ABSTRACT

A PSYCHO-EDUCATIONAL SUPPORT GROUP FOR LATINO FAMILY CAREGIVERS OF ADULTS AFFECTED BY ALZHEIMER'S DISEASE AND RELATED DISORDERS: A GRANT PROPOSAL PROJECT

By

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The purpose of this study was to explore the health affects caregiver stress has on caregivers in the Latino community of patients with Alzheimer's and dementia. The purpose of this project was to identify a potential funding source and write a grant to fund a Latino caregiver psycho-educational support group in the city of Maywood, California.

Researchers and clinical practitioners have grown concerned with the underutilization of support programs in the Latino community. The Latino community has unique needs and responds to culturally sensitive support groups. The Alzheimer's Association identified caregiver intervention programs as an important area of study. Funded by the Archstone Foundation, this project examines research of the unique needs this large aging community has. VISTA Adult Day Health Care Center serves a large Latino community. This program is presented as a structured psycho-educational support group.. The actual submission and/or funding of this grant was not a requirement for the successful completion of this project.

A PSYCHO-EDUCATIONAL SUPPORT GROUP FOR LATINO FAMILY CAREGIVERS OF ADULTS AFFECTED BY ALZHEIMER'S DISEASE AND RELATED DISORDERS: A GRANT PROPOSAL PROJECT

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CHAPTER 1

INTRODUCTION

With the increased life expectancy of baby boomers, the older adult population has grown substantially in the United States. It is estimated that by the year 2050, the number of Americans age 65 years and older is expected to more than double and will go from 40.2 million to almost 88.5 million adults (U.S. Census Bureau, 2010). By 2050, Americans 65 years or older will make up 42% of the U.S. population (U.S. Census, 2010). According to the U.S. Census 2010 data older adults ages 85 years and older are the fastest growing population in the United States. By the year 2050, older adults 85 and over will number 19.4 million (U.S. Census Bureau, 2010).

Although Alzheimer's disease (AD) is not a typical part of aging, advanced age is the greatest risk factor for Alzheimer's (Alzheimer's Association, 2012). There are a higher number of people diagnosed with AD 65 or older. However, persons who are age 65 and younger can also develop the disease. People who develop AD 65 and older are known as having *late-onset* AD and people who develop the disease 65 and younger are referred as *younger-onset* or *early-onset* (Alzheimer's Association, 2012). According to De la Torre (2009) the numbers of adults with AD in the United States will likely increase as the baby boomer and older population rises.

An estimated 5.4 million Americans of all ages were diagnosed with AD in 2012. This figure included 5.2 million people with older-onset and 200,000 people with early-onset (Alzheimer's Association, 2012). According to the Alzheimer's Association (2012) among people who are 65 and older, 1 in 8 (13%) have AD and nearly half of people who are 85 and older (43%) have this disease. There is a higher incidence of Alzheimer's and other dementias in women than men. Nearly two thirds of all Americans who have Alzheimer's are women according to the Alzheimer's Association (2012).

While non-Hispanic Whites make up the highest number of people in the United States living with Alzheimer's, older African Americans and Hispanics are proportionately more likely than Whites to be diagnosed with AD and other dementias (Alzheimer's Association, 2012). Data indicate that African Americans are approximately twice as likely to have Alzheimer's than Whites in the United States and Hispanics are about one and one-half times more likely to have Alzheimer's and other dementias than Whites (Alzheimer's Association, 2012).

Alzheimer's disease is the leading cause of dementia, and it is also the sixth leading cause of death in the United States (Alzheimer's Association, 2012). In the year 2008, the United States as a whole had a mortality rate of 27.1 deaths per 100,000 people due to AD. Sixty one percent of people with Alzheimer's at age 70 are expected to die before the age of 80 compared with 30% of people at age 70 without Alzheimer's (Alzheimer's Association, 2012). Alzheimer's patients survive an average of 4 to 8 years and as long as 20 years with a diagnosis of AD. Because of the length of time a person can live with AD and the many complications that can arise, individuals living with this diagnosis and their families are greatly affected. Individuals with AD and their family members can be impacted financially and emotionally, can have increase in caregiver stress, can have an increase in health care utilization and an increase in need of assisted living facilities (Gillum & Obisesan, 2011).

As the older adult population in the United States grows it will become more racially diverse. Ethnic minorities will become the majority by the year 2042 (U.S. Census Bureau, 2010). The population of Latino older adults is expected to increase substantially and by the year 2050, Latinos will make up 20% of the population ages 65 and older (U.S. Census Bureau, 2010). The Latino population of older adults 65 and older will increase six fold and will grow from 2.9 million to 17.5 million (U.S. Census, 2010). According to a study conducted by the National Alliance for Caregiving (NAC) and Evercare (2008), Latinos are the fastest growing ethnic group in the U.S. and will be the most impacted by the need of caregiving services. As the older adult Latino population increases so will the number of adult Latino children serving as caregivers (NAC, & Evercare, 2008)

Latino adult children are expected to care for their aging parents based on culturally specific beliefs and values, strong familism (the sense of familial obligations), family loyalty and pride (Scharlach, et al, 2006). In the literature, *familismo* refers to the value of interdependence in the family relationship and the importance placed on reliance of other family members for material support and emotional support rather than other formal institutions (Marin & Marin, 1991). Although the value of familism is not unique to Latinos and can be found in many other cultures, familism in the Latino culture is viewed as one of the most important common cultural characteristic among Latinos of various national origins (Flores, Hinton, Barker, Franz, & Velasquez, 2009; Marin & Marin, 1991). Familism is a value that remains unchanged despite increased acculturation and migration (Flores et al., 2009; Marin & Marin, 1991).

Family involvement or *familismo* is important to Latinos because families are viewed as important sources of support when a member is experiencing health problems or issues (Kao & Travis, 2005). *Familismo* is so ingrained in adult Latino children who do not adhere to these expectations are viewed as violating important family norms (NAC, & Evercare, 2008). *Familismo* can be a significant source of stress to an adult child who is taking on the added responsibility as a caregiver to an aging parent (Kao & Travis, 2005).

It is estimated that one third of Latino households have at least one caregiver in the household and of those caregivers 74% are female (NAC, & Evercare, 2008). Furthermore, Coon, et al. (2004) found that Latino families often delay institutionalization of care recipients longer than their White counterparts. According to the NAC and Evercare (2008) study, Latino caregivers spend on average more time in providing caregiver services to a loved one than other ethnic groups. These authors also found that Latino caregivers spend an average of 37 hours per week on caregiving services, about 17% more time than non-Latino caregivers. Latino caregivers report experiencing higher emotional stress and feeling burden (NAC, & Evercare, 2008). Latinos spend, on average, more time on caregiving duties and report that they do not access supportive services such as in-home health care services, respite, or assistance with housekeeping when compared to their White counterparts (NAC, & Evercare, 2008).

Research has also found that caregivers who reported feeling emotional burden were more susceptible to mental and physical strains (Koerner & Shrirai & Pedroza, 2013). According to McLennon, Habermann, and Rice (2011) caregivers who identified having high emotional stress had a 63% higher mortality risk than non-caregivers. In addition, Latino caregivers reported that they felt that receiving support such as training classes on caregiving would be beneficial in mitigating stress levels and caregiver burden (NAC, & Evercare, 2008).

Statement of Purpose

The purpose of this project is to write a grant proposal to obtain funding for a short-term psycho-educational support group for Latino family caregivers providing care services to a family member diagnosis of AD or other related disorders. This support group will provide a venue to share and receive support from peers at VISTA Adult Day Health Care Center as a way to help lower the caregiver burden often experienced by Latino family caregivers. The program will also help increase caregiver knowledge about home-based care for AD patients, will provide stress reduction techniques and to increase knowledge of coping skills to reframe and compartmentalize the stress associated with caregiving. Given the stressors that Latino caregivers often experience, a short-term, psycho-educational support group will be provided to assist in maintaining a positive relationship between the caregiver and the care recipient and to help provide an opportunity to learn self-care techniques. The support group will use the cultural values important to the Latino population while covering important areas that are relevant when providing direct care to a loved one. The overarching goal of this psycho-educational support group is: (a) To initiate a quality caregiver program within VISTA ADHC program for Latino caregivers in the community, (b) To help caregivers' lower symptoms of depression and caregiver stress, and (c) To provide resources and information on managing the health of the caregiver.

Conceptual Definitions

The following terms will be defined as:

Alzheimer's Disease

Alzheimer's disease (AD) is a neurological disease that is characterized by a marked decline in cognitive ability such as reasoning, planning and memory. Alzheimer's disease is the most common form of dementia (Alzheimer's Association, 2012).

Dementia

Dementia is a loss in mental ability severe enough to interfere with a person's abilities of daily living. Dementia is associated with a marked decline in thinking skills and memory that reduces a person's ability to complete and perform everyday activities for self-care such as grooming, bathing, feeding self, homemaking, work and leisure (Alzheimer's Association, 2012).

Family Caregiver

The term family caregiver in this grant proposal will be defined as an adult child who is taking on the responsibility for providing and coordinating the care of an older adult parent who is in need of long-term care services (Center on Aging Society, 2005).

Latino

Latinos a term that includes all individuals of Latin American origin or descent, language, race, or culture (Hayes-Bautista & Chapa, 1987). This term is used to identify a group of highly diverse people whose ancestry is linked to one of the 20 Spanish-speaking nations. This group of adults represents a variety of nationalities, races, sociopolitical histories, cultures and ethnicities (U.S. Census Bureau, 2010).

Psycho-Education Support Groups

Psycho-education support groups refer to the process of using psychological and educational principles to help people develop and grow. It focuses on the cognitive and affective domains of learning, implying that emotions and feelings have equivalent weight with factual and conceptual knowledge (O'Neil, et al., 2005).

Relevance to Social Work

Caring for an older adult parent is a multi-faceted role that Latino family caregivers take on. Latino family caregivers require a range of support to face the challenges associated with providing family caregiving services (Kaplan & Berkman, 2011). The need for future social work professionals who have the knowledge and experience to meet the needs of Latino families is essential (Kaplan & Berkman, 2011). It is estimated that by the year 2020 there will be a need for 60,000 competent geriatric social workers to provide the elder population and their families support services (Institute of Medicine, 2011). One of the principals that the National Association of Social Workers (2008) values is the importance of human relationships and the engagement of people as partners in the healing process. A psycho-educational support program to assist family caregivers caring for an older adult parent will be an opportunity for social workers to assist people in need by providing services that will help enhance the human relationship between the care recipient and the caregiver.

Relevance to Multiculturalism

Caregiving literature reports that cultural beliefs and values can shape caregivers' perceptions of family obligations and responsibilities (Enriquez & Llanque, 2012). To meet the needs of the Latino population it is necessary for social workers to develop interventions that are culturally appropriate and are based on Latino values and beliefs (Gallagher-Thompson, Coon et al., 2003; Karlawish et al., 2011). Interventions should be culturally appropriate and easily understood in order for caregivers to be able to utilize the interventions on a continuing basis (Enriquez & Llanque, 2012). Therefore, in order for social workers to provide adequate services to Latino adult children serving as a caregiver to older adult parents, the psycho-educational support group should be tailored to meet the needs of the Latino population.

CHAPTER 2

LITERATURE REVIEW

This literature review will examine four major topics associated with the caregiver experience. The first topic is dementia and the use of formal and informal support and associated treatment plans. The second topic is the caregiver role, how familismo impacts stress and caregiver burden. Next, barriers to services and its affect on the caregiver and care recipient will be explored. Lastly, intervention techniques for the caregiver and the use of support groups as a platform for these techniques will be explored.

Dementia: An Overview

Dementia is a general term for loss or decline of memory and other mental capacities that are severe enough to hinder daily life. There are several types of dementia such as: (a) Alzheimer's, the most common form of dementia and accounts for 60 to 80% of the reported cases; (b) Vascular dementia, previously known as multi-infarct or post-stroke dementia account for about 10% of dementia cases; (c) Dementia with Lewy bodies (DLB) includes memory loss and cognitive problems common in Alzheimer's, however people with DLB are more likely to have initial or early onset symptoms such as well-formed visual hallucinations, muscle rigidity or other parkinsonian movement features and sleep disturbances; (d) Mixed dementia includes abnormalities related to more than one type of dementia occurring concurrently in the brain; (e) Parkinson's disease (PD) frequently results in a progressive dementia similar to Alzheimer's or DBL;

(f) Frontotemporal dementia includes primary progressive aphasia, behavioral variant FTD (bvFTD), Pick's disease and progressive supranuclear palsy; (g) Creutzfeldt-Jakob disease (CJD) is the most common form of a rare fatal brain disorders affecting people and other mammals; Variant CJD or mad cow disease occurs in cattle but has been transmitted to people; CJD is a fatal disorder that causes behavior changes, and impairs coordination and memory; (h) Normal pressure hydrocephalus can cause difficulty walking, incontinence, and memory loss due to the buildup of fluid in the brain; It can be corrected surgically under certain circumstances; (i) Huntington's Disease is a progressive brain disorder caused by a single defective gene on chromosome 4; (j) Wenicke-Karsakoff Syndrome is a chronic memory disorder caused by severe deficiency of thiamine (vitamin B-1) often caused by alcohol misuse (Alzheimer's Association, 2014; Filippi, et al., 2012).

Dementia is often experienced by patients in three stages from onset to institutionalization to death. The physiological and behavioral symptoms of dementia change over time (Herrmann & Gauthier, 2008). During the early stages of dementia a person loses track of time, becomes lost in familiar areas, and becomes increasingly more forgetful. The person may also show some behavioral changes such as motor restlessness, aggression, agitation, apathy and may experience psychosis such as hallucinations and delusions (Herrmann & Gauthier, 2008).

As dementia progresses to the middle stage of dementia a person becomes increasingly forgetful of recent events, gets lost in their own home, forgets other's names, needs help with personal care, and experiences changes in behavior such as repeating the same question, and wandering. Other risks that an individual with dementia faces is progressive gait instability, risk of falls, and urinary incontinence (Langa, et al., 2001). There is a risk of progressive gait instability, high risk of falls and urinary incontinence in the middle and late stages of dementia (Langa et al., 2001).

Towards the latter stage and when the patients are nearing death, they became solely dependent on others. During this stage the patient's symptoms become more pronounced and severe. The safety of the caregiver and the patient is threatened and the need for institutionalization becomes much more apparent (Herrman & Gauthier, 2008).

Treatments for Alzheimer's and Related Disorders

Herman and Guthier (2008) conducted a systematic literature review of dementia treatments. Based on evidence-based guidelines, 34 articles were chosen and generated 17 recommendations that spanned from management of psychological and behavioral symptoms, cognitive decline and depression. The findings are detailed below.

For the management of psychological and behavioral symptoms, non-pharmacological and pharmacological interventions were recommended to be initiated simultaneously. Both staff and caregivers should be educated to identify and recognize behavioral problems and to use modification techniques to alter behaviors. Therapies using pharmacology should be commenced using the lowest doses, which should be monitored for effectiveness and safety. When the patient reaches 3 months of behavioral stability, the medication can be lessened and withdrawn. For severe symptoms such as psychosis aggression, and agitation, antipsychotic agents such as Olanzipine and Risperidone can be used (Hermann & Gauthier, 2008).

Serotonin reuptake inhibitors act to mitigate symptoms of depression whereas cognitive decline can be treated though a combination of a cholinesterase inhibitor and memantine (Hermann & Gauthier, 2008). Despite the fact that the evidence for non pharmacological interventions is not strong, there are some treatments that have shown to improve symptoms of depression in patients with dementia. Controlled multisensory and music therapy have also demonstrated some short-term improvement (Holmes, Knights, & Dean, 2006; Verkaik, Weert, & Francke, 2005). According to Teri, et al. (2003) there are benefits in combining education of caregivers regarding behavior-modification techniques and exercise of the patient in improving the symptoms of depression in patients with dementia.

Although therapies using pharmacological means have been found to be important in treating AD and related disorders, research on nonpharmacological therapies found to improve the symptoms of dementia and to improve the quality of life for the patient with AD or related disorders (ADRD) and the caregiver. The study conducted by Olazarán et al. (2010) drew attention to the various forms of nonpharmacological therapies used to treat ADRD.

Olazarán and collogues conducted a systematic review and meta-analysis. These researchers focused on direct interventions aimed on the patient, such as physical exercise, reminiscence therapy, music therapy, and cognitive training as well as use of indirect interventions for the caregivers (e.g., support, resources, and education). This study highlighted the impact of these treatments on different domains of outcomes, including activities of daily living (ADL), cognition, time to institutionalization, mood, and behavior. Olazarán et al. (2010) recommended specific interventions and concluded that nonpharmacological interventions could improve the quality of life and care of dementia patients.

Informal and Formal Support

The role of a caregiver plays an important role in the lives of the care recipient (Vugt et al., 2004). There are two types of caregivers: formal and informal. Formal caregivers are trained professionals who assist patients in an institutional setting (Family Caregiver Alliance, 2012). Informal caregivers are usually friends or family who provide care for the patient for an extended period of time (Rathge & Clemenson, 2003).

Both formal and informal caregivers have similar care responsibilities, however informal caregivers often have the added responsibility of managing not only the physical care of the patient but the patient's finances as well (Hepburn, Tornatore, Center, & Ostwald, 2001). The role of caregiver can be very challenging due to the multifaceted demands that are required. Caregivers assist the care recipient with at least one ADL or: with an IADL (National Alliance for Caregiving & AARP, 2009). The term ADL was identified in the 1950s as a way to measure the functional limitations of a person such as bathing, using the toilet, dressing, and feeding (Katz, Ford, Moskowitz, Jackson, & Jaffee, 1963). In 1969, a measurement that expanded on the ADLs was developed as a teaching instrument on plan of care which addressed IADLs (Lawton & Brody, 1969). IADLs include activities such as housework managing money, shopping, transportation, cooking, operating a telephone, and managing medications (Lawton & Brody, 1969).

As the populations of older adults increase so will age associated cognitive disorders such as AD and dementia (Alzheimer's Association, 2012) Care recipients that have AD or ADRD may be able to complete many ADLs without much assistance, but may require help from the caregiver to perform IADLs (Alzheimer's Association, 2012). Caregivers assist care recipients with daily functions to assure that the care recipient can continue to live their life as independently as possible. Caregivers may also need to assist the care recipient with co-morbid medical conditions (Levine, Reinhard, & Feinberg, 2003). Caregivers perform tasks that may be uncomplicated such as providing reminders of appointments, however their duties can span to much more complicated assistance that can at times be comparable to those activities performed in a medical setting (Levine et al., 2003). Instead of thinking of the caregiver role in relation to the tasks associated with ADLs and IADLs, family caregivers go beyond that and do what is necessary to meet the care recipient's needs (Levine et al., 2003).

Assisting with IADLs can also be a complex function. For example the simple act of making a phone call can became much more complex when it involves coordinating care or providing linkage to social supports. This can require the caregiver to have knowledge of both private and public systems when assistant the care recipient advocate for services (Levine et al., 2003).

Informal Support

Latino caregivers have a large network of informal support such as extended and immediate family (Scharlach et al., 2006). In addition Latino caregivers also access social support through their church, social and cultural community organization (Scharlach et al., 2006). Individuals who have religious or spiritual involvement have been found to report less symptoms of depression, lower morbidity levels, higher life satisfaction, and have more longevity (Chatters, 2000; Patrick & Kinney, 2003).

In the literature, organized religious involvement has received much of the attention. Latino caregivers tend to use religion and spirituality as a coping mechanism (Coon, Rubert, et al. 2004). The quantitative research study by Koerner, et al., (2013) set out to clarify how it is that Latino caregivers who are involved in organized religion have beneficial effects. For the purpose of this study, 58 informal caregivers of Mexican descent where given an open-ended survey. Inductive thematic analyses were performed by bi-cultural and bilingual coders. The data revealed several features in the participants' spiritual beliefs and practices that help us understand the beneficial effects. First, the participants practiced positive forms of religion. Second, they relied on personal engagement such as meditation, private prayer, and referencing teaching in the Bible. Third, it was also found that the participants incorporated their beliefs in their daily lives. Fourth, participants identified that their religious beliefs are connected to their family beliefs. These family beliefs (i.e. honoring thy mother and father) endorse the beliefs in familism and the motivation to become a caregiver. Lastly, the participants identified feeling an attachment to a divine power or God. For Latino caregivers a combination of familial and personal motivations, cultural beliefs, helps to clarify why the reasons religiosity has shown to have beneficial effect for this population (Koerner, et al., 2013)

Use of Formal Support

In response to public concern the U.S. government has increased its efforts in providing assistance for the care of members of the community that have functional impairments or disabilities in order to prevent early institutionalization. These efforts have also addressed the needs of the caregivers who often find themselves overwhelmed due to caregiver strain (Fields, Anderson & Dabelko-Schoeny, 2011). The Home and

Community Based Services Program (HCBS) provides services for community members that are income eligible with the goal of preventing early institutionalization. Community support programs is another example of groups that have been effective in providing counseling services and caregiving education (Roberto & Jarrott, 2008).

Respite programs are another type of program that is offered in most communities that offers assistance to caregivers. This type of program supports the family by providing the caregiver a temporary relief by bringing in a paid caregiver to take over some of the duties from the family caregiver in an effort to decrease caregiver burden (Robert & Jarrott, 2008). Furthermore, adult day care facilities are also found throughout the community. These facilities offer short term, daily respite services for the family caregiver while offering socialization services to the care recipients (Bartfay & Bartfay, 2013). These types of respite services are reported to help improve caregiver well-being, and decrease feelings of stress and burden (Robert & Jarrott, 2008).

Despite the need for services, Latino caregivers tend to utilize formal services significantly less than their White counterparts (Anderson-Dillworth, Williams, & Gibson, 2002). Caregivers from ethnic minorities are said to have greater need for support and assistance when compared to their white counterparts (Ho, Weitzman, Cui, & Levkoff, 2000). Although Latino caregiver may be aware of support services that are available to help them with their caregiving duties, they often hesitate to seek help. This lack of seeking help can be attributed to feeling overextended in their caregiving duties or because their culture dictates that family problems are not shared outside of the family circle (Scharlarch et al., 2006).

Another study further supported the findings that indicate that formal supports help mitigate negative effects of the caregiver role. The study by Moreno (2003) examined the role of appraisal and expressive support in helping Latino caregivers of dementia patients. The author found a correlation with the caregivers who received formal support services and the improvement of somatic complaints, symptoms of depression, and overall life satisfaction (Morano, 2003).

Positive Aspects of Caregiver Role

Although much of the literature focuses on aspects of the caregiving experience that are negative such as depression and caregiver burden there are positive aspects of the caregiving experience that are often overlooked. Positive aspect of caregiving includes closeness and meaning of the relationship between the caregiver and care recipient.

Andren and Elmahl (2005) examined the positive aspects of caregiving. The authors studied the factors linked with the feelings of satisfaction and gain and among caregivers. The authors examined a population of 153 family caregivers who were acting as caregivers to a patient with dementia. Seven instruments were used to measure various conditions. The Cares' Assessment of Satisfaction index was used to measure the caregiver's satisfaction The Berger scale measured the level of social dependency The Sense of Coherence Scale was used measure the how well the caregiver manages stress level The Nottingham Health Profile Scale was used to measure the caregiver's perceived health. The Katz index was used assess the patient's loss of function. The Gottfries-Brane-Steen scale was used to measure the severity of symptoms of dementia. And lastly, the Caregiver Burden Scale was used to measure the caregiver's dissatisfaction with caregiving role (Andren & Elmahl, 2005).

These authors found that despite the level of caregiver burden most of the caregivers in the study displayed satisfaction with their role as caregivers. The results were similar to the Ferran, Miller, Kaufman, Donner, & Fogg (1999) in that satisfaction in caregiver role and stress factors can co-exist. There were four factors that this study found that contributed to caregiver satisfaction. The four factors are pleasure, appreciation, purpose and reverse. Pleasure is the level of positive emotions associated with helping the patient with dementia overcome challenges. Appreciation is when the relationship with friends and family is strong. Purpose is the high level of mutuality when care recipient is valued and not seen as a problem. Lastly, reverse refers to the belief that if the situation was reversed the patient would be willing to care for the caregiver (Andren & Elmahl, 2005).

Another study that examined the positive aspects of caregiving was conducted by Las Hayas, Lopes de Arroyabe, and Calvete (2014). These authors studied the positive aspects of caregiving utilizing the Positive Aspects of Caregiving Scale in Spanish (PACS). The sample group consisted of 141 family caregivers of relatives with Acquired Brain Injury (ABI). The mean age of the participants was 58 and 78% of the sample were women. The participants also responded to questions evaluating burden, posttraumatic growth and quality of life.

The results from the PACS concluded that caregivers that found meaning in their role had lower symptoms of caregiver strain. The results also showed that the older the caregiver was the higher they scored in the positive self- affirmations about caregiving role measure. These authors suggested that these relationships may be explained because for older caregivers their role may provide them with confidence and sense of value that they may not otherwise have since older caregivers tend to be retired. Additionally, the ABI caregivers' PACS scores were higher than those of caregivers caring for a patient with AD or ADRD. These authors also suggest that the reason for this could be that ABI caregivers have more time to adjust to the caregiver role since ABI patients often live longer, up to 35 years, when compared to patients with AD. The overall results indicate that the positive aspects of caregiving originate with the connection between the caregiver and care recipient through mutual closeness as well as the importance for interventions to emphasize the positive aspects of caregiving in caregivers (Las Hayas et al., 2014).

Negative Aspects of Caregiving

Caregivers can derive meaning and satisfaction in their role of caregiver; however, the burden caregivers experience can often outweigh the positive aspects of caregiving. The progression of dementia comes in three stages. As the disease progresses each stage mirrors the physical and mental changes of the caregiver (Berger et al., 2005). Caregivers suffer from physical and psychological illnesses and have an increase risk of death (Belle, et al., 2006). When the care recipient begins to lose the ability to perform daily tasks the caregiver burden increases (Berger et al., 2005).

The middle stage of dementia and AD can last for a couple of years, making this the hardest time for the caregiver. During this time, the care recipient can experience increase damage to the brain causing the patient to have difficulty performing daily activities. Additionally, in this stage communicating with loved ones can become challenging (Alzheimer's Association, 2012).

Caregiving in the last stages can sometimes last several years. During this period the need for a caregiver increases and the patient often need around-the-clock care. Patient care is critical to their well-being during this last stage. Additionally, the caregivers begin to evaluate the needs of the patient and begin to discuss options such as hospice care with the rest of the family (Alzheimer's Association, 2012).

Thomas et al. (2006) conducted a study on patients with Alzheimer's and related disorders and caregivers. A 20-item quality of life questionnaire was given to the caregivers and a hospital psychogeriatrician evaluated the participating caregivers. The quality of life questionnaire examined areas of the caregiver's life such as caregiver's relationship to the environment, caregiver's perception of an impending distress, caregiver psychological perception of the situation and the caregiver's capacities when working through the patient's challenges.

The researchers required that the patient have a complete clinical examination, a cognitive assessment as well as a complete history of mental illness and therapies received. The results of the study indicate a correlation between the patient's behavioral and psychological dementia symptoms and the caregiver's quality of life (Thomas et. al., 2006).

An early study by Liming, Parris, Townsend, Zarit, and Green (1999) studied stress and depression. The authors used a longitudinal study on subjective and objective primary stress as predictors of symptoms of depression. Objective primary stress is defined as behavior problems (i.e., aggression, wandering). Subjective primary is defined as feelings of overload and role captivity (feeling trapped in role of caregiver). The study took place over a year and it included 188 caregivers who were predominantly White and caring for a person with AD. Data were collected in three intervals: the initial interview, 3 and 12 months. The results concluded that all primary stresses effectively distinguished between the caregivers who are at risk and those have low risk of depression. In addition one of the factors that were identified as highly correlating with persistent risk was role captivity.

Latino and Traditional Cultural Values

According to the literature, familism is a core concept that drives Latinos' caregiving experience (Kao, McHugh, & Travis, 2007; Neary & Mahoney, 2005). *Familismo* (familism) is similar to filial piety in that it involves strong feelings of attachment and loyalty that Latino families have for their family (Kao et al., 2007). *Familismo* includes four basic values that family members are expected to adhere to: (1) respect and obedience for figures of authority; (2) loyalty, generosity, and helpfulness to one's own family, support from other members of one's family to solve problems; (3) obligations to one's family to provided emotional and financial support to family and extended family; and (4) family as "referents" or the belief that family are attitudinal and behavioral referents (Kao et al., 2007).

A study by Scharlach et al. (2006) examined the results from a focus group of eight different minority groups (African American, Chinese, Filipino, Hispanic, Korean, Native American, Russian, and Vietnamese) to see whether there were differences in the caregiving experience. For the purpose of this study, 76 individuals participated in eight focus groups that lasted approximately two hours. The focus groups were facilitated by graduate students who were matched to each focus group based on language, cultural background and ethnicity. The focus group was conducted in the preferred language of the participant. The participant's age ranged from early 20s to early 70s. The majority (two thirds) were women and all where providing caregiving services to a loved one (Scharlach et al., 2006).

The researchers concluded that there were two important constructs in the concept of familism. The first finding was that the decision to be a caregiver is rooted in one's traditions and cultural norms. Becoming a caregiver is rooted in the traditional Latino cultural values and can act to strengthen familial relationships. Secondly, there is a sense of personal satisfaction in continuing to practice your cultural norms and traditions (Scharlach et al., 2006).

In addition, the literature suggests that in traditional Latino families, extended families may be found living under the same roof, often in close proximity to each other, and in multigenerational homes, where loyalty, attachment and commitment to one's family are values that are of utmost importance (Steidel, & Contreras, 2003). In many Latino families the traditional view is that their family and extended network of families should be ready and willing to provide care and assistance for older adult family members in the spirit of familism (Ruiz & Ransford, 2012). Family needs often come before personal or individual needs therefore, providing care for an aging family member is very important. In Latino families older family members, especially aging parents, are to be respected, venerated and cared for in their children's home (Ruiz & Ransford, 2012).

Previous studies suggest that many Latino caregivers believe taking on the care of an older adult family member is expected in their culture and that to not accept the responsibility will bring shame on to themselves (Gallagher-Thompson, Haley, et al.

2003). This strong cultural belief gives Latino caregivers an overwhelming feeling of caregiving responsibility (Gallagher-Thompson et al, 2003) and may account for the reason Latino families prefer to receive and provide caregiving services in their home instead of in an institutional setting (Herrera, Lee, Palos, & Vigil, 2008). Additionally, findings suggest that among the Latino population the use of nursing homes and long-term care in an institutional setting tends to be accessed less when compared to other cultural groups (Herrera, et al., 2008). According to Herrera, et al. (2008), Latino caregiver's avoidance of long-term care can be related to traditional Latino cultural values such as gender roles, familism, religion and spiritual beliefs.

Stress and Caregiver Burden

The mental health of family caregivers of adults with dementia or cognitive began in 1980 (Papastavrou, et al., 2011). These studies examined the well-being and health of family caregivers. It was found that family caregivers experienced a number of negative impacts to their physical and social well-being (Montgomery et al., 2011). A study conducted by the Alzheimer's Association concluded that unpaid family caregivers experienced high levels of emotional stress, depression and anxiety (Alzheimer's Association, 2009). Another study found that family caregivers who are providing care for a care recipient, who is suffering from dementia or other cognitive impairments, were between 40-70% more likely to meet the DSM diagnostic criteria for depression (Zarit, 2006). Furthermore, because of the personal nature of the relationship between the caregiver and the care recipient, feelings of caregiver burden can have subsequent effect on the care recipient (Montgomery et al., 2011).

Although the demanding role of caregiving has been shown to increase the risk of negative physical and mental health problems, including somatic pain, allergies, high blood pressure, use of pain relieving medications and symptoms of depression (Cucciare, et al., 2010; Pinquart, & Sorensen, 2007) the relationship between the caregiver and the patient is important in improving the quality of life for the patient with dementia as well as the caregiver. A study conducted by Vugt, et al. (2004) examined the relationship between the caregiver, and the patient. This study was a 2 year follow-up study that followed 99 informal caregivers who are providing care for patients with dementia.

This study focused on the risk factors of behavioral and psychological symptoms of dementia (BPSD). The patients were referred by the Regional Institute for Ambulatory Mental Health Care of Maastricht and the Memory Clinic of the Academic Hospital Maastricht in the Netherlands. The participants of this study were patients who identified as residing at home and caregivers who identified as being the primary caregiver provider and having contact with the patients at least one time per week. Clinical psychologists met and conducted a variety of assessment on both the caregiver and patient. The Mini Mental Health Exam was used to determine the level of cognitive functioning of the patients. The Neuropsychiatric Inventory was used to measure the patient’s behavioral problems and lastly, the caregiver was given a structured interview which measured 12 neuropsychiatric symptoms which are common among caregivers who care for patients with dementia (Vugt et al., 2004).

The assessment results and qualitative data were evaluated and three distinct types of caregiver management strategies emerged. The caregivers whose scores demonstrated a lack of understanding of the patient symptoms and behaviors where labeled non-adapting. The caregiver strategies that demonstrated acceptance were divided into two strategies labeled supporting and nurturing. The caregivers that had a supportive caregiving style demonstrated a better understanding of the patient's cognitive impairments and level of functioning. Supporting caregivers identified being patient with the care recipient and allowing the care recipient to lead by providing space and supervision. The caregivers that had a nurturing caregiving style identified managing the care recipient in a parent-child manner in which the care recipient was not treated as an equal and often infantilized (Vugt et al., 2004).

The results of this study indicate that caregiver management strategies are associated with the sense of competence of the caregiver and with BPSD. The researchers found that the participating caregivers who utilized the non-adapting strategies reported having more symptoms of depression, feeling less competent and encountering more hyperactive behavior in care recipients than the caregivers who used supporting strategy. The researchers also found differences in the caregiver characteristics and the caregiving strategies. The results show that educated caregivers where more likely to use the supporting strategies when compared to other groups. This group also reported better adjusting to the patient's level of functioning and to the caregiving role. The researchers also found that the caregiver's personality played a major factor in the patient's behavior. Caregivers who demonstrated weak interpersonal skills with the patient became easily irritated, angry and impatient, and reported greater patient aggression. The results of the study concluded that the three types of caregiver strategies demonstrate that the caregiver's characteristics (i.e. education, personality, gender) are significant determinants of caregiver strategies (Vugt et al., 2004).

Barriers to Services and Resources

In order to meet the specific needs of the Latino population it is important that cultural and linguistically appropriate interventions are instituted (Family Caregiver Alliance, 2004). Latino caregivers face barriers that can hinder access to services (Family Caregiver Alliance, 2004). The literature shows that Latino caregivers are mostly unaware of the services that are available to them and that once they become aware they encounter barriers in attaining services such as Language barriers (Family Caregiver Alliance, 2004) culturally incompatible services, cost associated with services and previous negative experiences when seeking services (Levkoff, Levy. & Weitzman, 1999)

Encountering such barriers has been associated with limited care-seeking and reduced access to services (Family Caregiver Alliance, 2004). Among the Latino population language barriers are significant when we take into consideration that the research shows that Latinos access services in a much lower rate that non-Hispanic Whites. Also monolingual Spanish speaking Latinos have even lower access rates that English speaking Latinos (Fiscella, Franks, Doescher, & Saver, 2002). For instance, Latinos who are not proficient in English may have difficulty making appointments for medical care or services for their loved ones which can pose a health risk to the care recipient (Bartlett, Williams, & Lucas, 2011). Latinos caregivers may not access or seek resources that may be available to them which can lead to increased caregiver burden and early institutionalization of the older adult care recipient (Enriquez & Llanque, 2012).

Intervention Techniques

The health of the patient with dementia heavily relies on the caregiver therefore effective programs to help the caregiver are important. There are an array of techniques that exists that focus on some psychotherapeutic techniques. Although there is much debate as to which intervention is most helpful, each intervention shares a common goal.

A study by Belle et al. (2006) studied a comprehensive intervention program. This program review critical areas that a successful program should have and should focus on when working with caregivers. For the purpose of this study 642 participants of different ethnicities were studied. The participants were equally distributed and included 219 Caucasian, 211 African American, and 212 Latino. The investigators randomly assigned each ethnic group into a control or intervention group. The intervention focused on five areas that affect a caregiver and were identified by the researchers as quality-of-life indicators. They are caregiver burden, caregiver depression, self-care, care recipient behavior challenges, and social support. The 5 quality of life indicators were addressed through 12 telephone and in-home sessions that spanned 6 months with the control group getting 2 quick check-in calls during the 6 month study. The intervention included techniques such as role-playing, lecture and normalization of feelings and caregiver challenges. The results demonstrated that there were significant improvements in the intervention groups across all ethnic groups in quality of life areas and especially in the prevalence of depression.

Additionally the study by Cooke, et al. (2001) evaluated the results of 40 previously published studies on psychosocial interventions for dementia caregivers and concluded that the majority (two-thirds) were unsuccessful. They discussed the keys points and concluded that successful interventions used a combination of cognitive and social components. The researchers concluded that for a psychosocial intervention to work it need to have a more structured approach. This literature review wills exam three interventions that have the components that Cook et al. (2001) found to be successful in helping dementia caregivers. They are structural family therapy, cognitive behavioral therapy and support groups.

Cognitive Behavioral Therapy

Some of the most widely used intervention techniques are Cognitive Behavioral Therapies (CBT) and therapies derived from CBT (Secker & Brown, 2004). CBT has been proven to be effective in the treatment of many psychological disorders. This literature review will discuss studies related to caregivers and caregivers providing care to patients with Alzheimer's and related disorders.

Secker and Brown (2004) conducted a study on 30 caregivers who provided care to patients with Parkinson's disease. The caregivers where referred by clinics and advertisements Parkinson's disease Society newsletter in the UK. CBT was used on a weekly basis for a total of 12 weeks. The CBT sessions consisted of introduction to CBT, scheduling pleasant activities, linkages to community resources and supports, relaxation techniques; sleep improvement; challenging core beliefs and maladaptive rules; identifying triggers and challenging negative feelings and thoughts, review and planning for the future. The researchers found that after three months of CBT sessions the caregivers reported significant reduction in psychological distress and caregiver burden (Secker & Brown, 2004).

CBT was also examined in the study by Coon et al. (2003). These authors used a series of psychoeducational interventions to examine the short-term impact of anger and depression. There were a total of 169 female participants, ages 50 and older that identified being the care provider for a relative with dementia. 90% of the caregivers in this sample were Caucasian. The intervention consisted of a 2 hour weekly workshop that took place for 8 consecutive weeks. Then two skills reinforcement sessions were conducted at 1 month intervals following the 8 week weekly sessions.

The sessions and workshops concentrated on depression and anger managements. The depression management class used principles of CBT with an emphasis on behavioral components. The anger management class used CBT and practiced specific cognitive skills such as assertiveness skills to help with communicate during a challenging situation and relaxation techniques. The sessions practice the use of self monitoring techniques that taught the participants the link between pleasant events and mood. Additionally, problem-solving techniques were practiced in order to help the caregiver continue to practice engaging in pleasant activities even when challenges arise that can prevent them from participating in these activities.

The results of this study demonstrate that using CBT principles reduced levels of Depression, anger, and hostility among caregivers. In addition caregivers improved the management of behavioral and emotional problems. Based on these results the use of CBT proves to be useful in helping the caregivers cope with challenges associated with their caregiver duties (Coon, et al., 2003).

Structural Family Therapy

Another intervention technique that has been said to help caregivers is Structural Family Therapy. This intervention leverages a caregiver's family support system and looks on how to best to make use of it. Structural Ecosystems Therapy (SET) is a family-based therapy aims to improve a caregiver's physical and mental health by addressing family relationships. In SET a therapist observes and identifies a family's problematic pattern of interaction and in a deliberate manner intervenes (Mitriani & Czaja, 2000).

Eisdorfer, et al. (2003) conducted a study evaluating the patterns of interaction as a part of the Resources for Enhancing Alzheimer's Caregiver Health (REACH) program in Miami. The study included 225 caregivers who were Cuban American and White American. The researchers used random assignment in placing the participants into three different therapy structures. They were SET + computer telephone integrated system (CTIS), SET, and a minimal support control condition. The intervention was conducted over a 12 month time.

The first session began with the caregiver, and later the family members were introduced to gather further information such as family history, caregiving experience and information on the care recipient. The first session's goals included establishing therapeutic goals, rapport building, and assessing family interactions. Next, family interactions that were conducive to treatment were targeted. The treatment approached included understanding the root of the problem, the family's level of functioning and interactions and the facilitator stepping in to improve the family interactions. The CTIS component of the intervention provided caregivers with resources such as reminders for therapy appointments, voice messaging, REACH discussion groups, and other caregiver resources (e.g., Alzheimer's Association Resource Guide).

There was a follow-up session 6 month later. The results showed that caregivers in the SET + CTIS group reported less symptoms of depression when compared to other groups. However, there was a small increase in symptoms of depression reported by the Cuban American spouse participants. The 18 month follow-up has similar results to that of the 6 month follow-up, though no significant difference was reported in ethnicity and symptoms of depression. The results of the study indicate that time, ethnicity, and relationship played an important role in altering levels of depression reported. Furthermore, in relationship to the intervention the results demonstrate that there was no significant difference in family intervention by itself in the decreasing of depression but when combined with the CTIS the intervention proved to be very effective (Eisdorfer et al., 2003).

Mitriani et al. (2006) conducted a study in Miami to test the role of family functioning during a stressful event during the caregiving process. Furthermore, they wanted to test family functioning and the link between distress and objective burden. There were a total of 181 family caregivers included in the study. The researchers assessed burden, anxiety, perceived health, depression and sociodemographics for all the participants, using observational and multidimensional instruments. The results of the study indicate that family functioning significantly adds to distress and that the relationship between distress and objective burden is moderately mediated by family functioning. This study provides evidence that indicates that structural family approach is an explanatory model for the link between family functioning on caregivers providing services to dementia patients. Using intervention that target structural family challenges can help mitigate caregivers distress (Mitriani et al., 2006).

Support Groups

Starting with an appropriate intervention technique is a good place to start however knowing the correct venue and platform such as individual therapy, or support groups is important. Support groups are used by many people as an outlet to improve their life situation and sustain quality of life. This literature review will focus on support groups and how it benefits caregivers.

Golden and Lund (2009) conducted a qualitative study with 11 caregivers looking at the limitations and benefits of support groups they are a part of. The sample consisted of all Caucasian caregivers providing care services to a spouse with dementia and who were attending an ongoing support group which met for 90 min 1x per week. The group meetings took place in a large city and were held in a counseling center and in an adult daycare. The data were collected through personal interviews and direct observations.

The study took place over five months and found three key themes. The first was balance, which the authors deemed as being important because group members to consider their own happiness and well being as well as the care recipient's. The second was sameness, which supportive group leaders can use to invite group members to share and connect with other group members and gain feeling of mutuality (e.g. having the same concerns, feelings, challenges). The last was the theme of individuality, which theses authors described as attitudes and set of beliefs that individual group members posses. This theme can sometimes conflict with the theme of sameness and can affect the dynamics of the group. For instance, group members can rationalize that their experience is unique and that other group members could not understand. It is imperative that group leaders manage the group well and allow for discussion of individual points of views in order to identify where the resistance is stemming from. This will allow for all group members to feel heard and find better resolutions. (Golden & Lund, 2009).

Chien et al. (2011) performed a meta-analysis study to examine the power of support group characteristics and the efficacy of support groups. The meta-analysis included thirty journal articles that were published from 1998 to 2009. The criteria for selecting the studies were: (a) participants where caregivers for dementia patients, (b) qualitative analysis was used, (c) professionals facilitated the support groups, (d) the types of support groups had to be educational training, mutual support groups, and educational psychology groups, (e) studies included has to be true experimental design, (f) the control groups were waiting list, general care, or minimal support groups. The characteristics of the support group had to include social outcomes, psychological well-being, burden, and depression. The meta-analysis demonstrated that support groups positively affected all four characteristics describes: however, some factors showed impact at varying degrees. For instance, depression and psychological well-being were more impacted and had far better outcomes depending on intensity and length of group session. Furthermore, women caregivers had more positive outcomes in the areas of depression and psychological perspective than the men. Finally, improvements of social outcome measures were less for older adult caregivers (Chien, et a., 2011).

Sorensen, et al. (2008) preformed a qualitative study to investigate the impact of an intensive structured psychosocial intervention program on spousal caregiver and patients who live at home and have mild AD. Ten couples of spousal caregiver and care recipient were chosen for a 6 month intervention. The researchers used semi-structured in-depth interviews that were conducted with each couple separately with a follow up 1-3 months after the intervention. The psychosocial program included 4 main areas: education for the caregivers and patient, telephone outreach counseling, tailored counseling for the patients and family, and a log book that each individual (patient and caregiver) kept. The results demonstrated that all participants whether patient or caregiver benefited from the psychosocial support intervention program. Caregivers had improved coping skills that helped them cope with challenges they face in their caregiving duties. Caregivers were also better able to participate in social interactions with proficiency. The patients were able to interact with peers and found the interaction stimulating which improved their self-esteem and helped them identify new ways to manage social relations and everyday life. After the intervention both the caregiver and patient identified willingness to join suitable support groups and counseling (Sorensen et al., 2008).

Latino Psycho-Educational Interventions

Studies on Latino caregivers discuss the benefits of utilizing psycho-education techniques in group settings to help caregivers in accessing support services, using their peers as support, and the use of cognitive techniques to increase the use of positive coping strategies and decrease negative coping strategies (Morano & Bravo, 2002). Additionally, a recent study by Enriquez, and Llanque, (2012) found that there are positive effects associated with utilizing psycho-educational interventions in managing caregiver burden and distress. This literature review will focus on Latino psychoeducational groups and their efficacy in minimizing negative feelings associated with caregiver stress.

Morano and Bravo, (2002) examined a meta-analysis of interventions used to help Alzheimer's disease caregivers and found that the Latino population was greatly under represented. Only 2 out of the 40 studies analyzed included Latino however, the Latino sample was not large enough to conclude whether the interventions worked. The study conducted by Morano and Bravo, (2002) aimed to examine whether using a psycho-educational group intervention would improve positive coping skills in Latino caregivers. The sample size consisted of 20 Hispanic caregivers who were recruited from local medical centers through snowball sampling procedures. The participants attended a 5 day, 20 hour psycho-educational program and were given a pre-test at the beginning of the program series and a post-test at the end of the series. The researchers concluded that the use of psycho-educational strategies helped the participants improve their knowledge of community- based services, demonstrated improvement on the Caregiver Knowledge Survey, improve their willing to participate in support groups, reported overall satisfaction with program and demonstrated improvement of positive coping skills (Morano & Bravo, 2002).

Furthermore, the study by conducted by Gallagher-Thompson et al. (2003) examined whether using a psycho-educational group intervention would improve positive coping skills in managing caregiver burden and distress in Latino caregivers. The participants consisted of 70 caregivers, 43 caregivers participated in the intervention and 27 were waitlisted for three months. The intervention consisted of an 8 week culturally sensitive class that included several cognitive and behavioral skills to help with coping.

A pre/post test was conducted and comparisons were made between the intervention group and the waitlisted group. The researchers concluded that Latino and their White counterparts who received a psycho-educational intervention reported a reduction in depressive symptoms and an increase in their use of adaptive coping strategies (Gallagher-Thompson et al., 2003).

Conclusion

Caring for an aging family member who has a disability, is suffering from an illness, or is frail can take a toll on the caregiver. The demands of caregiving can place the caregiver at risk of emotional, financial, physical and negative psychosocial outcomes. Because the caregiver and care recipient relationship is of a personal nature, caregiver strain can have adverse consequences for the care recipient such as early institutionalization (Enriquez & Llanque, 2012). Latino caregivers face many challenges and it is crucial that culturally competent services be available to address the unique cultural value and needs of this population (Family Caregiver Alliance, 2004). It is important that a comprehensive counseling program with a community linkage component be provided. The purpose of this program is to provide a psycho-educational support group to address the needs of the caregiver and to increase their knowledge and skills through the caregiving process.

CHAPTER 3

METHODOLOGY

Chapter 3 outlines the process that was used in determining and gathering information for the funding source of the proposed program. This chapter includes the target population and information on the host agency. Additionally, it also explains the requirements needed for the grant. Lastly, it will highlight the target population's needs and how the proposed program intends to meet them.

Intervention and Nature of the Program

Latino caregivers face many obstacles as they care for a loved one suffering with Alzheimer's or related disorders. A large majority of healthcare services are provided by unpaid family and informal caregivers (Ayres, 2008). Family caregivers are responsible for many daily tasks associated with caring for the care recipient. These tasks include daily household and medical management as well as personal care activities (Ayres, 2008). One of the themes that emerged in the literature was that caregivers feel wholly responsible for all aspects of care needed by the care recipients (Plank, Mazzoni, & Cavada, 2012). Although there is a high level of depression, stress, and burn-out among family caregivers, the caregivers feel that there are limited amount of options to assist them with caregiving responsibilities (Plank et al., 2012)

The goal of this grant proposal was to establish a short-term psycho-educational support group for Latino caregivers to a care recipient with Alzheimer's at VISTA Adult Day Health Care Center in Maywood, California. The goals of this program are as follows: (a) To initiate a quality caregiver program within VISTA ADHC program for Latino caregivers in the community; (b) To help caregivers' lower symptoms of depression and caregiver stress; and (c) to provide resources and information on managing the health of the caregiver.

Target Population

The target population identified for this short term psycho-educational support program will consist of Latino caregivers providing caregiver services to a loved one who is receiving services through the VISTA Adult Day Health Care Center, located in Maywood, CA. According to the U.S Census Bureau (2010), the estimated total population for Maywood, California in 2010 was 27,395. The general population for Maywood, California consists of: Latino 97.4%, Caucasian/White 1.8%, African American/Black 0.6% and Asian 0.3% (U.S. Census Bureau, 2010). The U.S. Census Bureau (2012) reported that approximately 12.1% of the total population in Maywood, California consisted of persons who are age 65 and over. Accordant to the City of Maywood website there is only one senior center in the city of Maywood, CA (City of Maywood, n.p.).

Host Agency

According to the City of Maywood's website and the VISTA Adult Day Health Care Center informational brochure, VISTA ADHC provides services that include: adult day care services, case management services, senior transportation services, support groups, a nutrition lunch program, free/low cost senior recreation activities, and hosts various information trainings provided by other community based organizations. Joshua Broyles, The VISTA ADHC program Director, stated that he fully supported this proposed program and identified that he believed that this program could enhance services for Latino families at VISTA ADHC (personal communication, February 7, 2014).

VISTA ADHC was established in 2003 and according to the program director Joshua Broyles VISTA ADHC is the only adult daycare in Maywood, California (personal communication, February 7, 2014). This adult daycare offers services for income eligible adults who have Medical or Medicare. The services at Vista are available for seniors as well as disabled adults who are income eligible. VISTA ADHC provides services on a daily basis to an estimated 85 seniors and provides services to 160 members per year. VISTA ADHC also collaborates with local food banks in order to provide food items to VISTA members as well as other members of the community (Vista Adult Day Health Care Center, n.d.). The mission of VISTA ADHC is "to offer a safe place to improve the mental and physical health of its participants, to help them live in their own homes and to enjoy their independence through the help of individualized services that help the participants maintain a maximum level of quality in their lives" (Vista Adult Day Health Care Center, n.d.).

Identification of Potential Funding Source

There were several strategies used for identifying and selecting a funding source. Local, federal and state funding was examined for this project. The first step was to conduct an internet search using various search engines such as Google scholar, Google, MSN and Bing to identify potential funding sources. Terms such as grants for older adults, grant for older adult mental health, and Alzheimer's grant for Latinos were used.

Additionally, the resource librarian at California State University Long Beach Library was asked for assistance in locating grant funding opportunities.

The next step was to access foundations and specific websites to search for potential funding sources. Information about grants was gathered from the following websites: Grants.gov (www.grants.gov), Grantsmanship.org (www.grantsmanship.org), the foundation Center (foundationcenter.org), and Funds Net (www.fundsnetservices.com). Special attention was given to The Foundation Center due to its great track record for being one of the leaders in linking and connecting non-profits with grant makers. In searching through the different potential grants funding sources all eligibility, requirements criteria, the feasibility of obtaining grant and restrictions were closely reviewed.

Three potential funding sources were identified and the criterion was carefully reviewed. The first potential funding source identified was the S. Mark Taper Foundation. The S. Mark Taper Foundation's mission is improving people's lives by helping the community through support of nonprofit organizations (S. Mark Taper Foundation, n.d.). This funding program is based in Los Angeles and aims to support the community through grants, loans or gifts, to other organizations (S. Mark Taper Foundation, 1989).

The second potential funding source identified was the Alzheimer's Association. The Alzheimer's Association's objectives are to increase Alzheimer's research on a global level by supporting and engaging more individuals in Alzheimer's related research with the ultimate goal of closing the gap in research (Alzheimer's Association, 2014).

This funding grant program aims to fund programs associated with improving the quality of life of people suffering with Alzheimer's disease (Alzheimer's Association, 2014).

Third potential funding source identified was the Archstone Foundation. The Archstone foundation's mission is to participate and work towards the goal of preparing society in meeting the needs of the older adult population (Archstone Foundation, n.d.). This foundation supports non-profits that work towards assisting the aging population (Archstone Foundation, n.d.).

Criteria for Selection of Actual Grant

The criteria used to make the determination for selecting the funding source included making sure that the goals of the proposed program and that of the funding program aligned. In addition, an important component in selecting funding source was identifying that the funding source had previous involvement in funding programs such as the one proposed. There was also consideration on the quantity of funds available. Lastly, careful consideration was taken in verifying application deadlines, limitations in locations that grant could be applied, and verifying that the population that will be served through the proposed program aligns with that of the grant funding source.

Description of Selected Foundation

The Archstone Foundation is a local private grant making organization that was founded in 1989. This Foundation originally was a health maintenance organization but became a non-profit corporation with a focus on health care delivery and public health issues. The board of directors decided to change their focus through this transformation from general public health issues to solely focusing on aging issues (Archstone Foundation, n.d.). This organization continues to work on the goal of preparing society for the aging population and has become a leader in the field of aging. The Archstone Foundation uses current research and demographic trends to provide strategic funding. The organization allocates funding in four important areas such as elder abuse and neglect, fall prevention, end-of –life issues, and responsive grant making. This grant seeker is using the category of responsiveness to grant writing to seek funding. The area of caregiving and the issues surrounding it are specifically indicated as an emerging need in the field aging, which the Archstone Foundation is interested in directing its funds and resources towards (Archstone Foundation, n.d.).

Description of Submission Process

In the area of responsive grantmaking, the Archstone Foundation takes unsolicited letters of inquiry throughout the year on an ongoing basis. Once the letter of inquiry is reviewed, the Archstone Foundation will evaluate and determine whether it falls within the priorities of funding. If the foundation determines that the letter of inquiry meets the priorities an invitation to submit a full proposal for funding will be provided the grant seeker. The Archstone Foundation's endowment gives priority to proposals that will provide services in Southern California (Archstone Foundation, n.d.).

Needs Assessment

To assess the needs for the proposed psycho-educational support group for caregivers, a systemic and thorough analysis of the research was conducted to determine the need for such a group. This writer also worked in partnership with the VISTA ADHC service providers in order to attain information on the needs of the Latino population. After consulting with the staff, informal caregivers, formal caregivers and supervisor at VISTA ADHC, it was confirmed that caregivers at VISTA ADHC would benefit from the proposed program since they face challenges comparable to the ones discussed in the literature review. Additionally the staff and caregivers noted that the Latino community and caregivers will especially benefit from a psycho-educational support group for caregivers that will take into account the special needs of the community.

These interviews and the information gathered from national and local studies for the literature review suggest that caregivers will benefit from the proposed program. The review of the literature found that there in an expected increase in the number of people with Alzheimer's and related disorders by the year 2050 (Alzheimer's Association, 2012). This increase will subsequently increase the need for caregivers. Caregivers will continue to play a vital role in dementia care therefore, it is also expected that there will be increase in caregiver burden. It is crucial for caregivers to be able to face the challenges associated with the caregiver role with the tools needed and that the proposed program will provide. Caregivers who provided care to a loved one with dementia are at higher risk of emotional, physical and psychological and social problems (Andren & Elmstahl, 2008). Support groups such as the proposed program will act to mitigate caregiver burden. Support groups help the caregiver's well-being and help to decrease burden (Garbel, Trilling, Donath & Luttenberger, 2010). The addition of a caregiver support group at VISTA ADHC will be an asset and will be invaluable for caregivers and care recipients who already participate in services at VISTA.

Conclusion

Latino caregivers face many obstacles as they care for a loved one suffering with Alzheimer's and other related disorders. Caregiving can be a multi-faceted role and the need for services continues to be great. Having a strong support system and access to community resources can help mitigate caregiver burden and the complications that come from it. Therefore, developing a psycho-educational support group for family caregivers will provide them with practical tools, the knowledge, and emotional support needed to assure that they decrease symptoms of caregiver burden and stress as well as prevent early institutionalization of the care recipient with a diagnosis of AD or related disorders.

CHAPTER 4

GRANT PROPOSAL

Executive Summary

The purpose of this proposal is to obtain funding for a short-term psycho-educational support group for Latino family caregivers of a family member diagnosed with Alzheimer's disease or related disorders within Vista Adult Day Health Care Center in Maywood, California, that will assist caregivers in understanding the needs of the care recipient as well as help caregiver learn skills to manage their stress. This support group will provide a venue to share and receive support from peers as a way to help lower the caregiver burden often experienced by Latino family caregivers. The program will help increase caregiver knowledge about home-based care, will provide stress reduction techniques and increase knowledge of coping skills. The proposed program will help maintain a positive relationship between the caregiver and the care recipient and to help provide an opportunity to learn self-care techniques. The support group will be facilitated by a bilingual MSW and two BSW interns.

Problem Statement

There are over 66 million Americans acting as caregivers to loved ones who are not able to take care of themselves (National Alliance for Caregiving, 2009). It is estimated that by the year 2050 the caregiver population will increase by 85% (Centers for Disease Control and Prevention, 2012). Because of the time energy and physical exertion involved in caring for dementia patients caregivers play a vital role. Latino population provides care services at a higher rate than other cultures (Herrera, et al.,2008). According to the Belle et al. (2006) study caregivers are prone to health risks such as poor health, and mental disorders. These health consequences become more alarming when you take into consideration that the Latino population already often have poorer health than the Caucasian population (Herrera et al.,2008). It is clear that because there has been an increase need in caregiving services in the first half of the 21st century the stress related health risks for caregivers will be a far-reaching public concern.

The Archstone Foundation Grant Program identified four major funding priorities in the field of aging as top priority (Archstone Foundation, n.d.). The funding priorities are elder abuse and neglect, end-of-life care, fall prevention and responsive grant making (directing resources to unmet and emerging needs). The Archstone Foundation has committed over eight million over the next five years for these priority areas. Vista Adult Day Health Care Center is one of two senior providers in the area therefore services for older adults is at a high need.

Detailed Description of Program

A psycho-educational support group for caregivers will be provided in a 6 week program that will meet one time per week with each session building on each other. All participants will continue to be eligible to participate in all other programs and services offered at VISTA while they participate in the group. All new members will be required to complete an enroll packet and a pre-test in the initial session. At the end of the program the participants will be required to complete a post-test.

The group facilitators will work in collaboration with the staff at VISTA as well as other community based organizations to identify potential group participants and to complete referrals. Once the group members are identified the group facilitators will conduct the initial screening and intake process. The group facilitators will begin preparing for the group by gathering materials such as handouts and other materials.

The support group will be facilitated by a full-time MSW and two BSW interns. There will be two support groups conducted concurrently each week for duration of 6 weeks. Each group will have a total of 10 participants in each cohort which will service a total of 20 participants per week. These support groups will be repeated eight times per year and will serve a total of 160 participants per year. This support group will help the caregivers at Vista Adult Day Health Care Center improve their quality of life and that of the care recipients.

The facilitators will meet before the group session for planning purposes and will meet again after each session to debrief and discuss whether the targets were met. The staff will also meet with the director one time per week for individual supervision to address challenges and successes of group. In addition there will be a team meeting held once a month with all staff involved (i.e. director, MSW, and interns) to discuss the progression of objectives and to make adjustments as needed in order to guarantee that the objectives are on track and on their path towards the goals of the program. There will also be a monthly report prepared by the MSW that will be provided to the program director that will detail the progress of program and progression towards goal attainment.

Program Objectives and Goals

The proposed program will focus on achieving three major goals: (a) To initiate a quality caregiver program within VISTA ADHC program for Latino caregivers in the community; (b) To help caregivers' lower symptoms of depression and caregiver stress; and (c) to provide resources and information on managing the health of the caregiver.

Overall, these goals will help caregivers learn and practice techniques to enhance their skill tool box when managing the care recipient and their own well-being to prevent early institutionalization of their loved one.

The objectives for each goal are as follow:

Goal 1: To initiate a quality caregiver program within VISTA ADHC program for Latino caregivers in the community.

Objective 1: A bilingual MSW will be hired and 2 BSW interns will be recruited. All facilitators will have experience in dementia care and caregiving in order to better help the clients.

Objective 2: The group facilitators will recruit and assess program participants.

Goal 2: The group facilitators will help caregivers' lower symptoms of depression and caregiver stress.

Objective 1: The group facilitators will collaboratively teach positive coping techniques and self-help tools to help alleviate symptoms of depression and caregiver stress.

Objective 2: The group facilitators will guide the caregiver on the various techniques and will provide individual feedback to tailor the experience to each individual in the group.

Goal 3: The group facilitators will provide resources and information on managing the health of the caregiver.

Objective 1: The group facilitators will assist the caregivers in identifying and leveraging existing support and resources. The facilitator will also create a list of resources and make them available for the group participants, other VISTA members and staff.

Objective 2: The group facilitators will provide the caregivers with the appropriate referrals and linkage to community resources.

Timeline

Once the funding is received the program goals and objectives will be implemented throughout the duration of the group. The program will be conducted by the already employed director at VISTA, the newly hired bilingual MSW and two qualified BSW interns. Once the MSW and interns are hired the processed of planning for the psycho-educational support program will begin. All the facilitators will begin to attend and be part of staff development meetings and weekly supervision meeting. The group facilitators will begin recruiting by collaborating with other staff members, disseminating flyers and brochures to other community based agencies and clinics.

Once the recruitment has been completed the participants will be scheduled in for an orientation. During the orientation the facilitators will discuss group information, group purpose, will complete intake paperwork (i.e. releases and confidentiality agreements) and will complete pre-tests. The group participants will be assessed for depression and caregiver strain using the Becks Depression Inventory (Beck et al.,1988) and the Multi Dimensional Caregiver Strain Index (Stull, 1996).

Session 1: This session will introduce the group members to goal setting and a discussion on how each member plans to meet the identified goals will be facilitated. The facilitators will use a worksheet contract to help group members visualize and write down possible goals. Goals will be reviewed at subsequent sessions, adjustments will be made if needed and feedback from other group members will be encouraged.

Session 2: Cognitive behavioral techniques will be introduced. The facilitators will focus on the relationship between thinking, emotional arousal and behavior response habits and how to change negative thinking into effective coping. The facilitator will introduce activities to help the group members better understand CBT techniques. The facilitator will demonstrate how to substituting negative mood and thinking with pleasant activities through the use of modeling, worksheets and group discussions.

Session 3: In this session group members will continue to role play, and rehearse CBT techniques. This session will also introduce relaxation techniques and a discussion on the importance of mind body connection will be facilitated. A guided imagery relaxation exercise will be conducted.

Session 4: Assertiveness skills will be introduced to help the caregiver better communicate needs to other family members, care recipient and health care providers. The facilitator will use an open forum to discuss events in which being assertive could help, when to say no and when to ask for help. This will be done through the use of group discussion, modeling and an activity worksheet.

Session 5: This session will be focused on feelings of anxiety associated with the care of a loved one. The group session will consist of exploring group member’s common fears. The facilitator will make connections with group members, identify common themes, and normalize the anxiety producing thoughts. Anxiety relieving exercised will be discussed such as breathing exercises, thought blocking, and methods other group members use that has helped them in the past. In addition this session will begin readying group members for termination. A brief discussion on lifestyle changes, techniques used, and reviewing goals will be facilitated. The group will report successes and changes they have been made.

Session 6: The last session will consist of a termination activity involving all participants. There will be a discussion involving feedback, a review of lessons and strategies learned, and listing of coping strategies that each member will take with them to help them with caregiving. Additionally, a post-survey will be provided to assess whether symptoms of depression and caregiver strain were reduced. Lastly, resources will be provided to all group members such as CBT guidebook, Alzheimer's and dementia care organizations and other resources.

Evaluation

The proposed program goals and objectives will be measures throughout the program year.

Goal 1: To initiate a quality caregiver program within VISTA ADHC program for Latino caregivers in the community.

The group facilitators will have to complete 12 hours of trainings in the area of caregiving and Alzheimer's patient care, including mental health related issues. The training requirements will assure that facilitators provide quality and proficient services to clients. The facilitators will be required to write group case notes which will be reviewed by supervisor to assess whether the participants were receptive to the interventions and if interactions between group members were occurring. This goal will be measured by successful completion of required trainings.

Goal 2: The group facilitators will help caregivers' lower symptoms of depression and caregiver stress.

This goal will be measured by evaluating the results of the pre and post test surveys (MCSI and BDI). The participants will be asked to complete a pre-test at intake and a post-test at the end of the 6 week program. In addition, the group notes and the feedback portion of the session will be examined to evaluate whether the group members were utilizing and implementing interventions that have been discussed.

Goal 3: The group facilitators will provide resources and information on managing the health of the caregiver.

This goal will be measured by tracking end of meeting feedback and evaluating case notes to assess whether group members are leveraging existing supports and utilizing resources and information provided in group sessions to help manage their health.

Budget Narrative

It is anticipated that the budget for year one of the program will be approximately $166,542.00. A total of $79,262.00 of it will be requested from the Archstone Foundation Grant with VISTA ADHC covering the remaining costs of $87,280. The Archstone Foundation grant requested is $79,262. This amount will cover $6,722.00 in direct program costs and $72,540.00 in salary and benefits for the MSW and a portion of the director's salary. VISTA ADHC will contribute to the remaining budget with $87,280.00

in-kind donations (see Appendix). This amount will cover $11,880.00 in direct program costs and $75, 4000.00 in salary and benefits for the director.

Salaries

The program will be implemented by the existing director, a newly hired full-time bilingual MSW and two BSW interns. An amount of 10% of the director's current salary will be paid for by the Foundation Grant in the amount of $5,800. There will also be annual benefits paid in the amount of $1,740 paid by the Foundation Grant request. The director's responsibilities will include four hours per week to oversee the program and will include providing weekly supervision to each staff, reviewing reports and group case notes.

The MSW's salary will be covered in full by the foundation grant requested in the amount of $50,000 per year plus $15,000 in benefits. The MSW's salary was estimated by the average pay listed in a social advocacy organization, per data provided by the U.S. Department of Labor, Bureau of Labor Statistics (2012). The MSW's responsibilities will include facilitating and monitoring the support group, supervising of interns, coordinating referrals, networking with other staff and community based organizations for referrals, preparing group materials, and administering pre and post tests.

Although The BSW interns will not be receiving an annual salary their work will be compensated through gained work and education experience by participating in staff trainings and conferences. The BSW's responsibilities include co-facilitating support group, helping in preparing class materials and room for the group session, preparing group case notes, reporting back to MSW and Director, coordinating and scheduling appointments with clients, recruiting of group participants, conducting evaluations, and responsible for on-going recruitment.

Direct Program Costs

An amount of $18,602.00 is the proposed budget for direct program services. Included in this amount is the facility tax and rent in the amount of $3,300. The $3,300 will be covered by VISTA and will include the monthly rent related expenses for the VISTA ADHC facility located in the city of Maywood. There will also be $6,700 in equipment, computers and furniture costs. VISTA will cover a total of $5,5000 of this amount because they will be providing the fully furnished facility which includes office equipment such as desks, chairs, fax machines, phones, printers and internet service. The remaining $1,200 will be covered through the foundation grant. Because VISTA will be providing the facility and office space the only cost related to the support group will be the purchasing of two lap tops for the group facilitators. The lap tops will be used for writing reports, preparing flyers and brochures, researching resources for the group participants, and for writing group case notes.

An amount of $911.00 is proposed for purchasing copy written evaluation materials for the BDI and MCSI. The full amount of $911.00 will be covered by the Foundation Grant. The total cost of the BDI evaluation materials will be $538.00. This amount includes two BDI complete kits (one in Spanish and one in English) totaling $256.00. Each complete BDI kit costs $128.00 and contains one manual and 25 record forms. Each additional package of 25 record forms costs $56.40 and a total of five will be purchased (two in English and 3 in Spanish) for a total of $282.00.

The total cost of the MCSI evaluation materials will be $373.00. This amount includes two MCSI complete kits (one in Spanish and one in English) totaling $178.00. Each complete MCSI kit contains one manual and 25 record forms. Each complete MCSI kit costs $89.00. Each additional package of record forms is $39.00. Each package contain 25 record forms and a total of five packages will be purchasing 5 (two in English and 3 in Spanish) for a total of $195.00.

An amount of $4000 will is the proposed budget for trainings. VISTA will provide $2000 for trainings and in-service already offered to VISTA staff. These trainings include CPR and First Aide, elder abuse prevention, implementation of action plans required by Quality Assessment and Improvement Committee, facility's training rehabilitation programs (i.e. ambulation, aid in activities of daily living, and maintenance of range of motion), and HIPPA trainings.

The remaining portion will be covered by the foundation grant requested in the amount of $2000 (see Appendix). The fund will include trainings and conferences related to Alzheimer's not covered by VISTA such as Alzheimer's Disease or Related Disorder Training for Professionals in the Field, Alzheimer's Association International Conference (AAIC), Meeting of the Minds Dementia Conference 2015, and Caregiver Conference in Partnership with Scripps Health.

There will be a total of $1,691.00 budgeted for indirect costs will be 10% of total program cost. The foundation grant will cover $611.00 of the indirect costs and VISTA will cover the remaining of $1,080.00.

CHAPTER 5

LESSONS LEARNED

The grant writing process required time commitment, patience and attention to detail. Selecting the topic proved to be challenging due to the broad scope of the subject this writer wanted to research. This writer began by looking at an area of research that had piqued an interest for her in the last year while working with the older adult population. This writer was able to observe the challenges Latino families have in accessing support when caring for an older adult. While conducting research for the grant proposal this writer's focus was on the Latino population and caregiving challenges, however this writer quickly realized that the scope of research subject would have to be narrowed. The grant writer began by looking at common challenges older adults have and found that Alzheimer's researched has gained much notoriety. Narrowing the search on Alzheimer's disease and the Latino population yielded much more research material.

Although the research on Alzheimer's is bountiful, challenges arose due to the vastness of research on the subject. In addition, culturally diverse research is limited. This process was very time consuming due to the lack of organization and not using a more effective systematic approach in gathering research. Certain patterns emerge began to emerge as during the literature review. Cognitive behavioral therapy (CBT) emerged as popular Non-Pharmaceutical therapeutic modality for treat Alzheimer's patients. In researching CBT this writer found that CBT literature was also commonly used in researching caregiver stress and depression.

Although the literature review proved to be tedious it allowed the writer to focus the grant writing proposal on a subject matter that is relevant and affects people cross cultural boundaries. Prior to starting the grant writing process this grant writer's knowledge of Alzheimer's and dementia was limited. The literature review allowed this grant writer to understand the challenged Alzheimer's disease and dementia has on the care recipient and the caregiver.

During the process of developing this grant application, the writing became familiar with various search engines that provide potential funding sources. There are a great number of foundations that provide much needed funds, however matching a foundation's mission with the goals of the grant program required more research than expected. This writer gained knowledge of potential funding sources and the different programs that are being funded in the field of aging. Completing the mock application helped the grant writer understand the intricacies that come with attempting to get a project funded. Although the writer has worked in the non-profit sector for nearly 2 decades, this project allowed for a better understanding on the competitive nature of locating funds and the great deal of effort and planning that it takes to acquire funds to maintain and growing projects.

Analysis of the Process

One of the limitations that became apparent was the limited research on Latino family caregivers of Alzheimer's and dementia patients. The older adult population is growing exponentially and is becoming more racially diverse, however research on specific treatments and modality used for different ethnic groups does not reflect the need. The Latino population is the fastest growing ethnic group in the United States (U.S. Census, 2010), yet the research on caregiving challenges and treatment modalities are not being investigated. The majority of the research on caregiving stress is conducted on the Caucasian population. Some of this research cannot be generalized due to specific cultural needs that the Latino population has. However, the research on family caregivers and support groups is bountiful and rich. The writer found effective interventions that have proved to be helpful for family caregivers in reducing negative health effects of stress and caregiver burden. The writer used this research to make a case for the importance of providing services to Latino family caregivers.

Recommendation for Future Research

It is estimated that one third of Latino households have at least one caregiver and that Latino caregivers often do not seek outside support. Caregivers, who identify feeling burden and increase stress, often have deleterious effects on their health. Research on treatment modalities such as formal support, mental health services and support groups is crucial. Latino caregiver's health often fares far worst that their Caucasian counterparts therefore it is important to provide the support needed by the Latino population. Due to the limited research on family caregivers and intervention techniques in the Latino population, the grant writer recommends that funding be sought from foundations that support the aging population in this community.

Another recommendation that the grant writer suggests is that more grant proposals be submitted to fund programs and research to support the growing need of the Latino population. The limited research on effective interventions for Latino caregivers is an indication that this is an area that warrants more funding to meet the demand. The writer learned through the grant writing process that funds acquisition can be very competitive, however this gap in research can prove to be an upper hand for those who are willing to tap into the unmet need and contribute through grant procurement and funding research on the subject.

Implications for Social Work and Multicultural Practice

The social work profession aims to help and improve the lives of people in need. Social workers help people cope with various challenges that arise in their lives such as family, relationship or individual problems. The older adult Latino population is living longer and is a rapidly growing segment of the population. They not only experience age related changes in their mental and physical health but because of cultural norms often lack linkage to the proper supports. Caregivers play a major part in assisting older family and friends who can no longer do so for themselves. Grant writing can be beneficial in advocating for older adults on a macro level by procuring funds that can help the SW build programs to help the caregiver with resources to better meet the needs of the Latino aging population. Social workers can use grant writing as a tool to funnel funds into innovative projects that can target cultural focused research in the area of aging and more specifically in caregiver supports.

This project helped the grant writer understand the challenges that caregivers face when they do not have proper support. Caregivers have a direct affect on the lives of the care recipients therefore it is of the upmost importance that proper linkage to cultural sensitive supports be facilitated. This task often falls on the shoulders of social workers which is why social workers who have having extensive knowledge of the specific needs of the aging population are responsible for utilizing grant writing to create more services to help increase quality services.

Conclusion

The purpose of this grant writing project was to fund a psycho-educational support group for Latino family caregivers of adults affected with Alzheimer’s. The thesis writing process was long and arduous, however the process served to help the writer experience the painstaking process that non-profits must go through to secure fund for social services. This experience has added to the knowledge base that the writer has gained during graduate school. This project has proved to be an important experience for the launch of the writer’s career as a social worker. Non-profit organizations often employ social workers therefore this grant writing experience had helped to build a strong foundation that will help the writer in her career for years to come.

APPENDIX

LINE ITEM BUDGET

Line-Item Budget

Expenses	Proposed Budget Covered by Archstone Foundation Grant	Proposed Budget Covered by VISTA ADHC
Salaries		
Director (1 FTE) @ 10% of FTE of $58,000 annually)	$5,800.00	$58,000.00
MSW (1 FTE)	$50,000.00	$0.00
2 BSW interns	$0.00	$0.00
Benefits/Taxes (MSW) @ 30% of FTE	$16,740.00	$17,400.00
TOTAL SALARY AND BENEFITS:	$72,540.00	$75,400.00
Facility Tax and Rent	$0.00	$3,300.00
Office Supplies/ Printing and Duplication Fees	$2,000.00	$0.00
Copy Rights Evaluation Instruments (MCSI and BDI)	$911.00	$0.00
Equipment, Computers, Furniture	$1,200.00	$5,500.00
Trainings	$2,000.00	$2,000.00
Indirect Costs: 10% of program costs	$611.00	$1,080.00
TOTAL DIRECT PROGRAM EXPENSES:	$6,722.00	$11,880.00
SALARIES AND DIRECT PROGRAM EXPENSES COMBINED:	$79,262.00	$87,280.00
In-Kind Support	$87,280.00	
Total Amount From Grant	$79,262.00	
TOTAL EXPENSES	$166,542.00	

(Prepared by Adriana Martinez)

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