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Background Readings for Faculty

Clark, P (2002). Values and voices in teaching gerontology and geriatrics: case studies as stories. The Gerontologist, 42 (3), 297-303.

“What do you know about aging? Facts and fallacies” from the Pacific Northwest Extension.

Faculty Readings for Case Preparation

Cox, C. (2003). Designing interventions for grandparent caregivers: The need for an ecological perspective for practice. Families in Society, 84(1), 127-134.

Horrow-Howell, N. (1992). Multidimensional Assessment of the Elderly Client. Families in Society, 24, pp. 395-405.

Other Resources Provided in This Teaching Casebook

“Public benefits” from Generations United

“Strengths Inventory” from Fast, B. & Chapin, R. (2000). Strengths-based care management for older adults. Baltimore: Health Professions Press

“Grandparents raising grandchildren” from the Administration on Aging

“Grandparents as parents: A primer for schools” from Kid Source online

“Nearly 5.5 million children live with grandparents” from the U.S. Census Bureau

“Serving our Hispanic elders” from the U.S. Administration on Aging

Material Recommended for Distribution to Students

Walker, H. (2003). Grandparents as primary caregivers for their grandchildren: Understanding the key issues. Dimensions, 10(1), 4-5.

Introduction

This teaching casebook was developed as part of the Geriatric Enrichment in Social Work Education project funded by the John A. Hartford Foundation to the Ravazzin Center at the Graduate School of Social Service. The goal of this project is to integrate material on aging into the foundation year practice courses. The foundation year faculty supports the use of cases that include older adults as the way to teach foundation practice skills.

As you know, our society is rapidly aging, and we can anticipate that all social workers will encounter older persons in their practice regardless of the setting. When students are exposed to aging content throughout their coursework, they will be better prepared to serve older adults and their families.

Each foundation practice will use a case specifically designed to fit within its syllabus. This casebook includes the case and materials to help prepare you to use this case. The expectation is that the case will be used in one class session. However, it can be used for additional sessions. Supporting materials are included should you decide to use the case beyond the one class session.

The selection of cases was the result of the work of a faculty task force. These cases were carefully constructed so that negative stereotypes regarding older persons are not reinforced. The casebook was prepared by a team of faculty members to provide teaching faculty with all the material they need to effectively use the case.

Included in your casebook are:

- Gerontological competencies that fit into the foundation practice courses
- The case and where it fits in the curriculum
- Suggestions for how the case can be used
- Additional learning activities
- Background reading for faculty
- Faculty readings for case preparation
- Other resources available in the casebook
- Materials recommended for distribution to students
- Additional resources

We hope this casebook will enable you to comfortably introduce gerontological content into the course even if you do not have experience in the field of aging. Moreover, we hope that the materials we provide will demonstrate that case examples that include older adults and their families are as effective a tool for teaching generalist practice as cases focused on other populations.

We look forward to learning about your experiences in using this case and the supporting materials.

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Gerontology Competencies

On the next page you will find a list of generalist competencies viewed from a gerontological lens. These gerontology competencies reflect the generalist knowledge and skills that we expect our students to demonstrate at the end of the foundation phase of their education. A faculty task force agreed that these competencies are appropriate expectations for students completing Fordham's foundation curriculum.

The competencies are presented in four areas. As you will see, these areas are the same as for practice with all populations. Within each area the generic competencies are applied to work with older adults and their families. We hope that students will recognize the relevance of these gerontological competencies to their social work practice in general.

Each casebook identifies the particular competencies addressed in the case. Using the designated competencies as a guide to teaching from the case will insure that students are exposed to important knowledge and skills.

It is not necessary to focus directly on the competencies. However, we hope you will see them as outcomes you are aiming to achieve through the use of the case.



Fordham University Graduate School of Social Service

GERONTOLOGY COMPETENCIES

Foundation Year

I. Assessment

1. Conduct a biopsychosocial assessment of an older person which includes:
 - Biological factors such as information regarding physical functioning (e.g., health, illness and functional ability)
 - Psychological factors such as coping capacities, affect, and indicators of the need for a mental status examination.
 - Social factors such as: social roles (e.g., transitions, losses), social functioning, social supports, social skills, financial status.
 - Family factors
 - Cultural factors
 - Spiritual factors
 - Factors in the social and physical environment that affect the physical and emotional health of older persons (understanding that the interplay of psychological, social, and physical functioning is heightened in older persons).
2. Recognize and identify family, agency, community, and societal factors that promote or inhibit the greatest possible independence of the older client.
3. Demonstrate awareness of sensory, language and cognitive strengths and limitations of clients when interviewing older adults.
4. Engage with older persons utilizing their varying strengths.
5. Recognize indicators of the need for more in-depth assessment of areas of concern (e.g., substance abuse, elder abuse).

II. Treatment/Service Care Plan

1. Set realistic and measurable objectives and establish care plans based on functional status, life goals, symptom management, and financial and social supports of older adults and their families.
2. Reevaluate and adjust service/care plans for older adults to accommodate changes in their life circumstances.

III. Case/Care Management

1. Use social work case management skills to link elders and their families to resources and services.
2. Collaborate with other social service, health, mental health and allied health professionals in delivering services to older adults.
3. Assess and leverage organizational and community resources in meeting needs of older adults and their caregivers.

IV. Interventions

1. Engage older persons and family caregivers in maintaining and enhancing their mental and physical health and functioning.
2. Assist older persons and their families in dealing with stressful or crisis situations.
3. Enhance the coping capacities of older persons, including abilities to deal with loss and transition.
4. Provide services to older persons and their families through group modalities.

Generalist Social Work Practice with Individuals, Families and Groups I Case:

The Sanchez Family

Mr. and Mrs. Sanchez, aged 77 and 68 respectively, have been raising their two grandchildren for the past five years. Maria (age 10) and Tony (13) were orphaned five years ago when their parents (the Sanchez's daughter and her husband) were killed in an automobile accident. The children's father was driving home with his wife home from a party where he had been drinking heavily. Neither of the Sanchez's two other children was in a position to take on parenting responsibilities. Mr. Sanchez is retired from a position with the post office. Mrs. Sanchez supplemented their income by cleaning apartments.

Approximately two months ago, Mr. Sanchez suffered a stroke, which left him with considerable impairment. He has been admitted to a rehab facility, where he is progressing well, and the expectation is that he will be returning home. He currently has some speech impairment and is partially paralyzed on one side. It is not clear how fully he will recover, but the expectation is that there will be some residual impairment. It is not clear how he will be able to manage as the home has two stories, and the only bathroom is on the second floor.

Prior to Mr. Sanchez's stroke, Tony was beginning to get into trouble at school. This took the form of "sassing" his teachers and failing to do his homework assignments. Last week, Tony assaulted another student and was therefore temporarily suspended from school. Maria, always a quiet child, has presented no problems at school, although her teachers have noticed that she now spends more time by herself.

Mrs. Sanchez initially was able to handle things with the same determination and task-oriented focus that she used to deal with the loss of her daughter and transition to the "parent" role for her grandchildren. However, Tony's suspension from school has taxed her beyond her ability to cope. Mrs. Sanchez has become weepy, unable to focus, and unable to make decisions. She has had difficulty explaining to Tony and Maria what is happening to their grandfather. She has not told Mr. Sanchez about Tony's suspension.

Mrs. Sanchez is called to attend a meeting with the school principal and social worker. When the social worker asks Mrs. Sanchez if she could give them any insight into why Tony has become so aggressive, she bursts into tears.

Teaching Guide

Generalist Practice With Individuals, Families, and Groups I

We suggest that the case be introduced in the Assessment Unit of Practice I, in the class that focuses on assessment formulation. Should you choose to use the case in more than one class session, we include a range of suggestions for teaching techniques.

The most relevant social work competencies are identified for you to help frame your thinking about how to present and discuss material. This is intended to help you plan your approach, not to limit you to these competencies alone or to suggest that you need to address all of these competencies.

Gerontological Competencies

The gerontological competencies that fit into this foundation practice course are:

- Conduct a biopsychosocial assessment of an older person which includes:
 - Biological factors such as information regarding physical functioning
 - Psychological factors such as coping capacities and affect
 - Social factors such as social roles, social functioning, social supports, financial status
 - Family factors
 - Cultural factors
 - Spiritual factors
 - Factors in the social and physical environment
- Recognize and identify family, agency, community, and societal factors that promote or inhibit the greatest possible independence
- Demonstrate awareness of sensory, language, and cognitive strengths of clients when interviewing older adults.
- Engage with older persons utilizing their varying strengths
- Recognize indicators of the need for more in-depth assessment of areas of concern.
- Set realistic and measurable objectives and establish care plans based on functional status, life goals, symptom management, and financial and social supports
- Assess and leverage organizational and community resources in meeting needs of older adults.
- Assist older persons and their families in dealing with stressful or crisis situations.
- Enhance the coping capacities of older persons, including abilities to deal with loss and transition.

Learning Objectives

- A. Identify the precipitating factor(s) that brought the family to the attention of the social worker and principal.
(Tony's behavior [academic and social])
- B. Identify the presenting problem or problems
1. Tony and Maria's behavior
 2. Mr. Sanchez's physical condition
 3. Mrs. Sanchez's psychological functioning (stressed)
 4. Adequacy of home environment (to accommodate Mr. Sanchez's physical needs)
- C. Identify the client
1. Mrs. Sanchez?
 2. The Sanchez family?
 3. Tony? Maria?
- D. Identify Current Stressors
1. Role transitions (multiple) for Mrs. Sanchez and Mr. Sanchez
 2. Delayed grief reactions (for all members of family)
 3. Loss (job, physical health, stroke, death of parents and children)
 4. Goodness of fit with environment is disrupted by stroke and Tony's suspension from school
 5. Environment (house with only bathroom on second floor)
- E. Identify the resources within the individual, family and community
1. Mrs. Sanchez - resilient but seems very depleted
 2. Apparent lack of informal support (extended family)
 3. Questionable formal supports (social security, pension, Medicaid for the children)
 4. Identify the legal status of grandparents caring for children
 5. Identify school supports
 6. Identify missing information about social supports, such as the Sanchez's two adult children, friendships, religious affiliation.
 7. Identify and know how to inquire about coping style, i.e. is the strengths that have enabled the family, especially Mrs. Sanchez to handle previous stressors.
- F. Identify attitudes and stereotypes toward aging and older adults
(Be prepared for the possibility that students will buy into stereotypes – For example, they may feel the grandparents are too old to be raising children aged 10 and 13.)

- G. Appreciate the role culture may play in this family's experience
1. Determine what their cultural identification is
 2. Language spoken at home
 3. Extended family available for support
 4. Are there cultural factors that may influence help-seeking and service use
- H. Be aware of the need for follow-up assessment of Mr. S. for post-stroke functioning after his return home. His functioning in areas of language, cognition, mobility and physical self-care will affect Mrs. Sanchez's degree of burden, her reserve capacity to respond to the children's needs, Mr. Sanchez's ability to participate in working on the children's problems and the children's ability to maintain or restructure their relationship with their grandfather.

Teaching Points and Discussion Questions

- Implicit in this case is the fact that **older clients can be found in a wide range of settings**. Therefore it is valuable even for students who have no expectation of practicing in settings primarily designed for older adults to have some knowledge and appreciation of issues particular to work with elders. The fact that there are increasing numbers of grandparents directly involved in raising their grandchildren underscores this important point.
- **Who is/are the primary client(s)** and how do you make that decision?
Ask the students to make a case for why they have identified one or more of the family members as the "client." Be prepared for the students to focus on the children as the client(s). This is likely for two reasons:
 - The students will probably be more comfortable discussing the children's situation because they will most likely be less informed about older persons and their concerns.
 - The introduction to this family's situation is taking place in a school setting.

This can be an appropriate place to discuss the ambiguous role-mandate for social workers in a host setting. From the school's point of view, the client is the child or perhaps both children. The social worker's institutional mandate therefore is to address only those problems that bear on the children's school functioning. The grandparents as well will expect the social worker to hold to this focus. On the other hand, our family systems framework guides us to view the total family as a client. A fairly wide-ranging assessment will be necessary because the total family situation, and especially Mrs. Sanchez's responses to it, will affect her ability to handle the children. To the extent that we can shore up her functioning, she will be able to help resolve problems with the children. However, to the degree that we uncover issues involving the adults that do not bear directly on the children's functioning, agency mission and our implicit contract with clients will limit the focus of our work. Our professional ethics will then require a responsible social worker to help connect the adults to other sources of help if needed. Identification of appropriate sources of help requires a solid assessment of the Sanchez family.

This may be a good time to review and underscore the importance of understanding cases from a systems perspective. Regardless of what individuals the students identify as the primary client(s), the entire family system is going to be affected by each family member's situation.

- Consider the importance of **cultural factors**. Although we do not know what country the Sanchez family comes from or how long they have been in the United States, we should consider the possible impact of traditional Latino values, especially:
 - a. familism—the concept that the family as a whole is more important than the individual and that a criticism of one family member is a reflection on all the family. Mrs. Sanchez, then, might be especially vulnerable to a feeling of shame when called to school for Tony's misbehavior.
 - b. machismo—the assignment of responsibility for major decision making and negotiating with the extra-familial world to the male head of household. In addition to the loss of a co-grandparent, Mrs. Sanchez may be experiencing distress at having to deal with the school authorities on her own.
- Do an **assessment of an older adult** (cognitive, health, general level of functioning, social functioning) from a strengths perspective. Mrs. Sanchez is apparently in good physical health and has demonstrated resilience and adaptability in taking on parenting responsibilities for her grandchildren jointly with Mr. Sanchez. It is worth noting that many older people have some chronic health conditions such as heart disease, arthritis or diabetes, which do not preclude carrying out normal daily routines, but which require some accommodation. Concern about such conditions may be unspoken stressors adding to Mrs. S's current burden. A good assessment would gather this information.
- Note the presence, if any, of **communication issues** such as limitations in vision and hearing that would affect the social worker's communication with Mrs. S. and also Mrs. S's communication with her grandchildren and other family members. As such impairments may be a source of embarrassment to the older person, one may need to gather this data by observation. For example, a person with vision impairment may squint or tilt his head toward the speaker in an attempt to focus on the source of a voice. Someone with a hearing impairment may ignore a question or fail to answer it appropriately. However, it is important not to assume that failing to answer a question necessarily indicates a hearing loss. As with any client, the worker needs to consider whether the question is ill timed or considered intrusive by the client.
- **Assess benefits** the family is currently receiving and what they may be eligible for.
- Be prepared for **attitudes of ageism** on the part of the students in the class (e.g., children should not be placed with such old grandparents, Mrs. Sanchez is too old to be

working, etc). Students may not realize that they are operating from stereotypes or misconceptions. Some students may have had little experience with elders other than their grandparents. They may generalize from this limited experience to older persons in general.

- Consider the **role changes** experienced by Mr. and Mrs. Sanchez. First they had to adapt to the new role of raising children. Then Mr. Sanchez lost significant autonomous functioning and was cast into the role of invalid. Now Mrs. Sanchez is about to be thrust into the role of caregiver for her husband. What do the loss and the additional caregiving do to the goodness of fit between the Sanchez family and the environment?
- Consider the **multiple losses** this family is dealing with. These losses include: the death of the children's parents, Mr. Sanchez's retirement, Mr. Sanchez's loss of health and functioning as a result of the stroke, Mrs. Sanchez's loss of an active partner in the marriage and in parenting the grandchildren, Maria and Tony's loss of the grandfather as they knew him, etc.
- **Assess for possible depression** in all of the family members. Perhaps the family members never fully grieved the loss of the children's parents and are now facing further losses triggered by Mr. Sanchez's loss of physical independence and communication ability.
- Examine the **possible causes of Tony's acting out** – these include: unresolved grief that is exacerbated by his grandfather's illness, Mrs. Sanchez being too stressed to provide nurturing at home, normal adolescent acting out behavior, and early alcohol use. If Tony has been using alcohol, Mrs. Sanchez might be expected to be particularly distressed since this would undoubtedly awaken feelings (anger? fear?) associated with the children's father's heavy drinking that resulted in the death of her daughter.
- Consider that this family, and Mrs. Sanchez in particular, is in **crisis**. Crisis occurs when individuals or families encounter a *hazardous event* or series of events that they perceive as meaningful and threatening and that overwhelm their traditional coping methods. In the case of a series of hazardous events, it may be only the final event—seemingly to the outsider no worse than the previous ones (which had been managed adequately)—that acts as a trigger to crisis. Mrs. Sanchez seems to have been thrown into crisis by “the last straw” of Tony's suspension from school. The advantage of looking at this case through the lens of crisis theory is that it refocuses students on Mrs. Sanchez's strengths in handling so many earlier stressors. It suggests that a brief, focused intervention relieving some of the pressure points (stressors mentioned above) may enable her to regain her coping ability and find a way to manage the family's difficulties.
- Consider what has been the effect on **the couple's relationship** since taking on a parental role and since Mr. Sanchez's illness.

Instructional Techniques

Frame the teaching in the Life Model of Germain and Gitterman.

Three areas where problems may arise:

1. Life Transitions
 - a. Role change for Mr. and Mrs. Sanchez – first taking on the role of parents, and then adjusting to illness of Mr. Sanchez, and now Mrs. Sanchez faces the impending full-time care of Mr. Sanchez upon his return home.
 - b. Losses the whole family has suffered (loss of parents and daughter of Mr. and Mrs. Sanchez, loss of health for Mr. Sanchez, possible loss of working for Mrs. Sanchez.)
2. Environmental Pressures
 - a. Living space may not be adequate to accommodate Mr. Sanchez's disability.
 - b. Unknown what benefits the family is currently receiving and what they may be eligible for
 - c. What are the formal and informal community and extended family supports?
 - d. Is Mrs. Sanchez working with a social worker at the rehabilitation center to arrange post-discharge supports when Mr. Sanchez returns home?
3. Patterns of interpersonal communication
 - a. Did the family grieve the loss of parents and children?
 - b. How and what do the family members communicate with each other?
 - c. Is Maria being ignored? Is she depressed?
 - d. Is Tony acting out to take focus off other problems that the family may be experiencing?
 - e. Is Mrs. Sanchez getting any support from inside and outside the family? Although the Sanchez's other two children are "not in position to take on parenting responsibilities," are they able to give Mrs. Sanchez any kind of help at this time? Has she asked them for help?

Suggestions for Class Activities

Role Play – some possible variations:

1. The meeting between the social worker, the principal and Mrs. Sanchez:
In this scenario, Mrs. Sanchez has been called to the school because of Tony's acting-out behavior. She meets with the school principal and the social worker.
2. The same meeting, including Tony
The class could be asked to consider the advantages and disadvantages of including Tony in the meeting.
3. The social worker with just Mrs. S, just Tony or Tony and Mrs. S. together without the principal
The class could be asked to consider the advantages/disadvantages of each grouping from the point of view of assessment and of establishing a working alliance.

Class exercise of ecomap and or culturagram of the family

There is little cultural information in the record beyond the family name, which suggests they are Latino. However, in attempting to use a culturagram, students would become aware of questions they might ask in order to make a fuller assessment of the family's situation.

Small group exercises of assessing either Mrs. S., Mr. S., Tony or Maria

The class could be broken into four groups with each focusing on assessing one of the family members. Students would only have a little known data, but could develop hypotheses and a list, based on the case, of what data they would need to gather on each family member. A representative from each group could then report back to the class the outcome of the group discussion.

Class exercise on the myths of aging

Students could consider some of the myths and stereotypes associated with aging and discuss how these may impact on the social worker's ability to provide effective services.

Background Readings for Faculty

Clark, P (2002). Values and voices in teaching gerontology and geriatrics: case studies as stories. The Gerontologist, 42 (3), 297-303.

“What do you know about aging? Facts and fallacies” from the Pacific Northwest Extension.

This includes a 2 page quiz that would be a good tool to administer to your students to get them thinking about myths regarding aging.

Faculty Readings for Case Preparation

Cox, C. (2003). Designing interventions for grandparent caregivers: The need for an ecological perspective for practice. Families in Society, 84(1), 127-134.

Horror-Howell, N. (1992). Multidimensional Assessment of the Elderly Client. Families in Society, 24, pp. 395-405.

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“Serving our Hispanic elders” from the U.S. Administration on Aging

Material Recommended for Distribution to Students

Walker, H. (2003). Grandparents as primary caregivers for their grandchildren: Understanding the key issues. Dimensions, 10(1), 4-5.

Video Available at Fordham

Video: “Big Mama”

This 35 minute video won the 2001 Oscar for best documentary short subject. Big Mama is a 89 year old woman who is trying to raise her 9 year old orphaned grandson.

She must deal with Walter's erratic behavior and multiple traumatic life events. In addition, her health is failing, and the county is trying to take Walter away from her. This video follows grandmother and grandson at a time when they are struggling with several crises. This video is available on both the Lincoln Center and Tarrytown campuses.

Additional Resources not in this Casebook

- Congress, E (1994) The use of culturagrams to assess and empower culturally diverse families. Families in Society: The Journal of Contemporary Human Services, pp. 551-559. Also in E. Congress (Ed.), (1997). Multicultural perspectives in working with families. New York: Springer.
- Cox, C (2000). Why grandchildren are going to and staying at grandmother's house and what happens when they get there. In C. Cox (Ed.), To grandmother's house we go and stay. (pp. 1-19). New York: Springer.
- Cox, C, Brooks, L.R., and Valcarcel, C. (2000). Culture and caregiving: A study of Latino grandparents. In C. Cox (Ed.), To grandmother's house we go and stay. (pp. 218-232). New York: Springer.
- Giarrusso, R., Silverstein, M., and Feng, D. (2000). Psychological costs and benefits of raising grandchildren: Evidence from a national survey of grandparents. In C. Cox (Ed.), To grandmother's house we go and stay (pp.71-90). New York: Springer.
- Hendriks, C.O. (1997). The child, the family and the school: A multicultural triangle. In E. Congress (Ed.). Multicultural perspectives in working with families. New York: Springer.
- Musil, C., Schrader, S. and Mutikani, J (2000). Social support, stress, and special coping tasks of grandmother caregivers. In C. Cox (Ed.), To grandmother's house we go and stay. (pp. 56-70). New York: Springer