ABSTRACT

EDUCATING CAREGIVERS OF OLDER ADULTS:

CURRICULUM DEVELOPMENT

By

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May 2015

This curriculum was designed for older adults and their caregivers. The curriculum begins with an overview of the issue and addresses aging issues through six 3-hour sessions. The design was deliberate in nature to bring to light the importance of a social worker. It focuses on competence to work with families who seek caregiver model options, realities, and expectations of both the older adult and the caregiver, and what to look for in assisted living or aging in place. The importance of understanding cultural and spiritual aspects and their meanings in the caregiving process is emphasized. An extensive literature review identified various stressors among older adults and their caregivers and identified effective interventions to address their psychosocial needs based on evidence-based and empirically based research studies. This curriculum was designed to provide information and to bring awareness of the importance of empowerment of older adults and their caregivers.

EDUCATING CAREGIVERS OF OLDER ADULTS:

CURRICULUM DEVELOPMENT

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CHAPTER 1

OVERVIEW OF THE ISSUE

The provision of care for older adults, either by a spouse or an adult child, can be an overwhelming process. There are layers of needs to be supported, such as daily assisting physical activity, managing finances, navigating health care needs and decisions, and either providing or obtaining medical or health care services (Sundar, Fox, & Phillips, 2014). Many older adults opt to stay in their homes, looking for support from the community to age in place and to minimize financial burden. It has been projected that the average cost of 3 years of assisted living (including 1 year in a nursing facility) can cost up to $80,000; in contrast, the average cost of 2 years of care at home is approximately $40,000 (Poor, Baldwin, & Willet, 2012).

Caregivers, most often spouses or adult children, play an essential role in supporting older adults. It is estimated that most caregivers are women (82%), while 40% of care is given to a spouse and 41% is given to parents (Keefe, Guberman, Fancey, Barylak, & Nahmiash, 2008). These statistics indicate that it is important to recognize the role of women and to acknowledge caregivers' needs and burden. Caregivers need advocacy in the form of emotional support, reasonable breaks from caregiving, and information about how to navigate the health care system (Keefe et al., 2008). Information and training for effective caregiving should be made available through educational workshops.

Purpose Statement

The purpose of this curriculum was to provide workshops to persons who are caring for older family members. The curriculum was designed to (a) help caregivers utilize the health care system, whether the care recipient is living at home or in a nursing facility; (b) empower caregivers with adequate information to make the best decisions for themselves and their care recipients; (c) provide options and information to caregivers; and (d) increase awareness about acculturation and generational gaps from the perspectives of culture and spirituality.

Many families are unaware or unsure of the options that are available to both the older adult and the adult child caregiver, and many are not made aware until they are in a position of desperate need for services (McInnis-Dittrich, 2005). Providing workshops will help both the older adult and the adult child caregiver to have an idea of some of the burdens that each may be feeling (McInnis-Dittrich, 2005).

Conceptual Definitions

The following definitions apply to terms used throughout this curriculum.

Adult Child

A son or daughter of an older adult, including those designated as old (75–85) or oldest old (86 and older; Haight & Gibson, 2005). The quality of the adult child-caregiver relationship is dependent on the prior dynamics of the older adult and adult child relationship (McInnis-Dittrich, 2005).

Caregiver

A spouse, child, other family member, or hired caregiver who cares for an aging adult (Haight & Gibson, 2005). The target population of this curriculum development

project is spouses and adult children. Approximately 60% of all caregivers are women: spouses, daughters, or daughter-in-laws (McInnis-Dittrich, 2005).

Older Adult

Persons in the latter part of life: old adult (75-85), and oldest old (86 and older; (Haight & Gibson, 2005). Age 75 to 85 is considered "the middle-old"; it is the oldest old that require the greatest care (McInnis-Dittrich, 2005).

Social Work and Multicultural Relevance

Research has found that the elder population is vulnerable to oppression, racism, and social inequality (Gelman, Sokoloff, Graziani, Arias, & Peralta, 2014). Sharing information and relevant resources is one of the important aspects of social work practice. This curriculum development project is based on the assumption that social workers can enhance the quality of care for care recipients and the quality of life for caregivers through educational workshops. The core values and ethical principles of social work, according to the National Association of Social Workers (NASW), are to preserve the dignity and worth of the person and maintain the importance of human relationships (NASW, 2008).

Social workers play an important role in working with older adults and adult child caregivers. It is important for social workers to understand the needs not only of clients but of their family members as well. For example, social workers should be aware of challenges faced by their older adult clients and family members when they make important life decisions. Social workers should be knowledgeable about the health care system in order to serve effectively as brokers and advocates.

Religious and spiritual factors play important roles in the lives of older adults and their caregivers. Considering that older adults are often cared by younger family members, acculturation and generational gaps in the context of culture and spirituality should be addressed. Social workers should be familiar with how these factors can influence relationships between care recipients and caregivers. For instance, there are various ways to practice religious rituals and there are many ways to interpret the meanings of these practices. These rituals and practices should be examined carefully to minimize the cultural and generational gaps that may cause conflicts between care recipients and caregivers (MacKinlay, 2006).

The largest portion of the growing population of older adults is that of ethnic minorities (Schneidermann & Critchfield, 2012). The proportion of family caregivers from culturally diverse ethnic backgrounds is expected to grow from 20% to 42% by 2050 (Gelman et al., 2014). As the social profile changes and the population grows, it is important that the health care system change as well, meeting the needs of those who utilize the system. Persons who are involved with older adult care recipients and their caregivers must be aware of issues of social, economic, and cultural diversity (Phillips, Chiriboga, & Jang, 2012). For example, it is important to address language and literacy issues that could serve as barriers to effective care (Schneidermann & Critchfield, 2012). In general, cultural competence is a standard for those in social work practice who serve people from all walks of life and diverse backgrounds. It is important that they uphold the value systems of their clients to promote continued dignity (Chettih, 2012; NASW, 2008).

Working African Americans value family cultural norms and provide care to family members, as well (Fredricksen-Goldsen & Farwell, 2005), as minority adult child caregivers who may be economically challenged are more likely to provide care in both hours and type of care than Caucasian adult child caregivers.

Within the older adult minority spectrum is the lesbian gay bisexual (LGB) population. Little research as been conducted on the topic of resilience of an older adult, guiding factors, and sexual orientation (Fredriksen-Goldsen & Kim, 2014; Perkins, 2014). In research by Fredriksen-Goldsen and Kim (2014), the survey question was not asked about sexual orientation; when it was broached, the survey question did not go past the age of 70, as conducted at the University of California Los Angeles Center for Health Policy Research. The LGB population in the United States comprises about 3.4% of the population. In health studies it has been found that disparities in the young LGB community continue into older adult years (Fredriksen-Goldsen & Kim, 2014).

CHAPTER 2

LITERATURE REVIEW

The literature review examines the range of types of support for older adults and their caregivers, enhancing understanding through evidence-based research studies. The literature review first focuses on caregiver models, examining what has worked and what remains to be studied and changed. Next, the realities and role expectations of older adults and their caregivers are explored. The options for living situations and interventions are addressed, as well as the strength of community involvement, support systems, and the relationships among interdisciplinary teams. Since social work is a vital integral part of the diverse practice, the literature review also examines cultural and spiritual issues. These topics are found as common themes in the literature review. Each is important to the older adult and caregiver as they embark on making extremely important decisions.

As the adult child moves with the older adult in navigating the system of support and what is available, the language of the system can be overwhelming to both. This project is meant as a stepping point to guide those in need of exploring options regarding where to look for help and guidance. Both evidence-based research and empirically based research substantiate that the designed curriculum is effective (Barnett, 2013; Cummings, Kropf, Cassie, & Bride, 2004; Gelman et al., 2014; Vidyalashmi, Fox, & Philips, 2013).

This literature review is organized into the following sections: (a) Caregiver Models, identifying challenges for the older adult recipient and the adult child provider; (b) Realities of Older Adults and Role Expectations of Their Caregivers; (c) Home Care Versus Assisted Living; (d) Interventions for the Older Adult; and (e) Cultural and Spiritual Needs of Older Adults and Adult Children.

<div align="center">Caregiver Models</div>

As the older adult population, commonly referred to as Baby Boomers, continues to grow, the health care system faces increasing challenges to care for this generation. Interdisciplinary teams that work with and support older adults and adult caregivers, including doctors, researchers, policy makers, and social workers, are confronted with difficult choices about who will care for older adults and how they will be prepared to do so (Barnett, 2013).

A strong majority of caregivers of this growing aging population are family members, such as spouses and adult children. Research has shown that these caregivers are likely to experience the effects of burden (Jahn, Van Orden, & Cukrowicz, 2013). Generally, the experience of burden differs between spouses and adult children (Vidyalashmi et al., 2013). Many adult children remain in the work force, and many may still be raising their own children. However, some are not married or may not be employed (Barnett, 2013). Understanding the complexity of navigating the needs of older adults and finding the correct combination of supportive services can reduce the burden and stress of the adult child caregiver.

One of the major concerns in planning for future care of this generation relates to the growing ethnic diversity of the older generations. Among diversity concerns is

the simple yet challenging matter of language differences between caregivers and care recipients. San Francisco General Hospital conducted a pilot "transitionalist" project in which they matched nurses and patients by common language (Schneidermann & Critchfield, 2012). They found that language played an important role in caregiving and that matching the language was one of the factors to be considered when developing an effective caregiver model. Research has found that physicians' attention to cultural characteristics has a positive delivery on health care for the older adult (Phillips et al., 2012). Research suggests that health care recipients are looking for a trusting respectful relationship and, when those components are not there, recipients have shown a negative affect on health care outcomes (Phillips et al., 2012). This also applies to the children and spouses of older adults. For example, immigrants who speak English as a second language may prefer speaking their primary language as they age. Their children and spouses must assess the comfort level of using both the primary and secondary languages.

Another concern in planning care for older adults is that this growing diverse population is more likely to live in poverty. Adult child caregivers may be hesitant to offer caregiving assistance out of concerns for their own financial needs, as well as those of the care recipient (Gelman et al., 2014). The caregiver model should include the financial component when family members act as caregivers. It is vital that both adult child caregivers and older adult care recipients be given the opportunity to be involved in all aspects of managing health care decisions (Toles, Abbott, Hirschman, &

Naylor, 2012). Caregivers and care recipients should be addressed as members of a team so the needs of both can be addressed effectively.

It is reported a large proportion of the 33 million persons who provide care to family members do so without training or assistance (Kelly, Reinhard, & Brooks-Danso, 2008). This underlines the need for educational programs and interventions for caregivers to equip them to provide effective care and minimize their personal burdens.

Being an adult child caregiver of an older adult has many challenges and obstacles, as the caregiver balances personal family and career while providing care to the older adult, all the while balancing mental and physical health concerns (Cassie & Sanders, 2008). Evidence-based research has shown that is it not uncommon for the adult child caregiver to receive therapy for both physical and mental challenges that caregiving can present (Cassie & Sanders, 2008).

Through evidence-based research it has been shown that caregivers are at risk for increased burden, depression, and stress. It is important to provide therapy, support groups, and respite, and to advocate for both adult child caregiver and older adult recipient (Cassie & Sanders, 2008). Psychosocial interventions promoting (a) mental health, (b) prevention of depression, (c) physical exercise, (d) skills training, (e) reminiscence, and (f) social and group activities are all beneficial for the adult child caregiver and older adult (National Alliance on Mental Illness, n.d.).

Caregiving of an older adult by an adult child is a long-standing valued resource that is not to be taken lightly; however, it comes at a cost. According to the National Alliance for Caregiving (2009), costs of caregiving out of pocket, due to lack of

financial resources or inadequate health care coverage, can exceed $20,000 in a period of 2 to 6 years. An estimated 30% of adult child caregivers make less than $50,000 per year, versus 48% who make $100,000 a year or more; 60% of families reportedly do not receive assistance because services are not available or not accessible.

<u>The Realities and Expectations of Older Adults and Their Caregivers</u>

Many older adults experience depression. One study indicated that the older adult population has a high suicidal rate (Jahn et al., 2013). They also experience relational losses of spouses and friends as they age. They face a decreased level of independence, such as losing driving privileges, being forced to leave homes, losing physical mobility. They are forced to depend on others for daily tasks, such cooking, shopping, and bathing (Poor et al., 2012).

The role of caregivers is to navigate older adults through this transition of losses. Being family members of the care recipients, additional responsibilities, such as financial burden of caregiving and relocating their living places, are placed in the hands of caregivers (Barnett, 2013). Family members may experience many adjustments in emotional reactions in the new-found role of caregiver. In addition to relationship between caregiver and care recipient, each must work on family relational issues (Sundar et al., 2014).

According to the National Alliance for Caregiving (2009), over a 12-month period an estimated 65.7 million persons in the United States are unpaid caregivers; out of that number approximately 66% are female, age 46 years and older, and 86% are providing care to a relative for an average duration of 4.6 years. They are estimated to provide "4.4 out of 7 Instrumental Activities of Daily Living (IADLs), which includes

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but not limited to transportation (83%), housework (75%), grocery shopping (75%),

meal preparation (65%), managing finances (64%), and arranging or supervising outside

services (34%)" (National Alliance for Caregiving, 2009, p. 4).

As older adults face the normal challenges of loss in the form of death, health, or

activities of daily living, it is vital that the stressors or burdens that are perceived by the

adult child caregiver be recognized because the costs may outweigh the benefits of what

the adult child as a caregiver may be able to provide. It is important that social workers

have knowledge of effective strategies through empirically based research on successful

interventions such as cognitive behavioral, problem solving, and reminiscence therapies

(Cummings et al., 2004).

<div align="center">Home Care Versus Assisted Living</div>

Due to increasing costs and limited insurance coverage of assisted living or

skilled nursing facilities for older adults, more families are moving toward adult child

caregivers (Poor et al., 2012). A positive and effective experience in this care, for both

caregiver and care recipient, is possible only when certain issues are addressed effec-

tively: (a) needs of adult child caregivers and older adults; (b) informative education on

caring for older adults; (c) methods for obtaining necessary services, either for aging in

place or for assisted living; (d) assigning duties and responsibilities to specific members

of the interdisciplinary care team; (e) respite coverage for the adult child caregiver when

caring for an older adult at home; and (f) financial and emotional readiness (Giosa,

Stolee, Dupuis, Mock, & Santi, 2014).

Research has shown that culture, race, and ethnicity are determining factors on

placement of the older adult. Families from certain cultural backgrounds view caring

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for the older adult as an honorable undertaking that can lead to better quality of care than assignment to assisted living facilities and professional care (Sundar et al., 2014).

For example, although little research has been conducted on the relationships of African Americans and Hispanics with regard to assisted living facilities (Park et al., 2013), one study has shown that African Americans and Hispanics do not utilize assisted living facilities at the same rate as Caucasians. In addition to their preference for home care, this is due to high cost, substandard quality of housing available and lack of cultural competence (Hernandez & Newcomer, 2007).

The challenge for minorities is a lack of social connection; staff may not be culturally competent and there may be language barriers between staff and clients, as well as a lack of ethnic diversity (Park et al., 2013). When minorities can connect with other residents of similar racial or ethnic backgrounds, including but not limited to language and culture, they are able to connect on a personal level, exchanging memories and reminiscences (Park et al., 2013).

One evidence-based study (Altpeter, Bryant, Schneider, & Whitelaw, 2006) tested implementation and effects of (a) identifying important health issues and the population at risk, (b) identifying effective interventions, (c) selecting an intervention, (d) translating the intervention into practice, (e) evaluating of the program, and (f) sustaining the program. Evidence-based research helps to identify the problem, leading to proper implementation, better services, and better outcomes. The purpose of this research was to provide older adults with resources that are available in the community and as a way for providers to be aware of the challenge and barriers that older adults

face as consumers. This particular research was conducted from community-based services that both provide and bring care to aging older adults and the necessity for evidence-based research.

For older adults who age in place with an adult child provider who may utilize paid or family or friends as providers, research has provided models through qualitative methods describing quality caregivers (Piercy & Dunkley, 2004). The researchers reported that the average age of the caregiver was 59 years and the average age of the older adult recipient was 84.5 years. All of these recipients received Medicare home health benefits and had on average at least two visits a week from home health care aides. The study covered a span of 8 weeks to 4 years. Adult children looked not only for good quality care, but also for quality care that would enrich the life and promote independence of the older adult, supporting the adult child caregiver with undertakings that required two or more persons assisting the older adult, as well as sustaining the dignity of the older adult (Piercy & Dunkley, 2004). Adult children also endure much of the emotional and financial burden of caregiving, despite much-needed but seldom-sought relief that enables the adult child caregiver to manage personal life concerns while the older adult is cared for (Piercy & Dunkley, 2004).

There are many models of respite care available, such as the Program of All-Inclusive Care for the Elderly (PACE), a community-based setting started in San Francisco around 1970 (PACE, 2002). PACE has been serving the older adult population of San Francisco since it was found that older adults wanted to age in place but needed community support to do so. PACE provides (a) adult day care that includes nurses and

various types of therapy (physical therapy, occupational therapy, meals, social work), (b) medical care from a PACE physician acquainted with the patient's history, (c) care in the form of home health, personal care, medications, specialties, and (d) respite care, hospital, or nursing home care when deemed appropriate (PACE, 2002). All are successful ways of promoting older adults to age in place with assistance, allowing the adult child caregiver support and respite.

<center>Interventions for Older Adults</center>

Not all adult children of older adults will serve as caregivers, but most will serve at least as care supporters. Numerous research studies have made recommendations for interventions for older adults and provided guidelines to help the adult child caregiver or supporter (Kelly et al., 2008; Sundar et al., 2014). It is important that (a) both the older adult and the adult child have access to appropriate resources, (b) they have service connections, (c) all family members have access to support, (d) there is collaboration by interdisciplinary team members, (e) all have a sense of community and partnership in making decisions about placement, and (f) both older adults and adult child caregivers have a sense of empowerment (Blumberg, Jones, & Nesbitt, 2010).

One successful intervention was the Village Model, Beacon Hill Village in Boston (Poor et al., 2012). This nonprofit was founded in 2002 by a group of older adults living in the downtown area of Beacon Hill, Boston. This group of older adults wanted to age in place in their community and homes, but with the support and services in and around their community. The goal of this project was to try not to rely on private social services or governmental services but on the community where these older adults lived.

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The Village boasted (a) self-governing, self-supporting grassroots organization, (b) organized structured programs and services in response to the varying needs of the community (c) member services provided by volunteers and providers, (d) the community is holistic person centered and consumer driven, (e) they created innovated strategic partnerships within the community resources, and (f) promoting volunteers, civic commitment and intergenerational relationships (Poor et al., 2012).

Another such model of helping older adults age in place is The Green House Project (2014), turning everyday homes in everyday neighborhoods into care facilities for older adults. This type of housing allows the older adult to be in a much smaller facility, receiving around-the-clock care in a home setting. The Green House Project can accommodate 10 to 12 older adults, giving them a home feeling; the home is built with this in mind, allowing the older adult to move freely or to help prepare meals.

On the therapeutic end of interventions for older adults who are living in the community, evidenced-based research has found that cognitive-behavioral therapy has been effective with older adults in treating depression (Cummings et al., 2004). Participants were older adults in long-term care facilities and those living in the community. Participants were randomly assigned to one of the three treatment groups: cognitive, behavioral, or psychodynamic. Results showed that all treatment modalities had a positive effect on all participants. It was noted that research with regard to older adults and these interventions was lacking but that the research that has been done has been shown to be beneficial for both long-term care and community-based older adults. This treatment modality is also beneficial with older adults who are living in board-and-care

facilities. It is also advantageous for professionals serving the older adult population to be trained on environmental interventions and behavioral management techniques as part of the intervention treatment protocol (Bartels et al., 2002).

In addition to sufficient resources, cultural and spiritual diversity must be addressed when working with adult child caregivers and older adults. Cultural and spiritual generational differences exist as the adult child caregiver tries to understand the profound connection that older adults experience in later life with culture and spirituality (Nelson-Becker, 2005).

Cultural Needs

It is important for caregivers to be aware of generational gaps and differences in acculturation levels from the perspective of culture and spirituality. Hospitals such as San Francisco General have teams specifically organized to address issues of diversity of language and cultural and spiritual differences (Schneidermann & Critchfield, 2012).

According to Kohli, Huber, and Faul (2010), cultural competence is defined as follows:

> Cultural competence . . . involves awareness of one's own biases or prejudices and is rooted in respect, validation and openness toward differences among people. Cultural competence begins with an awareness of one's own cultural beliefs and practices, and the recognition that others believe in different truths/ realities than ones' own. It also implies that there is more than one way of doing the same thing in a right manner. (p. 257)

Working in an interdisciplinary team requires that every team member be culturally competent. The social worker has the responsibility to guide adult child caregivers and older adults through the challenges of making health care decisions in a culturally competent manner.

Research is lacking in the LGB community and in the social services community with regard to cultural competence (Bell, Bern-Klug, Kramer, & Saunders, 2010). The LGB community, as any older adult community, is vulnerable; the social worker in this community must be culturally competent and serve a community that may be faced with challenges in assisted living (Bell et al., 2010). As the LGB community ages, they may rely on the community for support, as they may not have family support as they age because social service support personnel might lack training (Bell et al., 2010).

Generational gap women who still had children in the home were more likely than a man caregiver not to provide care to an older adult (Henz, 2006). Elder mistreatment and elder abuse is a theme to be explored when examining differences in acculturation and culture. Perceptions vary by culture and race with regard to elder mistreatment, with higher levels of consistency among diverse groups (Enguidanos, Deliema, Aguilar, Lambrinos, & Wilber, 2014). For example, Latino men were found to have a high rate of elder mistreatment toward older females, attributed to *machismo* or a lack of respect; this varies among cultures (Enguidanos et al., 2014). African Americans feared placement in nursing facilities due to the risk of elder mistreatment and expressed that they would rather experience mistreatment from a family member than from someone in a nursing facility (Enguidanos et al., 2014).

Differences in racial and ethnic backgrounds among older adults can be problematic when trying to form social connections (Park et al., 2013). Research reported that those in nursing facilities who were able to form social connections reported less depression than those who were socially disconnected (Park et al., 2013). Acculturation

gaps and language spoken were factors or barriers in forming social/emotional connect-edness in culture and relationships; language made connecting possible (Park et al., 2013). Language is a way in which nursing facility residents promote cultural connec-tions and preserve culture (Park et al., 2013). Social support is thought to be found in three factual influences: (a) social support network, (b) self-efficacy, and (c) spirituality-religiosity. Spirituality-religiosity is an important piece in regulating overall mental and physical well-being in older adults (Marziali, McDonald, & Donahue, 2008).

<div align="center">Spiritual Needs</div>

Many elders embrace spirituality more strongly as they age. Research has shown that 60% of older adults have embraced religion in late life (Lee, 2011). This study interviewed older adults age 65 and older (mean age 71.8 years, 55% of the 143 participants were female) in the state of Kansas. The results indicated that the older adult who had a higher spirituality connection also had lower anxiety and a better over-all outlook regarding well-being. The General Well-Being Schedule (GWBS) was administered as a measure, covering depression, anxiety, well-being, self-control, vitality and general health (Lee, 2011). The effects of this move to increased spiritual-ity have been reported to lead to more positive well-being for the older adult (Dalby, 2006). This study examined gerotranscendence in participants 65 year of age and older; results indicated a relationship between gerotranscendence and the aging older adult. Study participants were Israelis; 100 participants were assigned to groups of young old (65-69) and old-old (80-93; Dalby, 2006). Common themes regarding spirituality attributes were found in the two groups but there was no evidence of

"gerotranscendence" among all cultures (Dalby, 2006). Older adults often search for spiritual experiences that offer a positive outlook on life. Research has shown that embracing spirituality is associated with lower levels of anxiety. Spirituality has been shown to reduce depression, particularly when the older adult is able to forgive and be forgiven.

The caregiver must be aware of the importance of spiritual needs in the older adult, not only to cope with stressors related to change; spirituality is the very essence of the older adult (Marziali et al., 2008). More often than not, older adults have been raised with religious traditions and values rooted in their cultural beliefs (Nelson-Becker, 2005). The younger generation has a very different relationship with regard to religion and spirituality; older adults find comfort in rituals and, as they age, their connection deepens (Nelson-Becker, 2005).

Generational gap participation in organized-formal religious groups and use of rituals are very different among family members. Family members should be cognizant of these differences and be supportive of older adults, empowering them by validation and embracing community connection (Nelson-Becker, 2005). As the older adult searches to find meaning and make sense of life, reaching for a higher power, much is based on cultural beliefs and influences (Pickard & Nelson-Becker, 2011).

Research on acculturation and devotion or traditional religion (Choi, Tirrito, & Mills, 2008) has found that religious beliefs and practices help both the older adult and the adult child caregiver to cope with the stress and burden of caregiving. This analysis was conducted by the South Carolina Department of Health and Human Services,

working from a random sample of 914 long-term care participants. From those who

chose to participate, answering anonymous questions, the final participants were 232

caregivers (Choi et al., 2008). Variables that were measured were (a) demographics of

the caregiver, (b) care burden stressor measured for role overload and role capacity,

(c) quality of life, (d) social life of the caregiver, and (e) depression and religious-

spiritual coping of the caregiver (Choi et al., 2008).

It is important for the social worker to know the older adult's religious-spiritual

preference, desires, and connectedness, being sensitive with the older adult (Nelson-

Becker, 2005). Many faith-based organizations help to bridge the gap and provide sup-

portive services to older adults (Choi et al., 2008). In the analysis by Choi et al. (2008),

caregivers obtained support from various members of the congregation, not limited to a

pastor or minister. Those caregivers who sought spiritual or religious support carried

the practices learned into their daily lives, ultimately reducing their stress, which in turn

delayed institutionalization of their loved one.

CHAPTER 3

METHODS

This curriculum explored the roles of caregivers, the needs of older adults and their caregivers, various living situations, various approaches to support older adults and their caregivers, and cultural and spiritual needs of older adults and their caregivers. It also examined various caregiver models and the differences among them: (a) professional health care providers, (b) adult children of service recipients, and (c) spouses of service recipients.

Target Population

The curriculum was designed to educate older adults (older = 75–85 years, oldest old = older than 85 years) and their adult children caregivers via lectures, Power-Point® presentations, small group discussions, and group activities. The curriculum was developed to be appropriate for populations from various ethno-cultural groups. Although the workshops were planned to be held at the Newport Center, 366 San Miguel Drive, Newport Beach, California, participants from any geographic areas would be welcomed.

The curriculum was carefully designed to increase knowledge and awareness of issues and stressors on the part of adult child caregivers and older adults. The curriculum was also developed to provide resources and information to the caregivers regarding needs and wants of older adults, as well as potential problems. In addition to

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providing resources, information, and options, the curriculum was designed to address beliefs about cultural and spiritual connections between caregivers and their service recipients and suggest ways to honor various beliefs in the helping process.

<center>Learning Theories and Style</center>

The learning styles utilized for the best audience outcome were group work and supportive groups, intended to engage older adults in conversation in a social peer-supported atmosphere (Pitkala et al., 2004). Pitkala et al. (2004) pointed out that older adults learn best in group work and that group work is an important component of both health and social care of the older adult. This theory was used for increased congruence of genuineness and unconditional positive regard. This method was examined to support participants to make their own choices and empower the participants (Halbur, 2011).

The materials in the curriculum were geared toward the audience base: the learner-centered approach for those who are looking at the next phase of life and are open to gaining knowledge along the journey. Much of the curriculum was based on needs and wants of older adults and adult child caregivers. The goal was to align a working relationship among helping professionals with whom the family comes in contact. It is essential that the older adults and the adult children caregivers be as authentic and genuine as possible to achieve the ultimate goal of empowering the older adults and their family members through the information.

The target population of this project, older adults and adult children caregivers, will learn the various topics from the multidimensional teaching materials that include cultures, ethnicities, religions, and languages. The venue and audience will be kept

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small to enable maximum learning and sharing. For those for whom English is not the first language, an assessment will be completed and an interpreter will be hired if necessary.

<div align="center">Proposed Format and Teaching Methods</div>

A variety of teaching modalities were utilized, including lectures, graphic presentations, large and small group discussions, and activities such as life story remembrance. There will be six weekly 2-hour sessions on Saturday mornings. These workshops will be offered on weekends to allow those who may still be working to participate. Light refreshments will be provided. This format has been specifically designed with the audience in mind. Interactive learning works best to ensure that ideas and thoughts are conveyed (Erickson, 2009). The format allows for various learning modalities, both for the adult child caregiver and the older adult care recipient.

Field Implementation

Research studies (Delahaye & Ehrich, 2008; Hantman, Oz, Gutman, & Criden, 2013) have found that with the growing aging population there is an increasing need for more social workers who are willing to work in the field of gerontology, supporting both the older adult and the family members of the older adult.

Delahaye and Ehrich (2008) noted the importance of setting the proper atmosphere for older adult learners. Older adults sometimes do not see themselves as good learners or even capable of learning. The researchers found this condition to be quite different. They concluded that older adults may take longer to learn new facts or ideas but life experience gives them the edge in logical thinking.

Systems Change

Older adults who age in place or in assisted living retirement homes have been found to learn best in community support learning programs (Erickson, 2009). According to Gray and Kabadaki (2005), learning is best accomplished when teaching is done using life story or vignettes to explore feelings and issues faced by older adults. This technique allows for those who are supporting the community of the older adult to participate, as well as to critique (a) the theoretical framework, (b) the applied knowledge of the life span, (c) the resources and or barriers of the system that the older adult uses, (d) the impact of either oppression or discrimination met by the older adult, and (e) the reasoning behind using a strength-based perspective with the older adult population (Gray & Kabadaki, 2005).

Evaluation

Effectiveness of the curriculum workshop will be evaluated by pretest and post-test, measuring beginning and ending knowledge of the participants. There will be a time for discussion, open to all participants, at the end of each session. The survey will be conducted at the end of the last session to evaluate the level of the participants' satisfaction. Attendance will also be used to measure participant satisfaction. The curriculum and method of implementation will be continuously revised as necessary.

The following four levels of evaluation are based on Kirkpatrick's model of training evaluation originally designed in 1959 (Kirkpatrick, 1996): (a) Level 1, Reaction: a measure of how participants feel about the various aspects of a training program, including the topic, speaker, and schedule; a measure of customer satisfaction to assess whether participants are motivated and interested in learning; (b) Level 2, Learning: a

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measure of the knowledge acquired, skills improved, or attitudes changed due to the training; (c) Level 3, Behavior: a measure of the extent to which participants change their on-the-job behavior because of the training; learning transfer; and (d) Level 4, Results: a measure of the final results that occur due to training; productivity gains. In 2009, Pasztor adapted the four levels to be suitable for child welfare training, specifically: (a) Level 1, Participant Satisfaction; (b) Level 2, Pretest-Posttest; (c) Level 3, Application; and (d) Level 4, Outcomes. Based on this model, the participant satisfaction and pretest and posttest will be designed to evaluate this proposed training program.

Level 1: Participant Satisfaction

Participant satisfaction will be measured via an evaluation distributed at the end of the last session. Time will be allowed for the evaluation form to be completed in the workshop; there will also be time allowed for immediate verbal feedback. All results will be distributed via mail service to all participants with immediate response to changes that will occur in the next session.

Level 2: Pretest and Posttest

The pretest and posttest questionnaires are just as important as the participant satisfaction evaluation. It is important to learn what the attendees knew as they entered the workshop and what learned during the workshop. Attendees will be given handouts on topics discussed, along with the slides; they will also be able to take notes on items of interest. There will be time after each session for discussion.

CHAPTER 4

OUTLINE AND LEARNING OBJECTIVES OF EACH SESSION

Week 1: Introduction of the Course and Overview of Caregivers' Roles for the

Older Adult (120 minutes). Learning objectives: (a) Participants will get an overview

introduction about the upcoming weeks, and (b) participants will be introduced to the

various roles of caregivers. Outline: (a) introduction of facilitators, participants, and

course; (b) participants' objectives and expectations for the course (10 minutes); (c)

time for pretest (10 minutes); (d) overview of being an adult caregiver (PowerPoint,

handouts and lecture, 10 minutes); (e) question-and-answer session (10 minutes); (f)

break (15 minutes); (g) remembrance activity (10 minutes); (h) overview of the older

adult (PowerPoint, handouts, lecture, 15 minutes); (i) preview of Week 2; and (j) final

remarks (15 minutes). During the final remarks, the instructor thanks participants for

coming, listening, and participating in the day's activities. The instructor reviews the

day's topics and addresses questions about the day's materials, the course, and the

pretest. All PowerPoint slides will be handed out in the introduction portion of the

morning so participants can make notes and follow the presentation. Appendix A

contains the Week 1 materials and handouts.

Week 2: Needs of Adult Children as Caregivers and Needs of Older Adults as

Service Recipients (120 minutes). Learning objectives: (a) Participants will have the

opportunity to discuss openly the importance of their needs as older adults or as adult

child caregivers; (b) participants will be divided into caregiver and care receiver discussion groups; (c) participants will have an opportunity to discuss their hopes and fears; and (d) participants will perform a mindfulness exercise. Outline: (a) check in with the participants (10 minutes); (b) bridging—review from Week 1 (10 minutes); (c) overview of needs presented by adult caregivers and older adults (PowerPoint, handouts, lecture, 10 minutes); (d) question-and-answer session (10 minutes); (e) break (15 minutes); (f) breakout groups (15 minutes); (g) mindfulness exercise (20 minutes); (h) preview of Week 3 (10 minutes); and (i) final remarks (10 minutes). During the final remarks, the instructor thanks participants for coming, listening, and participating in the day's activities. The instructor reviews the day's topics, addresses questions, and gives a brief overview of the next week's session. All PowerPoint slides will be handed out in the check-in portion of the morning so participants can make notes and follow the presentation. Appendix B contains the Week 2 materials and handouts.

Week 3: Living with Adult Children Versus Living in Assisted Living (120 minutes). Learning objectives: (a) Participants will discuss the pros and cons of being the adult caregiver; (b) participants will discuss the pros and cons of assisted living placement; (c) participants will be familiar with resources on in-home care, assisted living, and nursing home-skilled nursing facility; and (d) participants will be informed of various types of care, cost, and ways to pay for services. Outline: (a) check-in (10 minutes); (b) bridging—review of Week 2 (10 minutes); (c) overview of being an adult caregiver (PowerPoint, handouts, lecture, 20 minutes); (d) overview of assisted living placement (10 minutes); (e) break (15 minutes); (f) question-and-answer session (10

minutes); (g) overview of financial aspects of aging in place versus assisted living (PowerPoint, handouts, lecture, 25 minutes); (h) preview of Week 4 (10 minutes); and (i) final remarks (10 minutes). During the final remarks, the instructor thanks participants for coming, listening, and participating in the day's activities. The instructor reviews the day's topics, addresses questions, and gives a brief overview of the next week's session. All PowerPoint slides will be handed out in the check-in portion of the morning so participants can make notes and follow the presentation.   Appendix C contains the Week 3 materials and handouts.

Week 4: Intervention Modalities for Older Adults That Family Members Can Utilize (120 minutes). Learning objectives: (a) Participants will engage in discussion and activity on intervention modalities; (b) participants will be divided into groups to discuss intervention modalities; and (c) participants will partake in exercise-healthy aging. Outline: (a) check-in (10 minutes); (b) bridging—review of Week 3 (10 minutes); (c) overview of intervention modalities for older adults (10 minutes); (d) question-and-answer session (10 minutes); (e) break (15 minutes); (f) teachable moments: empowering knowledge base (25 minutes); (g) overview on exercise and healthy aging (20 minutes); (h) preview of Week 5 (10 minutes); and (i) final remarks (10 minutes). During the final remarks, the instructor thanks participants for coming, listening, and participating in the day's activities. The instructor reviews the day's topics, addresses questions, and gives a brief overview of the next week's session. All PowerPoint slides will be handed out in the check-in portion of the morning so

participants can make notes and follow the presentation. Appendix D contains the Week 4 materials and handouts.

Week 5: Older Adults' Cultural Needs (120 minutes). Learning objectives: (a) participants will gain an overview of cultural competence; and (b) participants will discuss attitudes and mistreatment of older adults. Outline: (a) check-in (10 minutes); (b) bridging—review of Week 4 (10 minutes); (c) overview on cultural competence (PowerPoint, handouts, lecture, 20 minutes); (d) question-and-answer session (10 minutes); (e) break (15 minutes); (f) cultural competence activity (15 minutes); (g) discussion on concordance and interpersonal sensitivity (20 minutes); (h) preview of Week 6 (10 minutes); and (i) final remarks (10 minutes). During the final remarks, the instructor thanks participants for coming, listening, and participating in the day's activities. The instructor reviews the day's topics, addresses questions, and gives a brief overview of the next week's session. All PowerPoint slides will be handed out in the check-in portion of the morning so participants can make notes and follow the presentation. Appendix E contains the Week 5 materials and handouts.

Week 6: The Older Adult's Spiritual Needs (120 minutes). Learning objectives: (a) Participants will discuss changes and developments in aging; and (b) participants will discuss cultural and spiritual needs. Outline: (a) check-in (10 minutes); (b) bridging—review of Week 5; (c) introduction and reflective activity (PowerPoint, handouts, lecture, 15 minutes); (d) question-and-answer session (10 minutes); (e) break (15 minutes); (f) spirituality activity (15 minutes); (g) overview on cultural and spiritual both generational and acculturation (20 minutes); (h) time for satisfaction survey and

posttest (15 minutes); and (i) final remarks (10 minutes). During the final remarks, the

instructor thanks participants for coming, listening, and participating in the day's activ-

ities. The instructor reviews the day's topics, addresses questions, and gives a brief

overview of the next week's session. All PowerPoint slides will be handed out in the

check-in portion of the morning so participants can make notes and follow the presen-

tation. Appendix F contains Week 6 materials and handouts. Participants at this time

have 6 weeks' worth of PowerPoint slides that include handouts with their notes.

CHAPTER 5

DISCUSSION

<u>Lessons Learned</u>

In the very beginning of graduate school, this writer heard some very wise advice: Make 5 x 7 cards for each article selected. There was a corresponding number for each card to each article. This method allowed this writer to identify why each article was selected throughout the curriculum development process.

This writer also learned to write at least 15 minutes every day. This allowed her to organize the work and allocate a manageable time to write each day. In order to manage the time for personal, professional, and academic tasks, and to regulate the stress level, reminders such as the thesis is not a life work and a good thesis is a done thesis helped this writer. This writer also sorted the tasks that needed to be done now from the tasks that could be done after graduate school. This writer thanks the professors who taught these lessons.

This writer realized the importance of selecting a topic of interest, since the project is long and the passion for the work will be the driving force. This writer was extremely appreciative and humbled by the structure and support that her advisor provided; this alone was the most important part of the process of producing valuable work while not feeling stressed and overwhelmed. As a result, all details of this curriculum

were successfully laid out in an organized manner, addressing exactly what was expected to benefit the target population.

Getting started was the most stressful part for this writer, but communicating that to her advisor and receiving feedback eased the anxiety and allowed her to focus and continue to produce. The literature review was overwhelming, especially when spending many hours sorting and organizing stacks of journal articles into a thesis. Keeping a calendar due dates for the thesis and all other assignments prevented feelings of being out of control and overwhelmed.

Analysis of Process

It was important to know this writer's personal limits, and then to push herself to reach farther every day, striving for excellence. This writer's strengths related to this project lie in her respect and passion for older adults. This generation raised her, and she is forever grateful. This particular age group was hard working and they are very independent individuals whose mindset was to just get the job done. They came from a time that was less complex and more straightforward.

Much of the information that older adults need is not readily available to them (Toles et al., 2012). It could take many hours of searching the Internet—if older adults were knowledgeable and skilled in computer use. The benefit of this curriculum is for older adults and significant others or older adult children to have all pertinent information in one place, easy to read and understand, as well as strength based and evidence based.

There are many articles relevant to this project. This writer was pleasantly surprised at the work that has been done, the communities that are collaborating to enable

older adults to age in place, living among like-minded people (e.g., PACE, 2002).

Throughout this project, it was very important that the literature be carefully examined and that the thesis reflect the values and morals of older adults. They are rooted in their culture and spirituality and have strong ties to their well-being.

<u>Strategies to Enhance the Project and Recommendations</u>

Each chapter was selected with a purpose: to capture the relevance of ageing and the older adult. This project barely scratched the surface of the older adult and the support required to age with dignity. It is extremely important for social workers to address life decisions, not only with clients but with their family caregivers when working with older adults.

The literature review was tedious, as there are many good articles, but finding what this writer thought to be informative was very time consuming. As the literature review unfolded, this writer realized that there are many great options for living or placement. It was important to exhaust the available literature and conduct continuous research in order to enhance the quality of the curriculum. If it is at all feasible, aging in place is paramount to the elderly, as it is the most cost effective for both the older adults and their caregivers.

Many older adults are unaware of services or unsure of how to access the services that are available to them in their communities (PACE, 2002). It would be extremely helpful for older adults and their caregivers to be given a list of resources and volunteers to help them to learn how to navigate the health care system. There are many resources that it can be overwhelming and learning exactly what each person may be eligible for can be daunting.

Implications for Social Work and Multicultural Practice

It is extremely important for social workers to meet any client at his or her current position, and working with older adults is no exception. There are many successful communities. It is also important for social workers and medical professionals to work in an integrative team. This collaborative method is the most advantageous for the clients and their families because this approach allows all professionals to be aware of the needs of their clients and services that they are receiving. This curriculum was designed to help older adults and their caregivers to be familiar with resources that connect various services. This curriculum was also designed to provide valuable information and resources for helping professionals to enhance their teamwork approach

Cultural competence and awareness of the client's spiritual needs are also important (NASW, 2008). For many older adults, culture and spirituality are combined and to leave one is to leave the other (Marziali et al., 2008). Bridging this gap between the older adult and the adult child caregiver can make a significant difference for the older adult (Nelson-Becker, 2005). Their beliefs and customs represent what and who they are. It is most respectful for social workers to make the effort to be acquainted with these aspects of the client. The NASW (2008) recognized the importance of cultural competence, as social workers work to develop and enhance themselves as professionals. It will be extremely important for social workers who serve this population to be abreast of current literature.

Conclusion

The curriculum was developed to bring awareness to older adults as care recipients and their adult children as caregivers. They are vulnerable populations and their

voices are often neglected. The curriculum was also developed to be helpful to those who work in the health care industry targeting older adults, especially in multicultural settings. It is important that social workers and other helping professionals know how to approach elder persons and to be sure that they address the needs through open communication.

Many families may be aware that services are available but not know the details of the services or how to access them (PACE, 2002). It is a noble gesture to want to help and care for older adult family members, but it can also be overwhelming, burdensome, and expensive. If they can learn how to manage these stressors, serving older adults can be very rewarding, in collaboration with culturally and spiritually competent professionals. In addition to the racism and ageism, it is important for social workers to be aware of the psychosocial impact of sexism and unique needs of lesbian, gay, and bisexual older adults who have been marginalized in the historical context and traditional value system (Bell et al., 2010). The relevance of social work to religion or spirituality may be an important component to the service to a client and the family. It is also important to understand the values of members of the lesbian-gay-bisexual community so they are not forgotten or marginalized.

Conducting this research, writing the curriculum, and educating the writer and others have been rewarding experiences. Taking into consideration not only the obvious and then searching for the less obvious has been challenging, but it has pushed her to understand the importance of advocacy and why the social work profession is vital to many vulnerable populations.

APPENDICES:

EDUCATING CAREGIVERS OF OLDER ADULTS:

CURRICULUM DEVELOPMENT

Facilitator Handbook

Christina Burke, MSW (May 2015)

Department of Social Work

California State University, Long Beach

Spring 2015

APPENDIX A

WEEK 1: OVERVIEW OF THE ADULT CAREGIVER: DETAILED

AGENDA AND POWERPOINT MATERIALS

Detailed Agenda for Week 1

- Welcome both the older adult and the caregiver(s), thanking them for taking the time to learn and share.

- Facilitator will introduce the week's objectives and the weeks ahead, will also provide all participants with the day's PowerPoint presentation in the form of a handout so that they may takes notes and follow along. Facilitator will introduce and talk a bit about her background with working with older adults and partnering with the Newport Group.

- Group norms will be established: no cell phones while in-group, please refrain from sharing personal information shared in group, and group works best if all attend all sessions and participate.

- Pretest, to see what participates may already know.

- Overview of the Adult Caregiver: What a caregiver looks like and who is a caregiver, the obligations of both the older adult and the adult child caregiver.

- Question and answer, what has been discussed up to this point in the group.

- Remembrance activity: Each participant will receive a penny and be asked to reflect on what he or she found significant about that given year.

- The Older Adult: Successful Aging: how to take care of yourself as the aging adult.

- Introduce Session 2: Adult Caregivers and Older Adults, working together.

Overview of the Adult Caregiver

Week 1

What a caregiver looks like…

- Spouse
- Adult Child
- Sibling
- Adult Grandchild
- Spouse or Partner of Adult Child
- Friend

Adult Child Caregiver

- Who continues to work outside the home
- Approximately 44% of adult child caregivers and continue to work outside the home
- In the United States, there are 44 million caregivers (19%)

(Barnett, A.E., 2013)

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Caring for Your Parent

- Plan ahead: Research your options.
- Be emotionally prepared: As your parent changes, so will you.
- Give space: Let your parent have the opportunity to figure it out.
- Understand your parent's health: Be involved and prepared.
- Help, but do not over step: Let her decide.

http://www.firstlighthomecare.com/care-
library/firstblog/2013/02/09/six-mistakes-
adult-children-make-when-parents-are-
aging-and-sick/

BALANCE

Take care of yourself: It is easy to forget yourself

Planning
o p t io n s

- If you are working, know what your employer supports.

- Familiarize yourself with Family Medical Leave Act (FMLA).

- Find out what your community offers for seniors.

- Does your parent link to Long-Term Care, Veteran Benefits, Medicaid, Medicare?

Emotional Preparedness

- Educate yourself on your parent's aging process.

- Seek assistance if necessary, for your parent and/or yourself.

- Emotional and mental preparedness equals patience and understanding.

Giving Space

- Remember what you are asking of your parent and of yourself.
- Let your parent figure it out, give room.
- Keep communication open.
- Remember that your parent raised you.

Your Parent's Health

- Doctor appointments: Ask permission to be involved.
- Be sure that you understand your parent's health needs.
- Understand health options, treatments, and medications.

Help....who decides...

- Your parent decides.
- Discuss, ask questions, compromise, but ultimately it is your parent's decision.

http://www.firstlighthomecare.com/care-
library/firstblog/2013/02/09/six-mistakes-
adult-children-make-when-parents-are-
aging-and-sick/

Balance

- Number 1: Take care of yourself.
- Take time out for yourself.
- Knowing your community resources can help you more than you know.

http://www.firstlighthomecare.com/care-
library/firstblog/2013/02/09/six-mistakes-
adult-children-make-when-parents-are-
aging-and-sick/

Open Forum

Questions and Answers

Remember…

- Pennies will be handed out.
- Specific date range will be selected.
- Each participant will select a coin.
- Participants will be asked to reflect on what was significant for them in that given year.

The Older Adult

Successful Aging

- As the older adult, you can prepare for successful aging.

Wellness Goals

- Emotional
- Intellectual
- Physical
- Social
- Spiritual
- Vocational

Emotional

- Journal
- Read
- Meditate
- Enjoy nature
- Resolve resentment

Intellectual

- Work crossword puzzles/play word games
- Take up new or former hobby
- Learn a new subject
- Take a class
- Know current events

Physical

- Exercise
- Practice good posture
- Eat healthy
- Drink water
- Take a walk or get outside at least 10 minutes every day

Social

- Initiate conversation with a neighbor
- Write a letter
- Join a group

Spiritual

- Read an inspirational quote
- Enjoy nature
- Participate in a spiritual or religious activity or community
- Practice yoga or Tai Chi

Vocational

- Volunteer
    - Senior Center
    - Food Bank
    - Hospital
    - Library

- Attend health care educational programs
- Attend programs at local community center

http://hdcs.fullerton.edu/csa/WholePerson
/about.htm

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APPENDIX B

WEEK 2: NEEDS OF ADULT CHILDREN AS CAREGIVERS

AND NEEDS OF OLDER ADULTS

Detailed Agenda for Week 2

- Welcome back both the older adults and their caregiver(s), thanking them for taking the time to learn and share.

- Facilitator will review the past week's objectives, provide all participants with the day's PowerPoint in the form of a handout so that they may takes notes and follow along.

- Group norms will be mentioned as a reminder.

- Adult Caregiver and Older Adults: The Needs of Both the Adult Caregiver and Older Adults

- Question and answer

- Two groups: Adult Caregiver and Older Adults, how to work together

- Mindfulness exercise; meditation

- Introduce Session 3: Living with Adult Children Versus Living in Assisted Living

Adult Caregivers
and
Older Adults

Week 2

Work together…

- Communication – vital
- Empowerment – growth
- Respect – mutual
- Encourage independent thinking and decision making – everyone

Kaiser Permanente

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The Sandwich Generation

- **Traditional:** those sandwiched between aging parents who need care and/or help and their own children

- **Club Sandwich:** those in their 50s or 60s, sandwiched between aging parents, adult children, and grandchildren.

- **Open Faced:** anyone else involved in elder care

Keep in mind…

- There is no one right way or wrong way
- Every situation and relationship is different

Things that could alter your path

- Sociodemographics: Gender, race/ethnicity, age, education, income, health
- Caregiver network: children, siblings, other relatives or friends
- Caregiver relationship: geographical

(Barnett, A.E., 2013)

Open Forum

Questions and Answers

Meditation

https://www.youtube.com/watch?v=8v45WSuAeYI

https://www.youtube.com/watch?v=8v45
WSuAeYI

APPENDIX C

WEEK 3: LIVING WITH ADULT CHILDREN VERSUS

LIVING IN ASSISTED LIVING

Detailed Agenda for Week 3

- Welcome back both the older adults and their caregiver(s), thanking them for taking time to learn and share.

- Facilitator will review the past week's objectives, provide all participants with the day's PowerPoint in the form of a handout so that they may takes notes and follow along.

- Group norms will be mentioned as a reminder.

- Overview of being an Adult Caregiver: Helpful Information

- Overview of Assisted Living Placements: Helpful Information

- Question and answer

- Overview of financial aspects of aging in place versus assisted living

- Handout: Aging in Place (embedded in the PowerPoint)

- Introduce Session 4: Intervention Modalities for Older Adults That Family Members Can Utilize

The Adult Caregiver

Helpful Information

Council on Aging Programs

http://www.coaoc.org/resources/resources-for-caregivers.aspx

IMPACT

- Advocacy and Protection

- Education and Outreach

- Socialization

PROGRAMS

- HICAP-Medicare Counseling
- Ombudsman
- FAST
- Education
- Answers OC
- SmileMakers
- ReConnect
- Friendly Visitor
- Care Management

http://www.coaoc.org/resources/resources
-for-caregivers.aspx

Adjustments

The New Norm

- Open to change
- New family dynamics
- Acceptance
- Home safety
- Understanding

Warning Signs

- Stress and Burnout
- Physical
- Emotional
- Psychological

http://www.coaoc.org/resources/resources
-for-caregivers.aspx

Emotional Signs

- Nervousness/Anxiety
- Moodiness
- Short Temper
- Irritability
- Memory/Concentration Problems
- Relationship Issues
- Substance Abuse
- Problems at Work

Physical Signs

- Disturbance of Sleep
- Muscle Tension/Migraine Headache
- Stomach Problems
- Weight Changes/Eating Disorders
- Hail Loss
- Fatigue
- High Blood Pressure
- Chest Pain

What can you do...

- Know your resources
- Communicate your needs and limitations

Reach out...

- Know what your community offers
- Look for support groups
- Consider respite care
- Ask for HELP
- Consider therapy
- Get paperwork in order
    Will, Trusts, DNR, Advanced Directive

Resources - Online

- Adult Day Services

http://www.ocadultdayservices.org/

- Elder Locator

http://www.eldercare.gov

- Living Wills – Five Wishes

http://www.fivewichsonline.agingwithdignity.org/

http://web.class.ufl.edu/users/ardelt/Five_Wishes.pdf

http://www.coaoc.org/resources/resources
-for-caregivers.aspx

- Medicare

http://www.medicare.gov/

- Social Security Administration

www.socialsecurity.gov/

- Veterans Administration

http://www.caregiver.va.gov/

http://www.coaoc.org/resources/resources
-for-caregivers.aspx

Assisted Living

Options

- Facility/Community
- Board and Care
- Nursing Home/Skilled Nursing Facility (SNF)
    - Private
    - Semi Private

http://seniorcareregistry.org

Independent Living

- Ready to downsize
  - Prepared meals
  - Weekly housekeeping
  - Transportation
  - Kitchenettes or full kitchens
  - Baber or beauty salon on site

caring.com

Community

- Continuing Care Retirement Communities
  - Offer a full range of housing choices
  - Independent living
  - Assisted living
  - Skilled nursing

caring.com

Skilled Nursing

- 24-hour care
- Physical/Occupational Therapy
- Social Services Team
- Rehabilitation Team
- Short-term acute care, rehabilitation care, and long-term care
- Help with daily living tasks
    - Bathing, dressing, toileting

caring.com

Open Forum

Questions and Answers

Aging in Place

Assisted Living

Cost of Assisted Living Care

In-home care

- Hourly rate: $14-$24
- Daily Rate: $112-$192
- Monthly Rate: $3,360-$5,760

Nursing Home (semi-private)

- Hourly Rate: N/A
- Daily Rate: $181
- Monthly Rate: $5,430

http://seniorcareregistry.org

Nursing Home (private)	**Assisted Living (private)**

- Hourly Rate: N/A
- Daily Rate: $205
- Monthly Rate: $6,150

- Hourly Rate: N/A
- Daily Rate: $90
- Monthly Rate: $2,714

Ways to Pay

- Out of Pocket
- Long-Term Care Policy
- Veterans Pension with Aid and Attendance
- Reverse Mortgages
- Medicare
- Medi-Cal

Handout

Aging in Place

- Many government and private organizations offer information and assistance for seniors who want to remain in their own homes.
- Supportive services programs for naturally occurring retirement communities (NORC):
- * United Jewish Communities offers a description of the role of supportive services programs and a list of 40 specific communities that are part of its nationwide Aging in Place Initiative: www.norcs.com

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- * Jewish Family Services of Los Angeles has information on local supportive services programs:
- www.jfsla.org/index.php?/programs/details/program_life_program

- * Beacon Hill Village provides information on its privately funded program in Boston and offers a brochure, "The Village Concept: A Founder's Manual," on creating a NORC village: www.beaconhillvillage.org
- Information on aging in place:
- * The American Association of Homes and Services for the Aging is a network of organizations that provide services for older Americans living in their own homes: www.aahsa.org

- * The National Aging in Place Council offers information to businesses on forming networks to serve seniors; it also provides a chapter locator and a consumer guide to aging in place: www.naipc.org
- * The Aging in Place Initiative, a joint project of Partners for Livable Communities and the National Assn. of Area Agencies on Aging, explains how to organize a network: www.aginginplaceinitiative.org or aipi.n4a.org/

- * The Robert Wood Johnson Foundation offers guidance on building communities to meet the needs of older adults: www.partnershipsforolderadults.org
- * The International City/County Management Association provides local governments with tools and practices to enhance livability for older adults: www.icma.org/aging

Aging-in-place technology and specialists:

- * The Center for Aging Services Technologies provides information on development of technologies to enhance and improve aging: www.agingtech.org
- * The National Association of Home Builders offers information on how to find aging-in-place specialists for home remodeling: www.nahb.org

- * The American Association for Homecare suggests how to choose a home health agency: www.aahomecare.org
- The National Association for Home Care & Hospice offers information and a provider locator database: www.nahc.org

General resources on aging

- The city of Los Angeles Department of Aging lists local services for the elderly and a calendar of events: www.lacity.org/doa
- * The National Association of Area Agencies on Aging provides resources for communities on preparing for an aging population: www.n4a.org
- * The AARP has information on housing, home design, and caregiving: www.aarp.org

http://articles.latimes.com/2008/mar/03/health/he-agingresources3

- * The U.S. Administration on Aging provides resources for all aspects of aging, including various housing choices, assistive technology, and home remodeling: www.aoa.gov
- * The International Longevity Center-USA, which educates people on how to live longer and better and advises society on how to maximize the benefits of today's age boom, offers information on caregiving and finances in old age: www.ilcusa.org

http://articles.latimes.com/2008/mar/03/health/he-agingresources3

- * The California Department of Aging provides a home modification fact sheet and home safety checklist: www.aging.ca.gov

APPENDIX D

WEEK 4: INTERVENTION MODALITIES FOR THE OLDER

ADULTS THAT FAMILY MEMBERS CAN UTILIZE

Detailed Agenda for Week 4

- Welcome back both the older adults and their caregiver(s), thanking them for taking time to learn and share.

- Facilitator will review the past week's objectives, provide all participants with the day's PowerPoint in the form of a handout so that they may takes notes and follow along.

- Group norms will be mentioned as a reminder.

- Overview of Intervention Modalities for Older Adults: Teaching Older Adults

- Question and answer

- Teachable moments: Empowering Knowledge Base

- Overview on Exercise and Healthy Aging

- Introduce Session 5: Older Adults' Cultural Needs

Interventions for Older Adults

Find yourself…

- Questions you may ask yourself and your family members:

    - What do you value?
    - What do you find meaningful?
    - What influences in life have been most profound in shaping your life philosophy?

(Halbur, D ,2011)

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Learning Strategies

- There are four main learning strategies:

  » Actively seeking knowledge
  » Independent learning
  » Dependent learning
  » Passively seeking knowledge

(Delahaye, B. & Ehrich, L., 2008)

- Research has found that, while the older adult learner may not learn new tasks/subjects quickly, he/she brings a fund of life experience and knowledge that tends to support reasoning and judgment abilities.

(Delahaye, B. & Ehrich, L., 2008)

What inhibits us from learning…

> »Anxiety, fear of rejection
> »I am not a good learner
> »Past negative learning experience
> »Attached to my own beliefs, knowledge, ideas and world views

(Delahaye, B. & Ehrich, L., 2008)

What can work…

> »Learning with similar-aged cohort
> »Safe environment, nonthreatening, and less formal
> »Peer: Support, mentoring and tutoring

(Delahaye, B. & Ehrich, L., 2008)

Open Forum

Questions and Answers

Teachable Moments

Adult learners learn best…

- Tend to focus on the practical
- Educators plan to accommodate
- Educators work to create a "toolkit" of resources and lesson ideas that can be used in many situations
- Gather ideas and resources from their peers

http://www.c-
pal.net/course/module1/m1_flexible.html

Peer Instructors

- Courses designed, developed, and taught by older adults
- Older adults create learning opportunities in their own community
- Peer instructors come from diverse backgrounds and educational levels

(Erickson, D., 2009)

Community Involvement

- Many colleges offer life-long learning
- Community centers may rely on peer instructors
- Volunteer, offer your services back to the community

(Erickson, D., 2009)

Exercise and Healthy Aging

- Regular physical activity is one of the most important things you can do for your health.
- Regular physical activity helps muscles to grow stronger.
- Not doing any physical activity can be bad for you, no matter your age or health condition.
- Some physical activity is better than none at all.

- Regular exercise may reduce feelings of depression.
- Regular exercise can improve or maintain some aspects of cognitive function.
- Regular exercise can help to manage stress and improve mood.

http://nihseniorhealth.gov/exerciseforolder adults/healthbenefits/01.html

Physical Activities

- Activities that get your body moving :

  » walking the dog
  » taking the stairs instead of the elevator
  » gardening

http://nihseniorhealth.gov/exerciseforolder adults/healthbenefits/01.html

Exercise

- Exercise is a form of physical activity that is specifically:

  » planned

  » structured

  » Repetitive, such as weight training, tai chi, or aerobics

How to get started…

- Check with your doctor first
  - Discuss your activity level
- Start slowly
  - Avoid injury
- When to stop
  - Difficulty breathing, muscle aches

Make it . . .

- A priority
- Social
- Fun
- Safe
- Easy
- Habitual

APPENDIX E

WEEK 5: OLDER ADULTS' CULTURAL NEEDS

<u>Detailed Agenda for Week 5</u>

- Welcome back both the older adults and their caregiver(s), thanking them for taking time to learn and share.

- Facilitator will review the past week's objectives, provide all participants with the day's PowerPoint in the form of a handout so that they may takes notes and follow along.

- Group norms will be mentioned as a reminder.

- Overview on Cultural Competence

- Question and answer

- Cultural Competence Activity: Discussion on attitudes and knowledge of other cultures, even within the same family

- Discussion on Concordance and Interpersonal Sensitivity

- Introduce Session 6: Older Adults' Spirituality Needs

Cultural Competence

Overview

Cultural Competence

- Cultural competence . . . involves awareness of one's own biases or prejudices and is rooted in respect, validation and openness toward differences among people. Cultural competence begins with an awareness of one's own cultural beliefs and practices, and the recognition that others believe in different truths/realities than ones' own. It also implies that there is more than one way of doing the same thing in a right manner. (Kohli, Huber, & Faul, 2010, p. 257)

Kohli, Huber, and Faul (2010

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Hospital re-admission

- Low health literacy
- Language barrier
- Immigration status
- Ethnic minorities have slower rates of recovery after hospitalization

(Schneidermann, M. & Critchfield, J., 2012)

Why is it important…

- It is critical to reducing health disparities and improving access to high-quality health care
- Health care that is respectful of and responsive to the needs of diverse patient
- Enables systems, agencies, and groups of professionals to function effectively

http://www.nih.gov/clearcommunication/c
ulturalcompetency.htm

Can it make a difference?

- The answer is yes, in
    - Behaviors
    - Language
    - Customs
    - Beliefs
    - Perspectives

http://www.nih.gov/clearcommunication/culturalcompetency.htm

How to make a difference…

- In the patient and caregiver role: Motivate and engage patient and caregiver to set goals, self-care, and care challenges for discharge

- Health care provider to use traditional bedside manner, helping patients to understand diagnosis, medication, and post-care plan

- Health care provider to promote coordination with medications, transition, and follow-up care

(Schneidermann, M. & Critchfield, J., 2012)

Open Forum

Questions and Answers

Cultural Competency

Activity

Building Cultural Competence

- Innovative activities and models
- Activity will be drawn from this model
- This activity will help to integrate previous overview
    - Berardo & Deardoff (2012)

(Berardo, k & Deardoff, D., 2012)

Objectives	**What will be covered**
- Understand competence	- Attitudes: openness
- Reflect on our own development	- Knowledge: self-awareness
- Identify and map our development	- Skills: observation
	- Internal outcomes: occurring within ourselves
	- External outcomes: our behavior, communication

(Berardo, k & Deardoff, D., 2012)

Concordance and Interpersonal Sensitivity

- Patient's satisfaction with care that is affected by race/ethnicity
- Elderly ethnic minorities are the fastest-growing populations

(Schneidermann, M. & Critchfield, J., 2012)

SHHE

- Support from Hospital to Home for Elders

- Randomized control trial

- English-Spanish-Chinese-speaking patients 55 and older

(Schneidermann, M. & Critchfield, J., 2012)

Collaboration

- Effective transition occurs:

  » Collaborative setting
  » Promptness
  » Reliability
  » Patient education, engagement, activation
  » Team-based care
  » Promote safe transition

(Schneidermann, M. & Critchfield, J., 2012)

APPENDIX F

WEEK 6: THE OLDER ADULT'S SPIRITUAL NEEDS

Detailed Agenda for Week 6

- Welcome back both the older adults and their caregiver(s), thanking them for taking time to learn and share.

- Facilitator will review the past week's objectives, provide all participants with the day's PowerPoint in the form of a handout so that they may takes notes and follow along.

- Group norms will be mentioned as a reminder.

- Introduction and reflective activity: participants will share recollections of first car, job, home and move

- Question and answer

- Spirituality Activity: Tibetan Music with nature video

- Overview on Cultural and Spiritual Generational and Acculturation: Awareness of the needs of others

- Final Session: Overview of the past 6 sessions/weeks, thank all participants, complete posttest and final survey

Reflective Activity

Our first…

- Participants will be asked to share recollections about their first car, job, home, move

- Participants will share this experience with their adult child(ren) and reminisce with other participants

Open Forum

Questions and Answers

Spirituality Activity

- https://www.youtube.com/watch?v=vc6VqCdO qpY

Cultural and Spiritual

Generational and Acculturation

Cultural and Spirituality

- Generational and Acculturation
- Awareness of your own cultural values and beliefs
- How they influence our attitudes and behaviors
- Understanding of the cultural beliefs and values of others

(Nelson-Becker, H., 2005)

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What makes up the

Cultural Spiritual You

Our…

- Language/communication
- Food/restrictions
- Relationships
- Attitudes/beliefs
- Sense of ourselves and others
- Music

(Nelson-Becker, ., 2005)

Attachment Theory

- Older adults will draw upon God as they encounter challenges
- Building a relationship or bond for spiritual coping
- Impression that provides security
- Feeling support

(Pickard, J. & Nelson-Becker, H., 2011)

Religion	Spirituality
- Organized system	- Search to know: higher power, divine or ultimate reality
- Spiritual beliefs	
- Values	- Human quest: meaning, purpose, moral principles in relation to others
- Behaviors	
- Shared	

(Pickard, J. & Nelson-Becker, H., 2011)

Cultural and Spiritual is…

- Transmitted through our families
- A sense of empowerment and connection
- A human quest for meaning

(Nelson-Becker, H., 2005)

REFERENCES

REFERENCES

Altpeter, M., Bryant, L., Schneider, E., & Whitelaw, N. (2006). Evidence-based health practice: Knowing and using what works for older adults. *Home Health Care Services Quarterly 25*(1-2), 1–11.

Barnett, A. E. (2013). Pathways of adult children providing care to older parents. *Journal of Marriage and Family, 75*(2), 178–190. doi:10.1111/j.1741-3737.2012.01022.x

Bartels, S. J., Dums, A. R., Oxman, T. E., Schneider, L. S., Areán, P. A., Alexopoulos, G. S., & Jeste, D. V. (2002). Evidence-based practices in geriatric mental health care. *Psychiatric Services, 53*, 1419–1431.

Bell, S. A., Bern-Klug, M., Kramer, K. W. O., & Saunders, J. B. (2010). Most nursing home social service directors lack training in working with lesbian, gay, and bisexual residents. *Social Work in Health Care, 49*, 814–831. doi:http://dx.doi.org/10.1080/00981389.2010.494561

Blumberg, M. T., Jones, P., & Nesbitt, M., Jr. (2010). Community approaches to meet the residents' needs in an affordable public housing community. *Journal of Housing for Elderly, 24*, 413–429.

Cassie, K. M., & Sanders, S. (2008). Familial caregivers of older adults. *Journal of Gerontological Social Work, 50*(S1), 293–320.

Chettih, M. (2012). Turning the lens inward: Cultural competence and providers' values in health care decision making. *Gerontologist, 52*, 739–747.

Choi, G., Tirrito, T., & Mills, F. (2008). Caregiver's spirituality and its influence on maintaining the elderly and disabled in a home environment. *Journal of Gerontological Social Work, 51*, 247–259.

Cummings, S. M., Kropf, N. P., Cassie, K. M., & Bride, B. (2004). Evidenced-based treatment for older adults. *Journal of Evidence-Based Social Work, 1*(4), 53–81. doi:10.1300/J394v01n04_04

Dalby, P. P. (2006). Is there a process of spiritual change or development associated with ageing? A critical review of research. *Aging & Mental Health, 10*(1), 4–12. doi:10.1080/13607860500307969

Delahaye, B. L., & Ehrich, L. C. (2008). Complex learning preferences and strategies of older adults. *Educational Gerontology, 34*, 649–662.

Enguidanos, S. M., Deliema, M., Aguilar, I., Lambrinos, J., & Wilber, K. H. (2014). Multicultural voices: Attitudes of older adults in the United States of America about elder mistreatment. *Ageing and Society*, *34*, 1–27.

Erickson, D. (2009). Learning in retirement peer instructors: In over their heads or swimming comfortably? *Educational Gerontology*, *35*, 393–408.

Fredriksen-Goldsen, K. I., & Farwell, N. (2005). Dual responsibilities among Black, Hispanic, Asian, and White employed caregivers. *Journal of Gerontological Social Work*, *43*(4), 25–44.

Fredriksen-Goldsen, K. I., & Kim, H. J. (2014). Count me in: Response to sexual orientation measures among older adults. *Research on Aging*. doi:10.1177/0164027514542109

Gelman, C., Sokoloff, T., Graziani, N., Arias, E., & Peralta, A. (2014). Individually tailored support for ethnically diverse caregivers: Enhancing our understanding of what is needed and what works. *Journal of Gerontological Social Work*, *57*, 662–680. doi:10.1080/01634372.2014.881451

Giosa, J. L., Stolee, P., Dupuis, S. L., Mock, S. E., & Santi, S. M. (2014). An examination of family caregiver experiences during care transitions of older adults. *Canadian Journal on Aging*, *33*(2), 137–153. doi:10.1017/S0714980814000026

Gray, J. I., & Kabadaki, K. (2005). A strengths perspective for assessing older adults: Curriculum enrichment in a human behavior course. *Journal of Baccalaureate Social Work*, *11*, 55–66.

Green House Project. (2014). *Caring homes for meaningful lives*. Retrieved from http://thegreenhouseproject.org

Haight, B., & Gibson, F. (Eds.). (2005). *Working with older adults: Group process and technique*. Burlington, MA: Jones & Bartlett Learning.

Halbur, D. (2011). *Developing your theoretical orientation in counseling and psychotherapy*. New York, NY: Pearson.

Hantman, S., Oz, M. B., Gutman, C., & Criden, W. (2013). Bringing older adults into the classroom: The sharing community model. *Gerontology & Geriatrics Education*, *34*(2), 135–149.

Henz, U. (2006). Informal caregiving at working age: Effects of job characteristics and family configuration. *Journal of Marriage and Family*, *68*, 411–429.

Hernandez, M., & Newcomer, R. (2007). Assisted living and special populations: What do we know about differences in use and potential access barriers? *The Gerontologist*, *47*(Suppl. 1), 110–117.

Jahn, D. R., Van Orden, K. A., & Cukrowicz, K. C. (2013). Perceived burdensomeness in older adults and perceptions of burden on spouses and children. *Clinical Gerontologist*, *36*, 451–459. doi:10.1080/07317115.2013.816817

Keefe, J., Guberman, N., Fancey, P., Barylak, L., & Nahmiash, D. (2008). Caregivers' aspirations, realities, and expectations: The CARE tool. *Journal of Applied Gerontology*, *27*, 286–308.

Kelly, K., Reinhard, S. C., & Brooks-Danso, A. (2008). Professional partners supporting family caregivers. *American Journal of Nursing*, *108*(9), 6–12.

Kirkpatrick, D. L., & Kirkpatrick, J. D. (1994). *Evaluating training program: The four levels* (3rd ed.). San Francisco, CA: Berrett-Koehler.

Kohli, H. K., Huber, R., & Faul, A. C. (2010). Historical and theoretical development of culturally competent social work practice. *Journal of Teaching Social Work*, *30*, 252–271.

Lee, K. H. (2011). The role of spiritual experience, forgiveness, and religious support on the general well-being of older adults. *Journal of Religion, Spirituality & Aging*, *23*, 206–223. doi:10-1080-15528030.2011.533398

MacKinlay, E. (2006). Spiritual care: Recognizing spiritual needs of older adults. *Journal of Religion, Spirituality & Aging*, *18*, 59. doi:10.1300/J496v18n0205

Marziali, E., McDonald, L., & Donahue, P. (2008). The role of coping humor in the physical and mental health of older adults. *Aging and Mental Health*, *12*, 713–718.

McInnis-Dittrich, K. (2005). *Social work with elders: A biopsychosocial approach to assessment and intervention*. Boston, MA: Allyn & Bacon.

National Alliance for Caregiving. (2009). *Growing your caregiving coalition: What to do after you've planted the seed.* Retrieved from http://www.caregiving.org

National Alliance on Mental Illness. (n.d.). *We call it the NAMI effect*. Retrieved from https://www.nami.org

National Association of Social Workers. (2008). *Code of ethics of the National Association of Social Workers*. Retrieved from http://www.socialworkers.org/pubs/code/default.asp

Nelson-Becker, H. (2005). Religion and coping in older adults: A social work perspective. *Journal of Gerontological Social Work*, *45*(1-2), 51–67.

Park, N. S., Dobbs, D., Carrion, I. V., Young, T. L., Salmon, J. R., & Roff, L. L. (2013). Social relationships of African American and Hispanic older assisted living residents: Exploring the role of race and ethnicity. *Journal of Housing For the Elderly*, *27*, 369–391.

Perkins, M. M. (2014). Resilience in later life: Emerging trends and future directions. *The Gerontologist*, *54*(1), 138–142.

Pasztor, E. M. (2009). Confessions of a foster parent trainer. *Fostering Families Today*, *7*, 16-21.

Phillips, K. L., Chiriboga, D. A., & Jang, Y. (2012). Satisfaction with care: The role of patient-provider racial/ethnic concordance and interpersonal sensitivity. *Journal of Aging & Health*, *24*, 1079–1090. doi:10.1177/0898264312453068

Pickard, J. G., & Nelson-Becker, H. (2011). Attachment and spiritual coping: Theory and practice with older adults. *Journal of Spirituality in Mental Health*, *13*(2), 138–155.

Piercy, K. W., & Dunkley, G. J. (2004). What quality paid home care means to family caregivers. *Journal of Applied Gerontology*, *23*, 175–192.

Pitkala, K. H., Blomquist, L., Routasalo, P., Saarenheimo, M., Karvinen, E., Oikarinen, U., & Mantyranta, T. (2004). Leading groups of older people: A description and evaluation of the education of professionals. *Educational Gerontology*, *30*, 821–833.

Poor, S., Baldwin, C., & Willet, J. (2012). The village movement empowers older adults to stay connected to home and community. *Generations*, *36*(1), 112–117.

Program of All-Inclusive Care for the Elderly (PACE). (2002). *PACE 4 you*. Retrieved from http://www.npaonline.org/website/article.asp?id=4&title= Homepage

Schneidermann, M., & Critchfield, J. (2012). Customizing the "teachable moment": Ways to address hospital transitions in a culturally conscious manner. *Generations*, *36*(4), 94–97.

Sundar, V., Fox, S. W., & Phillips, K. G. (2014). Transitions in caregiving: Evaluating a person-centered approach to supporting family caregivers in the community. *Journal of Gerontological Social Work*, *57*, 750–765. doi:10.1080/ 01634372.2013.847885

Toles, M. P., Abbott, K. M., Hirschman, K. B., & Naylor, M. D. (2012). Transitions in care among older adults receiving long-term services and supports. *Journal of Gerontological Nursing*, *38*(11), 40–47.

Vidyalashmi, S., Fox, S., & Phillips, K. G. (2013). Transitions in caregiving: Evaluating a person-centered approach to supporting family caregivers in the community. *Journal of Gerontological Social Work*, *57*, 750–765. doi:10.1080/ 01634372.2013.847855