults	2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12
Identify issues related to losses, changes, and transitions over their life cycle in designing interventions	1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12
Policy Practice	
Practice Behavior Examples…	
Understand that policy affects service delivery and they actively engage in policy practice	
Know the history and current structures of social policies and services; the role of policy in service delivery; and the role of practice in policy development	9, 11, 13
Analyze, formulate, and advocate for policies that advance social well-being	9, 13
Collaborate with colleagues and clients for effective policy action	
Gerontology Practice Behavior Examples…	
Adapt organizational policies, procedures, and resources to facilitate the provision of services to diverse older adults and their family caregivers	1, 11, 12, 13
Manage individual (personal) and multi-stakeholder (interpersonal) processes at the community, interagency, and intra-agency levels to inspire and leverage power and resources to optimize services for older adults	9, 11, 12, 13
Practice Contexts	
Practice Behavior Examples…	
Keep informed, resourceful, and proactive in responding to evolving organizational, community, and societal contexts at all levels of practice	1, 9, 11, 12, 13
Recognize that the context of practice is dynamic, and use knowledge and skill to respond proactively	2, 11, 12, 13
Continuously discover, appraise, and attend to changing locales, populations, scientific and technological developments, and emerging societal trends to provide relevant services	1, 11, 12, 13
Provide leadership in promoting sustainable changes in service delivery and practice to improve the quality of social services	12, 13
Gerontology Practice Behavior Examples…	
Create a shared organizational mission, vision, values, and policies responding to ever-changing service systems to promote coordinated optimal services for older persons	1, 13
Advocate and organize with service providers, community organizations, policy makers, and the public to meet the needs of a growing aging population	1, 9, 11, 13
Engage, Assess Intervene, Evaluate	
Practice Behavior Examples…	
Identify, analyze, and implement evidence-based interventions designed to achieve client goals	6, 7, 8, 9, 10
Use research and technological advances	2, 5, 6, 7, 8, 9, 11
Evaluate program outcomes and practice effectiveness	

Competency	Chapter
Develop, analyze, advocate, and provide leadership for policies and services	13
Promote social and economic justice	4, 5, 6, 7, 8, 9, 11
A) ENGAGEMENT	
Substantively and effectively prepare for action with individuals, families, groups, organizations, and communities	
Use empathy and other interpersonal skills	4, 5, 6, 7, 8, 9, 11
Develop a mutually agreed- n focus of work and desired outcomes	6, 7, 8, 9, 10, 11
Gerontology Practice Behavior Examples…	
Establish rapport and maintain effective working relationships with older adults and family members	4, 5, 6, 7, 8, 9, 11, 12
B) ASSESSMENT	2, 3, 4, 5, 6, 7, 8, 9, 10, 11
Collect, organize, and interpret client data	
Assess client strengths and limitations	2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12
Develop mutually agreed-on intervention goals and objectives	4, 6, 7, 8, 9, 10
Select appropriate intervention strategies	4, 6, 7, 8, 9, 10, 11, 12
Gerontology Practice Behavior Examples…	
Conduct a comprehensive geriatric assessment (biopsychosocial evaluation)	4, 5, 9
Administer and interpret standardized assessment and diagnostic tools that are appropriate for use with older adults (e.g., depression scale, Mini-Mental Status Exam)	4, 5, 10, 11, 12
C) INTERVENTION	
Initiate actions to achieve organizational goals	
Implement prevention interventions that enhance client capacities	5, 6, 7, 8, 10, 11, 12
Help clients resolve problems	5, 6, 7, 10, 11, 12, 13
Negotiate, mediate, and advocate for clients	8, 9, 13
Facilitate transitions and endings	7, 8, 9, 11, 12, 13
Gerontology Practice Behavior Examples…	
Use group interventions with older adults and their families (e.g., bereavement groups, reminiscence groups)	6, 7, 8, 10, 11, 12
Provide social work case management to link elders and their families to resources and services	4, 6, 7, 8, 9, 10, 11, 12, 13
D) EVALUATION	
Critically analyze, monitor, and evaluate interventions	6, 7, 8, 9, 12
Gerontology Practice Behavior Examples…	
Develop clear, timely, and appropriate service plans with measurable objectives for older adults	4, 5, 6, 7, 8, 9, 10, 11, 12
Reevaluate and adjust service plans for older adults on a continuing basis	5, 6, 7, 8, 9, 10, 11, 12

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FOURTH EDITION

Social Work with Older Adults

A Biopsychosocial Approach to Assessment and Intervention

Kathleen McInnis-Dittrich
Boston College

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In memory of my father,
William R. McInnis

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Contents

Preface

There is little doubt that social work with older adults is one of the hottest areas of social work practice today. As the baby boomer generation moves from middle age to old age, the sheer size of this population and its birth cohort's experience of promoting rapid social change will force the profession to develop new and innovative approaches to practice. No social institution has remained unchanged as this population has moved through the life cycle. Education, health care, the workplace, and family life have all been transformed by the needs and interests of this generation. Likewise, social workers and other helping professionals can expect this group to forge new models of what constitutes "successful aging." This is a very exciting time to be studying gerontological social work!

The generous support of the John A. Hartford Foundation through the Geriatric Education Enrichment Project has been instrumental in encouraging and enabling social work programs throughout the United States to infuse content on aging into all parts of the curriculum. The Hartford Partnership Program for Aging Education (HPPAE) in recent years has supported the effort of field education programs to expose students to a wider variety of field experiences through its focus on the rotational model of field experiences. Rather than treat aging as a separate and often invisible part of social work education, these projects have offered numerous resources for incorporating relevant aging content in human behavior and the social environment, social welfare policy, research, as well as social work practice and field education. On behalf of the Boston College Graduate School of Social Work, one of the recipients of a Geriatric Education Enrichment and HPPAE grants, I thank the foundation for including social work among those professions recognized as having a vital role in improving the quality of service to older adults.

Over the years, I have been fortunate to have worked with an extraordinary group of older adults in both personal and professional contexts. My maternal grandmother presented such a vivacious and delightful picture of the joys of being an older adult that it was not until much later in my life that I truly realized that aging has its challenges as well as its joys. She had such a positive, enthusiastic attitude about life, even in the face of much personal sorrow, that I learned to cherish the idea of growing older long before I saw any reason to fear it. In my professional life, I have seen the remarkable personal strength of older adults—from older adults living in the Central City Housing Project in New Orleans to the older adults living in the Appalachian Mountains in Kentucky to older adults living on the American Indian reservations of Wisconsin. The fortitude that helped these older adults survive the bleakest poverty and greatest social oppression has helped them move through old age as true survivors. I have learned over a cup of coffee as much about aging from these older adults—with whom I have shared the deep pain of the loss of a loved one to Alzheimer's disease, the joys of grandparenthood, or the challenges of learning to balance a checkbook for the first time—as I have learned from any professional literature.

This book presents a comprehensive overview of the field of gerontological social work, from the basics of the biopsychosocial changes associated with the aging process

through the assessment of strengths and challenges to the design and execution of problem-solving interventions. *Social Work with Older Adults* is written for both undergraduate and graduate students in courses addressing social work practice with older adults, focusing on interventions with individual older adults, older adults' support systems, and groups of older adults. It is intended to cover topics as basic as encouraging older adults to exercise to those as complex as the process of differential assessment and diagnosis of depression, dementia, or delirium. The topics covered throughout the book are relevant to practitioners working in social service agencies, nursing homes, congregate and assisted-living centers, and adult day health.

Unlike many other texts on gerontological social work, this book includes a comprehensive array of topics within a single text. It discusses the important consideration of human behavior in the social environment context as a foundation for undertaking a comprehensive assessment of older adults and designing interventions. *Social Work with Older Adults* includes the protocols for both traditional and nontraditional interventions, recognizing the amazing heterogeneity of the aging population. In many respects, it can be considered as "one-stop shopping" for content on gerontological social work. Content on diversity of gender, race, ethnicity, and sexual orientation is integrated into each chapter as it is relevant to the topic, rather than being isolated in a separate chapter. This approach helps students to incorporate the importance of cultural sensitivity as an issue is being discussed, rather than doing so retrospectively.

The Plan of the Book

Chapter 1 begins with a demographic overview of the population of older adults as they look in the early twenty-first century and as they will look 20 years from now as baby boomers move into old age. This chapter describes the variety of social and medical settings in which gerontological social work is practiced including both clinical and macro settings. A substantial portion of the chapter is devoted to the personal and professional challenges of working with this population. Chapter 2 presents an in-depth look at the physical changes that accompany the normal aging process as well as full descriptions of the unique challenges presented to older adults faced with incontinence or HIV/AIDS. This chapter also presents the findings of the MacArthur Study and the Harvard Adult Development Study, the largest research studies ever designed to identify those factors associated with "successful" aging. Chapter 3 addresses the psychosocial patterns of adjustment observed in older adults, including those factors that contribute to delaying cognitive and intellectual losses and preventing social isolation. The chapter also includes a discussion of the differences between prescriptive and descriptive social theories of aging.

Chapter 4 moves the student into the mechanics of the assessment process, building on the didactic and theoretical content of the previous chapter, including determining the purpose of an assessment, the components of a comprehensive assessment, tools for assessing cognitive and socioemotional characteristics, and the special adaptations necessary in working with older adults. Differential assessment and diagnosis of the most common socioemotional and cognitive problems associated with aging, including depression, dementia, delirium, and anxiety, are presented in Chapter 5. Case studies are presented to help students sharpen their assessment skills in differentiating these conditions. Traditional treatment approaches, such as cognitive-behavioral therapy, validation therapy, reminiscence, life review, and group work, are explored in Chapter 6. Alternative

approaches for work with both high- and low-functioning older adults—using music, art, massage, therapeutic recreation, and pets—are explored in Chapter 7.

Alcohol and drug abuse among older adults is covered in Chapter 8 with specific attention to designing interventions that recognize the experiences of both lifelong and late-onset addiction problems. This chapter also addresses the alarming problem of high suicide rates among older adults who suffer from both untreated depression and long-standing substance abuse problems. Chapter 9 examines the problem of older adult abuse and neglect and the social worker's role in assessing abuse including a brief case history that illustrates a common ethical dilemma for social workers regarding self-neglect in older adults. Chapter 10 is devoted entirely to the importance of spirituality and religion in the lives of older adults and describes incorporating assessment and intervention techniques, such as the spiritual genogram, eco-map, and timeline, into traditional practice approaches. This chapter also includes the importance of the social work practitioner's developing awareness of his or her own spirituality. Chapter 11 discusses the social worker's role in end-of-life care, dying, bereavement, and the issue of advance directives, a powerful tool to empower persons of all ages to be more active in making end-of-life decisions. A consideration of how older adults' support systems can be mobilized in designing interventions follows in Chapter 12 including an in-depth discussion of the issue of grandparents raising grandchildren, a growing concern for the field of gerontological social work. Chapter 13 presents detailed material on the income support programs, health insurance options, and housing programs that exist for older adults. The chapter also helps students learn how to identify the specific support services available to older adults in their area of the country. Although most of the book is directed at assessing older adults and their specific needs, this chapter helps students identify the services that exist to meet those needs.

Acknowledgments

I would like to thank those who reviewed the third edition of this text and for their comments on ways to improve the text for this latest fourth edition. I'd like to thank: Elizabeth Danto, Hunter College; Carolyn Tice, University of Maryland–Baltimore County; Jonathan Alex, Lehman College; Patricia Kolar, University of Pittsburgh; Stacey Kolomer, University of Georgia; Brian Flynn, Binghamton University; and Bruce Friedman, California State University–Bakersfield.

Special thanks go to my own students at the Boston College Graduate School of Social Work, who were brutally honest about what they did and did not like about using the third edition as a text in the Social Work with Older Adults course. These students shared the challenges they faced as practitioners in the field as well as their own experiences with aging parents and grandparents. Teaching is the greatest joy of academic life and often the most humbling.

My deepest gratitude goes to my husband, Bill Dittrich, who has been so very patient and supportive over all these many years. His love is the anchor in my life. As Robert Browning said so eloquently, "Grow old along with me, the best is yet to be."

K. M.-D.

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1

The Context of Social Work Practice with Older Adults

Competencies Applied with Practice Behaviors Examples —In This Chapter

- ☑ **Professional Identity**
- ☑ **Ethical Practice**
- ❑ **Critical Thinking**
- ❑ **Diversity in Practice**
- ☑ **Human Rights & Justice**
- ❑ **Research-Based Practice**
- ❑ **Human Behavior**
- ❑ **Policy Practice**
- ❑ **Practice Contexts**
- ❑ **Engage, Assess, Intervene, Evaluate**

AGING IN THE TWENTY-FIRST CENTURY

One of the greatest challenges of the twenty-first century will be the tremendous increase in the number of older adults in both the United States and throughout the world. By 2030 when most baby boomers (those born between 1946 and 1964) have moved into older adulthood one in every five persons in the United States will be over the age of 65. Social institutions, including the health-care system, education, income maintenance and social insurance programs, the workplace, and particularly social services, are bound to be radically transformed by these staggering numbers. Current and future generations of older adults will undoubtedly forge new approaches to the aging process itself and demand services that reflect positive and productive approaches to this time in their lives. As major providers of service to older adults and their families, social workers need a wide variety of skills and resources to meet these demands. Working with older adults is the fastest-growing segment of the social work profession. The National Institute on Aging estimates that between 60,000 and 70,000 new social workers will be needed to meet the demands of this growing population. This book is intended to provide a solid knowledge base about aging as a process and to introduce practitioners to a broad range of assessment and intervention techniques.

Diversity within the Older Adult Population

Age 65 is generally agreed on as the beginning of older adulthood only because until recently it has been the traditional retirement age, not because there is a special social or biological reason for this choice. The population between 65 and 74 is generally referred to as the "young-old." Many young-old do not consider themselves to be old. The young-old may still be working or newly retired, have few if any health problems, and remain actively engaged in the social activities of life. These older adults may stay in the labor market for many years beyond retirement age or

transfer their energy and interests to creative writing, painting, music, or travel. They are most likely to continue to be engaged in their communities through volunteer work or political involvement.

The group of older adults aged 75 to 85, "the middle-old," may begin to experience health problems more frequently than their younger cohort. They may face some mobility restrictions and are more likely to openly identify as older adults. Most of these older adults are out of the workforce and may have experienced the loss of a life-partner or spouse. There is often a growing need for some type of supportive service to help these older adults remain in their own homes, if that is what they choose to do. It is among the "oldest old," those over 85, that the greatest needs exist. This group is most likely to have serious health problems and need assistance in more than one personal care area, such as bathing, eating, dressing, toileting, or walking. The needs of newly retired and healthy older adults to continue active and productive lifestyles are appreciably different from the needs of frail older adults forced into special living situations due to failing health. Somewhere in between the newly retired and frail older adults is the largest group of older adults, those who remain independent and function well in most areas of their lives but need specific social, health, or mental health services to maintain and maximize that independence.

Culture, ethnic group membership, gender, life experiences, and sexual orientation add to the uniqueness of the aging experience for each older adult. Some older adults have struggled with racial, gender, or sex discrimination throughout their adult years, factors that have a long-term effect on their socioeconomic well-being. Others bring significant health-care problems into old age, the result of inadequate health care since childhood. The dramatic rise in the number of divorces and fewer traditional family structures have created a complex web of blended families, stepchildren, multiple grandparents, and former spouses and partners expanding (and limiting) the support systems available to help an individual. Some older adults are "tech smart" while others have not had the opportunity or resources to access digital technology. While some older adults have used traditional social services at other times in their lives, many have never had to seek help until they reached their later years. The social work profession's commitment to recognizing and valuing the uniqueness of every individual is especially important in work with this population as will become apparent throughout this book.

The Focus of This Chapter

This chapter is designed to introduce you to the demographic characteristics of older adults in the United States. This chapter also describes the variety of professional social work roles both as direct service providers and in macro-level settings. Direct service roles include work in community social service settings, home health-care agencies, geriatric case management, independent and assisted-living communities, adult day health settings, nursing homes, and hospitals. New social work roles are being defined in legal settings and in the field of preretirement planning. Macro-level roles include local, state, and regional planning; legislative advocacy; public education; research; education; and consultancy in business and industry. These roles will be explored in depth later in this chapter along with the unique challenges that make this area of social work practice both rewarding and challenging.

THE DEMOGRAPHY OF AGING

The Growth of the Older Population

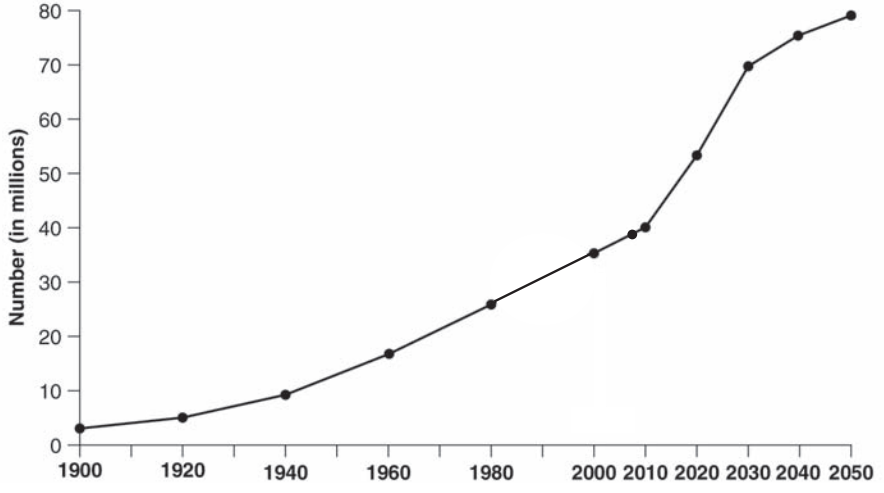
As of 2009, one in eight Americans was over the age of 65, or 12.9 percent of the general population (Administration on Aging, 2010). By 2030, when the last of the baby boomer cohort reaches age 65, older adults will comprise over 20 percent of Americans, or 72 million people (U.S. Census Bureau, 1996) (see Figure 1.1.). The largest growth within the older population will be among those over the age of 85, those older adults with the greatest health and social service needs.

The most notable growth in the older population will be among older adults of color, who will constitute 25 percent of the older adult population by 2030, as compared to 18 percent in 2000 (Federal Interagency Forum on Aging-Related Statistics, 2010) (see Figure 1.2). This growth is due to improvements in childhood health care—increasing the likelihood that persons of color will even reach age 65—and improvements in the control and treatment of infectious diseases throughout the life cycle. Yet, the consequences of a lifetime of economic challenge combined with a greater probability of developing chronic health problems will follow these older adults into this longer life expectancy. For older adults of color, living longer does not directly translate into living better. The special problems and challenges of growing older as a person of color are recurrent themes throughout this book.

Life Expectancy and Marital Status

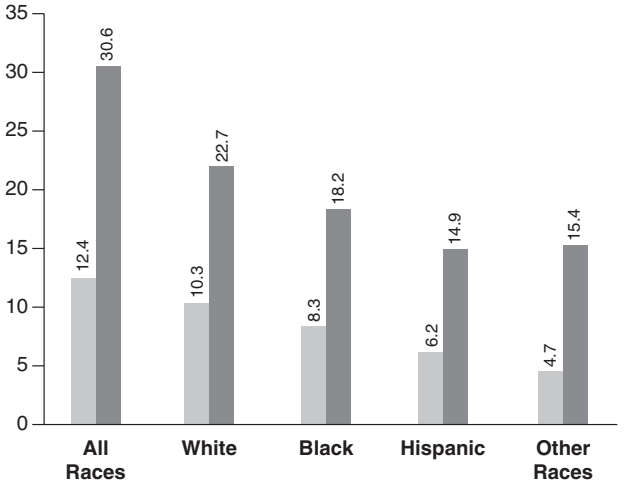
A child born in 2007 can expect to live to 77.9 years of age, compared to a life expectancy of 47.3 years for a child born at the beginning of the twentieth century (National Center for Health Statistics, 2011). Women have a life expectancy of 80.4 years compared to

Figure 1.1 • Number of Persons 65+ Years Old, 1900–2050 (numbers in millions)



Sources: U.S. Bureau of the Census, *Population Projections of the United States by Age, Sex, Race and Hispanic Origin, 1995–2050,* Table G, Percent Distribution by Age 1990–2050 Current Population Reports, P25-1130, 1996; Census data 1900–1990.

Figure 1.2 • Percent of Population over 65 Years: By Race and Hispanic Origin, 2006 and 2050



Sources: Data for 2006 are from the Administration on Aging (2006). *A Profile of Older Americans, 2006*. Washington, D.C: U.S. Department of Health and Human Services. Data for 2050 are from the U.S. Bureau of the Census, *Population Projections of the United States by Age, Sex, Race and Hispanic Origin, 1993–2050*, Current Population Reports, P25-1104, 1993.

75.4 years for men. The projection of life expectancy changes as individuals get older. In other words, under current mortality conditions, if an individual lives until age 65, he or she can expect to live an average of 18.5 more years (Federal Interagency Forum on Aging-Related Statistics, 2010). If an individual lives to age 85, a woman can expect to live another 6.8 years and a man another 5.7 years. Just reaching the milestones of 65 or 85 suggests the individual is healthier in general and more likely to live longer than the general projections for the population as a whole. This is particularly noteworthy when looking at racial differences among black and white older adults. If a black older adult reaches age 85, the life expectancy is higher for him or her than it is for a comparable white older adult by 1.5 years.

In 2009, men between 65 and 74 were more likely to be married than were older women, 72 percent and 42 percent, respectively, reflecting the differences in life expectancy between the genders (Administration on Aging, 2010). Although those men and women not married are most likely to be widowed, the twofold increase in divorced older adults from 5.3 percent in 1980 to 10.8 percent of the population by 2009 suggests that the number of single older adults will increase as well into the twenty-first century. The presence or lack of a family support system has a dramatic effect on an older adult's ability to remain living independently.

Living Arrangement

Older men are more likely than older women to live with their spouses, 72 percent and 40.7 percent, respectively (Administration on Aging, 2010). Women are twice as likely to live alone than older men. This difference reflects the differences in life expectancy with

older women being more likely to have outlived their spouses than older men. One of the most significant shifts in living arrangements for older adults in recent years is the increase in the number of grandparents raising grandchildren. Often this is due to death or disability of the older adults' grown children. Approximately 716,000 grandparents over the age of 65 were the head of households in which grandchildren lived, with two-thirds of these grandparents bearing the primary financial and child-rearing responsibilities (Administration on Aging, 2010). These numbers are proportionately higher among African-American and American Indian or Alaska Native and Hispanic older adults, populations already at risk for being low income and in poorer health. This increase in the number of grandparents raising grandchildren presents a formidable challenge in terms of meeting the parenting needs of the children at a time when the older adult's economic and personal resources are often challenged by their own needs.

In 2009, 56.5 percent of older adults lived in just 11 states: California, Florida, New York, Texas, Pennsylvania, Ohio, Illinois, Michigan, North Carolina, Georgia, and New Jersey. Thirty percent of older adults lived in areas considered "central cities," with 53 percent living in suburban areas. The remaining one-fifth of older adults lived in small cities and rural areas, those areas of the country most likely to have fewer health and social services available to the aging population (Federal Interagency Forum on Aging-Related Statistics, 2010).

Although 90 percent of nursing home residents are over the age of 65, they represent only 4.1 percent of the older population, according to the Administration on Aging (2010). This small percentage challenges the common perception that large numbers of older adults end up in nursing homes due to failing health. Women comprise 75 percent of the nursing home population, another reflection of their longer life expectancy (National Center for Health Care Statistics, 2011).

Poverty

The change from Old Age Assistance to Supplemental Security Income in 1972 and the expansion of government-funded health-care programs for older adults have reduced the overall poverty of older adults since the 1960s, when 35 percent of persons over the age of 65 had incomes below the poverty line (Federal Interagency Forum on Aging-Related Statistics, 2010). In 2009, 10.7 percent of older women and 6.6 percent of older men still had incomes that categorized them as poor (National Women's Law Center, 2010). A closer look at the poverty statistics indicates that individuals who have low incomes throughout their working lives are those most likely to continue to have low incomes or drop into poverty in their later years. Older women are more likely to be widowed or living alone than are their male counterparts—thus relying on one income, rather than two. However, poverty is not a new experience for many women. Women experience higher poverty rates throughout their lives whether due to the financial demands of raising children as single mothers, disrupted labor market histories, or low-wage occupational choices (National Women's Law Center, 2010).

There are disproportionately high poverty rates among older adults of color, with 19.5 percent of African-American older adults showing incomes below the poverty line. Hispanic and Asian/Pacific Islander older adults have poverty rates of 18.3 and 15.8 percent, respectively (Administration on Aging, 2010). The low lifetime earnings of both women and persons of color are reflected in lower Social Security benefits after retirement (National Women's Law Center, 2010). Limited incomes do not enable individuals

to accumulate assets, such as property or personal savings accounts, and low-wage jobs rarely have pension or retirement plans. When a low-wage worker retires, he or she simply does not have the financial resources to ensure an income much above the poverty line. On the other hand, high-wage workers have higher Social Security payments, have greater asset accumulation, and are more likely to have private pensions or employer-supported retirement savings. Older adults' retirement incomes mirror their lifetime earnings.

Employment

About 16.2 percent of the current population of older adults remains in the workforce beyond the traditional retirement age of 65, with over half working part time either out of financial necessity or because of a continued interest in employment (Administration on Aging, 2010; Bureau of Labor Statistics, 2010). Baby boomers are expected to remain in the workforce at much higher numbers than the current cohort of older adults, with "more than three-quarters of boomers seeing work as playing some part in their retirement" (Merrill Lynch, 2005, p. 1). However, these workers are likely to seek "bridge jobs," those employment arrangements that allow them to work fewer hours with more workplace flexibility as they transition into full retirement (Cahill, Giandrea, & Quinn, 2006). Changes in the retirement age under Social Security, the decrease in the number of guaranteed retirement pensions, and a decrease in the amount of private savings for retirement contribute to both the interest in and necessity of baby boomers remaining connected to the workforce longer (Munnell, Webb, & Delorme, 2006).

Health Status and Disability

By age 85, over half of older adults need some assistance with mobility, bathing, preparing meals, or some other activity of daily living (Centers for Disease Control and Prevention & The Merck Foundation, 2007). However, in 2009, three-quarters of persons between ages 65 and 74 and two-thirds of persons over age 75 self-rated their health as good or very good (Administration on Aging, 2010), despite a high incidence of chronic health conditions within this population. Heart disease, arthritis, cancer, cerebrovascular disease, chronic obstructive pulmonary disease, and diabetes are the most frequent chronic health conditions found in persons over the age of 65 (Federal Interagency Forum on Aging-Related Statistics, 2010). Older adults are more likely than their nonaged counterparts to visit a physician or enter a hospital, which is consistent with the prevalence of chronic health-care problems.

Economic well-being and health status are intricately linked in the population. Chronic poverty restricts access to quality medical care, contributes to malnutrition, and creates psychological stress, all of which influence an individual's health status. For low-income older adults of color, late life becomes the manifestation of a lifetime of going without adequate medical care. Chronic conditions become more disabling. Prescriptions cannot be filled or glasses purchased because of limited financial resources. Poor older adults may have to choose between food and medicine.

The economic burden of an acute or chronic illness can devastate middle-class older adults' financial resources, quickly moving them from economic security to poverty. Much of this is due to the mechanics of financing health care for older adults. Medicaid, the health insurance program for low-income persons, is available to those older adults

who qualify on the basis of low income and limited assets. Low-income older adults may be eligible to combine Medicaid coverage with Medicare, the federal health insurance program that covers 95 percent of persons over age 65 and does not have a means test. With the combination of both programs, most major health-care costs are covered, although accessibility to health-care services may still be a problem for low-income older adults (Administration on Aging, 2010). Medicare covers only a portion of health-care costs for older adults and is not sufficient to provide adequate coverage. For middle- and upper-income older adults, Medicare is frequently supplemented with what are known as *medigap* policies—private insurance that covers what Medicare does not. For those older adults who do not qualify for Medicaid and cannot afford supplemental policies, a significant gap in coverage exists. The National Center for Health Statistics estimates that almost 10 percent of older adults, most of whom are poor, female, and of color, have unmet health-care needs due in part to the gaps in the Medicare system (National Center for Health Care Statistics, 2011). This population is least likely to have routine physical exams, be immunized against the flu and pneumonia, have early screening for diabetes and hypertension, or take medications that prevent the development of more serious medical conditions. Therefore, when illness occurs, it is more likely to be serious. Prevention costs less than treatment for most chronic conditions, but a portion of the older population cannot afford preventative measures.

This overview of the demographics of aging shows a population of persons over the age of 65 that is growing and will continue to grow rapidly during the twenty-first century. Despite a higher incidence of chronic health problems, most older adults are not sick, not poor, and not living in nursing homes. The vast majority of older adults struggle with occasional health problems but continue to be active, involved, and productive members of society, defying the stereotype of sick, isolated, and miserable old people. The economic picture, however, is bleakest for older adults of color, women, and the oldest of the old in the United States. If current trends continue, older adults will continue to live longer but not necessarily healthier lives unless chronic poverty and health-care inadequacies are addressed.

USING THE STRENGTHS PERSPECTIVE IN WORK WITH OLDER ADULTS

The demographic overview of the older adults may leave you wondering how the social work profession can even begin to help this population, which faces so many problems with limited income and chronic health problems. If a social worker focuses on all the things that are "wrong" in an older adult's life, the challenges are indeed overwhelming both to the social worker and the older adult. This book uses the strengths perspective, which focuses on what is "strong" in an older adult's ability to rally personal and social assets to find solutions to the problems he or she faces in the aging process. The strengths perspective is based on the philosophy that building on strengths, rather than problems and personal liabilities, "facilitates hope and self-reliance" (Fast & Chapin, 2000, p. 7). To work effectively with older adults, the social worker has to believe that older adults continue to have the power to grow and change as they face challenges of aging and that they want and need to continue to be involved in decisions and choices about their care.

The focus of this book is on very specific challenges facing older adults, including health and mental health issues, substance abuse, abuse and neglect, family relationships, and end-of-life issues, but incorporates the strengths perspective as an underlying theoretical approach to practice. The strengths perspective focuses on the ways in which clients have overcome challenges throughout their lives using a broad repertoire of coping and problem-solving skills (Glicken, 2004). An older adult who is experiencing the difficult decision to sell a much cherished family home and move into independent or assisted living has had to make painful decisions before and found the inner strength and social support to do so. An older adult struggling with a late-onset drinking problem has the physical and emotional ability to overcome an unhealthy reliance on alcohol. The strengths perspective affirms a basic tenet of social work practice: self-determination. If the social worker sets the goals for an intervention and those goals are not those of the older adult, the worker should not be surprised when the older adult is resistant or uncooperative. "Clients create change, not helpers" (Glicken, 2004, p. 5). The social worker's roles are to help older adults identify strengths, resources, and goals, connect the older adult with personal and community resources to meet those goals, and facilitate and coordinate the process, if necessary. You will see how this approach is used throughout the book in specific areas of gerontological social work. There are other excellent resources that present the strengths perspective in more detail and you are encouraged to consult those sources for a more in-depth discussion of this approach (Fast & Chapin, 2000; Glicken, 2004; Saleebey, 1992).

SETTINGS FOR GERONTOLOGICAL SOCIAL WORK

Older adults' need for social services falls along a broad continuum from the need for a limited number of support services such as housekeeping and meal services to extensive needs in a long-term or rehabilitation setting. Likewise, social workers' roles range from the traditional assistance as broker, advocate, case manager, or therapist to nontraditional roles such as exercise coach, yoga teacher, and spiritual counselor. Nursing homes and hospitals are often seen as the most familiar settings for gerontological social work practice, but these settings represent a small part of the variety of opportunities available for social workers with passion for and knowledge about the older adult population. With only 4.1 percent of the older population in nursing homes, social service agencies, home health-care agencies, geriatric care management, adult day health, and independent and assisted-living settings are more common settings for direct service or clinical practice. Social work roles in legal settings and in the expanding field of preretirement planning are additional settings for gerontological social work that function in a complementary role to the existing social service system. Social workers serve important roles in macro-level settings that serve older adults such as community organizations and public education, local, state, and regional planning agencies, and organizations that engage in legislative advocacy. The future roles of social workers in the field of aging are limited only by practitioners' imagination and initiative.

Community Social Service Agencies

In large communities, social service agencies offer a wide range of counseling, advocacy, case management, and protective services specifically designed for older adults. These services may be housed in the local Council on Aging, Area Agency on Aging, or Department

of Social Services, or may be provided by sectarian agencies, such as Catholic Social Services, Lutheran Social Services, Jewish Family and Children's Services, and so forth. Older adults or their families may feel more confident working with agencies that reflect their own religious affiliation. In small communities or rural areas, services to older adults may be contained within a regional agency that serves as an Area Agency on Aging (AAA) or an agency serving other populations that has a social worker with particular expertise in working with older adults. The purpose and organization of AAAs will be discussed in detail in Chapter 13.

Contact with a social worker at a social service agency is frequently initiated by a concerned family member who is unsure about how to begin the process of obtaining services for a family member. In addition to conducting the assessment process to determine what services might be helpful to an older adult, social workers can play an important role in initiating and coordinating services from a variety of agencies in a care management role. In some cases, the family of a frail older adult becomes the client. Although families can successfully provide caregiving, they may feel the strain of this responsibility and benefit from a support or educational group and respite services. As the contact is often precipitated by a crisis, families and older adults may need reassurance and support as well as solid information to stabilize a chaotic situation.

Home Health-Care Agencies

Home health-care agencies, such as the Visiting Nurses Association, often have gerontological social workers on staff as part of a team approach to providing services to older adults. Although the primary focus of home health care is to provide health-related services, such as checking blood pressure, changing dressings following surgery, or monitoring blood sugar levels for diabetic older adults, social workers can also play an important role in addressing older adults' psychosocial needs. An older adult who has suffered a stroke may not only need medication and blood pressure monitoring from a health-care provider but also need help with housekeeping, meal preparation, or transportation. The social worker can arrange for these support services and coordinate the total care plan. Older adults who are essentially homebound due to chronic health problems often experience intense isolation and may benefit from regular phone calls from an older adult call service or friendly visitor volunteer. Gerontological social workers who work in home health care often provide supportive or psychotherapeutic counseling services or arrange for those services from another agency in the community.

Social workers also play an important role in helping older adults work out the financial arrangements for home health care. Advocating for the older adults to receive the care they are entitled to under private insurance, Medicare, or Medical Assistance can involve myriad phone calls and personal contacts that are difficult for an ill older adult to handle. When older adults are not eligible for needed services under existing insurance coverage, creativity is often needed to obtain additional financial resources, including working with older adults' families or identifying low-cost community services that older adults can afford. If an older adult's illness becomes more debilitating, the social worker may need to work with the older adult to identify care arrangements that offer greater support, such as assisted-living services or adult day health care. It is the social worker's knowledge of community services and financial aid programs that makes him or her a valuable asset to home health care.