

THE UNIVERSITY OF TEXAS AT AUSTIN
SCHOOL OF SOCIAL WORK
Social Work Practice with Older Adults: Health and Mental Health Issues

Course Number:	SW 387R23	Instructor:	Namkee G. Choi, PhD, MSW
Unique Number:	63345	Office Number:	3.122D
Semester:	Fall 2014	Office Phone:	(512) 232-9590
Meeting Time/Place:	T 8:30-11:20 AM /SSW 2.130	Office Hours:	T 11:30-1:00/ by appointment
Instructor's e-mail:	nchoi@austin.utexas.edu		

Standardized Course Description: This course is designed to integrate the theories and practice skills needed for effective social work with older adults with major physical and mental health concerns and the older adults' families. The course builds upon the basic theoretical foundations and the practice methods and skills the students have acquired in their introductory courses. Specific focus will be on in-depth understanding of the nature and course of chronic illnesses and mental health problems, including cognitive declines, utilization of interdisciplinary (multidimensional) geriatric assessment tools, and evidence-based intervention models and processes. Understanding the issues of vital aging, developmental processes, fostering an alliance, overcoming stigma, use of self, therapeutic bias, and ethical dilemmas with this population will also be studied. Emphasis will be placed on older adults at risk due to poverty, lack of informal social support, disability, and discrimination based on race/ethnicity, sexual orientation. The course will be conducted using lectures, class discussions, case analysis, role plays, presentations by expert community practitioners, films, and specialized practice assignments to actively engage students in learning practice.

Standardized Course objectives: At the completion of this course, the student will be expected to:

1. Demonstrate the ability to explore, identify, and resolve his or her biases, myths, and stereotypes about older adults and the aging process by engaging in self-reflection;
2. Analyze the impact of their own biases on practice with this population;
3. Demonstrate advanced knowledge of theories and practice concepts regarding the unique and diverse needs and capacities of older adults and their families;
4. Identify and understand the signs, symptoms, and trajectories of particular health and mental health problems of older adults;
5. Identify changes in cognitive functioning and address attendant challenges to independent living and safety issues;
6. Be able to select and utilize appropriate assessment and diagnostic methods, including comprehensive geriatric assessment tools (e.g., ADL/IADL check list; home safety check off list; Geriatric Depression Scale; mini-mental status exam);
7. Critique and identify the most effective treatment models and methods to employ for the identified health and mental health problems;
8. Identify gaps in community services that support older adults with health and mental health problems;
9. Demonstrate the capacity to assess the challenges faced by older adults' families caring for them;
10. Develop care plans to address the needs of the informal support system with psycho-educational and supportive model and by linking them to health and social service resources;
11. Demonstrate cultural sensitivity toward diverse population groups (e.g., gender; race/ethnicity; immigrant status; sexual orientation and gender expression) and utilize culturally sensitive approaches in assessment and intervention;
12. Demonstrate expertise in responding to ethical dilemmas common to aging, chronic illness, cognitive decline, and death and dying;

I. Teaching/Learning Methods

The primary means of instruction will be class discussions of the assigned reading materials (one easy-to-read book chapter(s) and 1-2 short-to-medium length articles/chapters on average) and collaborative learning from active student participation in class discussions of the text book chapters. Students are required to have done the assigned reading before class and actively participate in class (refer to the class participation grade) and collaborate with one another. Occasional guest speaker presentations and informal lectures will supplement the

collaborative learning

II. Required and Recommended Texts and Readings (Students are required to read the assigned book chapters and articles whether or not the material is discussed in class.)

Required text:

Zarit, S., & Zarit, J. (2007). *Mental disorders in older adults: Fundamentals of assessment and treatment* (2nd Ed.), New York: Guilford.

Required journal articles: All of the articles and book chapters (except those of the required textbook) that are required readings as shown in **Section VI** are available on the course Canvas.

Recommended text (in order of recommendation):

1. Hyer, L. (2014). *Psychological treatment of older adults*. New York: Springer.
2. Sahlins, J. (2010). *Social work practice in nursing homes: Creativity, leadership, and program development*. Chicago, IL; Lyceum.
3. Frazer, D. W., Hinrichsen, G. A., & Jongsma, A. E. (2011). *The older adult psychotherapy treatment planner* (2nd Ed.), New York: Wiley.

Useful Websites from the American Psychological Association, SAMHSA, and other sources

Guidelines for psychological practice with older adults:

<http://www.apa.org/practice/guidelines/older-adults.pdf>

What practitioners should know about working with older adults:

<http://www.apa.org/pi/aging/resources/guides/practitioners-shouldknow.aspx>

Dementia Care Central (resources/practical tips for dementia care)

<http://www.dementiacarecentral.com/node/1563>

Jane Gross blog:

<http://newoldage.blogs.nytimes.com/author/jane-gross>

Psychotherapy and older adults resource guide:

<http://www.apa.org/pi/aging/resources/guides/psychotherapy.aspx>

Psychological services for long-term care resource guide:

<http://www.apa.org/pi/aging/resources/guides/psychotherapy.aspx>

Depression and suicide in older adults:

<http://www.apa.org/pi/aging/resources/guides/depression.aspx>

Psychiatric evaluation of adults:

http://www.psychiatryonline.com/pracGuide/pracGuideTopic_1.aspx

Treatment of major depressive disorder:

http://www.psychiatryonline.com/pracGuide/pracGuideTopic_7.aspx

Assessment and treatment of suicidal behaviors:

http://www.psychiatryonline.com/pracGuide/pracGuideTopic_14.aspx

Substance abuse relapse prevention for older adults: A group treatment approach:

<http://www.kap.samhsa.gov/products/manuals/pdfs/sarp4olderadults.pdf>

Promoting emotional health & preventing suicide: A toolkit for senior living communities:

<http://store.samhsa.gov/product/Promoting-Emotional-Health-and-Preventing-Suicide/SMA10-4515>

The Stanford's chronic disease self-management programs:

<http://patienteducation.stanford.edu/programs/>

<http://www.hmohelp.ca.gov/library/reports/news/AlvarezMarch12.pdf>

III. Grading and Course Requirements

Accumulated points and grading scale

94.0 and above = A	93.999-90 = A-	89.999-87 = B+	86.999-84 = B	83.999-80 = B-
79.999-77 = C+	76.999-74 = C	73.999-70 = C-	69.999-67 = D+	66.999-64 = D

Course requirements and grade assignment:

1. **Journal (Dates are noted in Section VI; 3 point each, 15 points total):** Self-reflections and exploration and articulation of our views, feelings, and experiences enhance our ability to grow from our experience and develop greater empathy for people around us. Each student is expected to turn in five journal entries in the following topical areas: (1) older people who influenced him/her in positive ways and older people who had influenced him/her in negative ways and why; (2) his/her thoughts and feelings about aging, including fears, expectations, and stereotypes; (3) the kind of gerontological social work he/she wants to engage in—aspirations, goals, and plans; (4) ageism: where it comes from and what we should do about it; and (5) one thing (policy and/or practice) that will have to change/improve in an aging society for the well-being of all members of the society. Each journal entry should be one single-spaced page. References are not required for journal entries 1-3, but 2-3 references are required for entries 4 and 5.

2. **Questions/comments/discussion (Q/C/D) ideas generated from the required textbook (Zarit & Zarit) chapter(s) assigned each week (Wk 2-Wk 9 & Wk13; 2 points per chapter, 22 points total):** Starting from week 2, each student is required to submit at least one question/comment/discussion idea per chapter in writing after reading the assigned textbook chapter(s) for the week. This assignment is designed to make sure that each student comes to class having read the assigned book chapter(s) and prepared to actively participate in class discussions. You can bring any question related to the contents of the chapter, a pertinent case example from your own practice/internship to add to the examples shown in the chapter, or other comments/thoughts/ideas that may need to be discussed in class. Then, you will raise your hand in class to pose/present your question/comment/example. Please note the chapter title, date of submission, and your name on top of the submitted question/comment/example. No late submission of this assignment will be accepted under any circumstance.

3. **Chronic Disease Research Brochure and Presentation (15 points; due 11/04/14):** A team of two students is required to research one chronic medical condition that has been associated with older adults. Please refer to the list of the most common medical conditions in late life below. The research will include etiologies, signs, and symptoms of the disease, its usual process, common treatments, and prognosis. Describe how each condition may affect activities or instrumental activities of daily living. Discuss common risks and benefits of treatment, including economic issues such as ongoing medication costs.

For each condition, the team will develop a one-page (front/back) brochure (that could be used to educate an older adult on the condition) that contains pertinent information regarding the chronic condition. This brochure will be shared with classmates and turned in for grade. Students have to keep the concepts of health literacy in mind when creating the brochure for older adults. However, during class presentation (10 minutes), they must impart necessary medical information and terms that social workers need to be equipped with in multidisciplinary team work settings (e.g., hospitals, health clinics, long-term care settings).

Most common chronic medical conditions in late life: Adult onset diabetes; Arthritis; Kidney and bladder problems; Parkinson's disease; Glaucoma and cataracts; Macular degeneration; Lung disease; Lung cancer; Osteoporosis; Enlarged prostate / Prostate cancer; Cardiovascular disease: HP, Heart disease and Stroke; Colon / Rectal cancer.

4. **Short Report on Aging Service Resources (5 double-spaced pages, 15 points, due when completed):** The purpose of this report is to encourage students to get to know aging service resources in the community. Students will be free to choose one of the following options for this short report: (1) visit an aging service agency (e.g., senior activity centers, nursing homes, assisted living facilities); (2) attend a monthly topical presentation of the InterAgency Council on Aging (meeting the 3rd Thursday of every month from 11:30 AM to 1:00 PM; meeting places may vary; please email Samantha Young at samantha@practicalcare.ccsend.com to receive monthly meeting notice); (3) a bimonthly meeting of the Aging Services Council of Central Texas (www.agingservicescouncil.org; meeting on the first Thursday of even numbered months from 8:30 to 10:30 AM; next meeting is on October 2th); or (4) interview an aging service provider of your choice (e.g., Capital

Metro staff in charge of special transit services (STS), AAA regional office staff, RSVP staff). Students will be free to discuss with the instructor other ways to fulfill this report requirement. However, all students are required to have a list of questions before attending any meeting or speaking with an agency personnel in order to be able to write up the report. Please attach a written verification from the agency personnel of your visit/interview to your report. When you attended a meeting or presentation, please attach the handouts from the meeting/presentation to your report.

5. Assessment and Intervention Plan Paper or Innovative Aging Service Program Review Paper & Presentation (12 double-spaced pages; 33 points; due 12/03/2013): A team of two students will be required to choose either one of the following:

Assessment and Intervention Plan Paper: Students are expected to complete an interview of an older adult (age 60+ and not a relative). The goal of the interview is to allow the students the opportunity to practice assessment skills with an older adult who may have multiple physical and psychosocial problems. In addition to the interview with the older adult, the students are expected to interview (with the permission of the older adult) - a collateral contact, such as a service provider, friend or family member. After the interviews, the students will summarize the assessment findings and the most effective (evidence-based) and feasible intervention plans for this client, and identify gaps in community services that support older adults who have similar needs. Specific guidelines for the paper are provided in section VII.

The course instructor will provide a copy of a basic assessment instrument (available in both English and Spanish)—including sociodemographic items, measures of chronic conditions and overall health status, ADL/IADL impairment, scales for depression, stressful life events, social service utilization, social engagement, and many other items—that she has used in her research/intervention projects. The students will have to revise and add questions and scales for their assessment with a specific client.

Innovative Aging Service Programs Review Paper: For this paper, the students are expected to research an innovative program/service for older adults and write a paper about the programs/services. To describe a program/service, the students will have to interview at least one major player for the program. For example, an innovative senior transportation program that started in Maine has received lots of support from the research as well as aging service practice communities. (Please check out ITNAmerica: <http://www.itnamerica.org>.) Given that the lack of senior transportation is a huge issue in our community, you may want to research about this program and interview/correspond with its founder and how this program may be implemented in our community and what will take to implement it. Other examples of innovation in services may be the use of technology to assist frail/cognitively older adults with their activities of daily living and their caregivers and the prevention/self-management approach to chronic illness and disability. Please consult the instructor regarding the program choice before writing the paper. Specific guidelines for the paper are provided in section VII.

IV. University and School Notices and Policies

THE UNIVERSITY OF TEXAS HONOR CODE. The core values of The University of Texas at Austin are learning, discovery, freedom, leadership, individual opportunity, and responsibility. Each member of the university is expected to uphold these values through integrity, honesty, trust, fairness, and respect toward peers and community.

PROFESSIONAL CONDUCT IN CLASS. The professor expects students to act as professionals in class. This means students should arrive on time for class, be prepared to participate in the class discussion, and show respect for one another's opinions. We will not, nor should we, always agree with one another. In this environment we should be exposed to diverse ideas and opinions, and sometime we will not agree with the ideas expressed by others. However, the professor does require that students engage one another with respect and professionalism.

CLASSROOM CIVILITY. A course brings together a group of diverse individuals with various backgrounds. Students are influenced and shaped by such factors as ethnicity, gender, sex, physical abilities, religious and

political beliefs, national origins, and sexual orientations, among others. We expect to learn from each other in an atmosphere of positive engagement and mutual respect. Social Work deals with complex and controversial issues. These issues may be challenging and uncomfortable, and it would be impossible to offer a substantive classroom experience that did not include potentially difficult conversations relating to challenging issues.

UNANTICIPATED DISTRESS. Students may experience unexpected and/or distressing reactions to course readings, videos, conversations, and assignments. If so, students are encouraged to inform the instructor. The instructor can be responsive and supportive regarding students' participation in course assignments and activities, but students are responsible for communicating clearly what kind of support is desired. If counseling is needed, students can contact a service provider of their choosing, including the UT Counseling Center at 512-471-3515 or online at www.utexas.edu/student/cmhc/.

POLICY ON SOCIAL MEDIA AND PROFESSIONAL COMMUNICATION. Public social networks are not private. Even when open only to approved or invited members, users cannot be certain that privacy will exist among the general membership of sites. If social work students choose to participate in such forums, please assume that anything posted can be seen, read, and critiqued. What is said, posted, linked to, commented on, uploaded, subscribed to, etc., can be accessed and archived, posing potential harm to professional reputations and prospective careers.

Social work students who use social media (i.e. Facebook, Twitter, etc.) and other forms of electronic communication (i.e. blogs, etc.) must be mindful of how their communication may be perceived by clients, colleagues, faculty, and others. Social work students are expected to make every effort to minimize material which could be considered inappropriate for a professional social worker in training. Because of this, social work students are advised to manage security settings at their most private levels and avoid posting information/photos or using any language that could jeopardize their professional image. Students are asked to consider the amount of personal information posted on these sites and are obliged to block any client access to involvement in the students' social networks. Client material should not be referred to in any form of electronic media, including *any* information that might lead to the identification of a client or compromise client confidentiality in *any* way. Additionally, students must critically evaluate any material that is posted regarding community agencies and professional relationships, as certain material could violate the standards set by the School of Social Work, the Texas Code of Conduct for Social Workers, and/or the NASW Code of Ethics.

Social work students should consider that they will be representing professional social work practice as well as the University of Texas at Austin School of Social Work program while in the classroom, the university community, and the broader area communities.

POLICY ON SCHOLASTIC DISHONESTY. Students who violate University rules on scholastic dishonesty are subject to disciplinary penalties, including the possibility of failure in the course and/or dismissal from the University. Since such dishonesty harms the individual, all students, and the integrity of the University, policies on scholastic dishonesty will be strictly enforced. For further information, the student may refer to the Web Site of the Student Judicial Services, Office of the Dean of Students (<http://deanofstudents.utexas.edu/sjs/>).

USE OF CLASS MATERIALS. The materials used in this class, including, but not limited to, exams, quizzes, and homework assignments are copyright protected works. Any unauthorized copying of the class materials is a violation of federal law and may result in disciplinary actions being taken against the student. Additionally, the sharing of class materials without the specific, express approval of the instructor may be a violation of the University's Student Honor Code and an act of academic dishonesty, which could result in further disciplinary action. This includes, among other things, uploading class materials to websites for the purpose of sharing those materials with other current or future students.

DOCUMENTED DISABILITY STATEMENT. Any student who requires special accommodations must obtain a letter that documents the disability from the Services for Students with Disabilities area of the Division of Diversity and Community Engagement (471- 6259 voice or 471-4641 TTY for users who are deaf or hard of

hearing). Present the letter to the professor at the beginning of the semester so that needed accommodations can be discussed. The student should remind the professor of any testing accommodations no later than five business days before an exam. For more information, visit <http://www.utexas.edu/diversity/ddce/ssd/>.

RELIGIOUS HOLIDAYS. By UT Austin policy, students must notify the professor of a pending absence at least fourteen days prior to the date of observance of a religious holy day. If the student must miss a class, an examination, a work assignment, or a project in order to observe a religious holy day, the professor will give the student an opportunity to complete the missed work within a reasonable time after the absence.

USE OF E-MAIL FOR OFFICIAL CORRESPONDENCE TO STUDENTS. Email is recognized as an official mode of university correspondence; therefore, students are responsible for reading their email for university and course-related information and announcements. Students are responsible to keep the university informed about changes to their e-mail address. Students should check their e-mail regularly and frequently—daily, but at minimum twice a week—to stay current with university-related communications, some of which may be time-sensitive. Students can find UT Austin’s policies and instructions for updating their e-mail address at <http://www.utexas.edu/its/policies/emailnotify.php>.

SAFETY. As part of professional social work education, students may have assignments that involve working in agency settings and/or the community. As such, these assignments may present some risks. Sound choices and caution may lower risks inherent to the profession. It is the student's responsibility to be aware of and adhere to policies and practices related to agency and/or community safety. Students should notify the professor regarding any safety concerns.

BEHAVIOR CONCERNS ADVICE LINE (BCAL). If students are worried about someone who is acting differently, they may use the Behavior Concerns Advice Line to discuss by phone their concerns about another individual’s behavior. This service is provided through a partnership among the Office of the Dean of Students, the Counseling and Mental Health Center (CMHC), the Employee Assistance Program (EAP), and The University of Texas Police Department (UTPD). Call 512-232-5050 or visit <http://www.utexas.edu/safety/bcal>.

EMERGENCY EVACUATION POLICY. Occupants of buildings on the UT Austin campus are required to evacuate and assemble outside when a fire alarm is activated or an announcement is made. Please be aware of the following policies regarding evacuation:

- Familiarize yourself with all exit doors of the classroom and the building. Remember that the nearest exit door may not be the one you used when you entered the building.
- If you require assistance to evacuate, inform the professor in writing during the first week of class.
- In the event of an evacuation, follow the professor’s instructions.
- Do not re-enter a building unless you are given instructions by the Austin Fire Department, the UT Austin Police Department, or the Fire Prevention Services office.

V. Additional Class Policies Affecting Course Grade

Class Attendance and Participation Policies: It is important for social work practitioners to be punctual in both meeting deadlines and in attendance. Thus, students are expected to attend all classes, if at all possible. Students are permitted **one** excused absence. A student will be considered absent if she or he arrives more than 15 minutes late to class or does not come to class without medical documentation. Students who miss two classes, without medical documentation, during the semester will lose 3 points, those who miss three classes will lose 6 points, and those who miss more than three classes will lose 10 points. Leaving class early will be counted as an absence unless the student provides a reasonable cause for doing so in advance and receives the professor’s permission.

For this class, it is critical that students complete assigned readings before the class time and actively participate in class discussions. The textbook chapters contain very practical and useful information for practice with older clients. Since the classes will be devoted to discussing the assigned chapters, coming to class without reading the chapters will be a waste of time.

Late Assignment Policies: As noted above, no late submission of Q/C/D assignments will be accepted under any circumstance. For other assignments, except in the case of extreme emergencies, and then only with the permission of the professor, late assignments will not be accepted without penalty. Students are expected to turn in all required assignments on the specified due date at the beginning of class. (If at all possible, please turn in paper copies of assignments. Electronic copies as e-mail attachments will be allowed only for late assignments and under special circumstances when the student cannot be present in class.) Students will lose 3 points for each day that an assignment is late. If the due date is a problem, then the student must contact the professor and negotiate another due date at least **48 hours PRIOR** to the date specified in the course syllabus.

Computer and Other Electronic Device (NON)Use Policies: Using laptop and handheld computers and other electronic equipment (e.g., cell phone, texting, ear buds) in class will **NOT** be permitted except in the case of extreme emergencies and special circumstances that have been pre-approved by the professor. Students frequently use laptop computers in class to conduct tasks that are not related to the course contents (e.g., working on papers for other classes, checking e-mails, surfing Internet news) and resort to cell-phone texting while in class. Such behaviors are unprofessional and disruptive to other students and the professor. All communication devices will be turned off while in class. Students who break the computer use and cell phone policies and who engage in any other tasks that are unrelated to the course (e.g., reading newspapers and articles for other classes, playing Sudoku and other games) will be asked to leave the classroom in order not to disrupt other students' learning.

Feedback on Learning: During this course the professor will ask students to provide feedback on their learning in informal as well as formal ways. It is very important for the professor to know the students' reactions to what is taking place in class, so students are encouraged to inform the professor on how her teaching strategies are helping or hindering student learning, ensuring that together the professor and students can create an environment effective for teaching and learning.

VI. Course Schedule

Date	Session topics and readings	Reminder
Week 1 9/2/14	<ul style="list-style-type: none"> Introduction to course The Older Americans Act & aging service network Biopsychosocial changes; Theories of aging (e.g., life course theory; socioemotional selectivity theory; social/temporal comparison theory; everyday competence theory; continuity theory; self-transcendence theory; stress-coping theory; ...) <p>Text/Readings: Zarit & Zarit Ch 1 & 2;</p>	
Week 2 9/9/14	<p>Cognitive Disorders: Dementia & Delirium</p> <p>Text/Readings: Zarit & Zairt, Ch 3; (Recommended: Hyer Ch 6) Kim Warchol: Shifting the perception of Alzheimer's and creating positive outcomes: http://www.youtube.com/watch?v=zXK1Ujd5Reg Teepa Snow: http://www.youtube.com/watch?v=QTbdgHgmTgw (vascular dementia) http://www.youtube.com/watch?v=lq1FJc3xsBw&feature=relmfu (Lewy body dementia)</p> <p>Guest Speaker: Char Hu, PhD, Director of Georgetown Living</p>	Journal 1; Q/C/D for Ch 3 due
Week 3 9/16/14	<p>Clinical Interview; Differential Diagnosis; Capacity Evaluations</p> <p>Text/Readings: Zarit & Zairt, Ch 6 & 7</p>	Q/C/Ds for Ch 6 & 7 due
Week 4 9/23/14	<p>Mood and Anxiety Disorders: Signs & Symptoms; Screening Tools;</p> <p>Text/Readings: Zarit & Zairt, Ch 4 Ellison, J. M., Kyomen, H. H., & Harper, D. G. (2012). Depression in later life: An</p>	Journal 2; Q/C/D due: You can

	<p>overview with treatment recommendations. <i>Psychiatric Clinics of North America</i>, 35 (1), 203-229.</p> <p>Szanto, K. et al (2013). Research to reduce the suicide rate among older adults: methodology roadblocks and promising paradigms. <i>Psychiatric Services</i>, 64 (6), 586-589.</p> <p>Choi, N. G., Wyllie, R. & Ransom, S. (2009). Risk factors and intervention programs for depression in nursing home residents: Nursing home staff interview findings. <i>Journal of Gerontological Social Work</i>, 52(7), 668-683.</p>	<p>choose either Zarit Ch 4 or Ellison et al.</p>
<p>Week 5 9/30/14</p>	<p>Other Mental Health Problems in Later Life; Substance Abuse in Older Adults:</p> <p>Text/Readings: Zarit & Zairt, Ch 5</p> <p>Borok, J., et al. (2013). Why do older unhealthy drinkers decide to make changes or not in their alcohol consumption?: Data from the Healthy Living as You Age Study. <i>Journal of the American Geriatrics Society</i>, 61(8), 1296-1302.</p> <p>Choi, N. G. & DiNitto, D. M. (2011). Heavy/binge drinking and depressive symptoms in older adults: Gender difference. <i>International Journal of Geriatric Psychiatry</i>, 26 (8), 860-868.</p>	<p>Q/C/D for Ch 5 due</p>
<p>Week 6 10/7/14</p>	<p>Foundations of Treatment; Ethical Issues in Geriatric Psychology; Treatment of Depression: Current status of medical/pharmacological treatment and psychotherapy</p> <p>Text/Readings Zarit & Zairt, Ch 8 & 15</p>	<p>Journal 3; Q/C/Ds for Ch 8 & 15 due</p>
<p>Week 7 10/14/14</p>	<p>Treatment of Depression (Cont.) and Treatment of Anxiety</p> <p>Text/Readings Zarit & Zairt, Ch 9 & 10; (Recommended: Hyer Ch 4)</p> <p>PST demonstration by certified PST therapists, Mary Lynn Marinucci, LCSW & Leslie Sirrianni, LCSW</p>	<p>Journal 4; Q/C/Ds for Ch 9 & 10 due</p>
<p>Week 8 10/21/14</p>	<p>Treatment of Paranoid Symptoms & Treatment of Substance Abuse Disorder & Motivational Interviewing</p> <p>Text/Readings Zarit & Zairt, Ch 11</p> <p>MI demonstration: TBD</p>	<p>Journal 5; Q/C/D for Ch 11 due</p>
<p>Week 9 10/28/14</p>	<p>Treatment of Dementia</p> <p>Text/Readings Zarit & Zairt, Ch 12</p> <p>Hulme, C., Wright, J., Crocker, T., Oluboyede, Y., & House, A. (2010). Non-pharmacological approaches for dementia that informal carers might try or access: a systematic review. <i>International Journal of Geriatric psychiatry</i>, 25 (7), 756-763.</p> <p>Sahlins, J. (2010). Reminiscence and reminiscence groups, Ch. 3 of <i>Social work practice in nursing homes: Creativity, leadership, and program development</i> (pp. 37-63). Chicago, IL; Lyceum.</p> <p>Guest Speaker: Allison Price, LMSW, Adult Protective Services, TX Dept of Family and Protective Service</p>	<p>Q/C/D for Ch 12 due</p>
<p>Week 10 11/4/14</p>	<p>Chronic disease/MH disorder presentation Social worker roles in chronic disease management Stanford Chronic Care Model</p> <p>Readings Klein, J. (June 11, 2012). The Long Good bye: What I learned from the last days of my mom and dad. <i>TIME</i>, 18-25.</p>	<p>Chronic disease brochure due</p>

	Guest speaker: Amelia Frank, Alzheimer's Association Capital of TX Chapter.	
Week 11 11/11/14	Underrepresented population groups: LGBT Elders and Older Prison Inmates Readings Fredriksen-Goldsen, K. et al. (2011). Executive Summary: The Aging and Health Report: Disparities and resilience among LGBT older adults: http://depts.washington.edu/agepride/wordpress/wp-content/uploads/2011/05/Executive-Summary-FINAL.pdf Same sex relationship recognition map: http://www.thetaskforce.org/downloads/reports/issue_maps/rel_recog_6_28_11_color.pdf Human Rights Watch (January, 2012). Older behind bars: The aging prison population in the United States: http://www.hrw.org/sites/default/files/reports/usprisons0112webwcover_0.pdf Guest speaker (TBD): Education and Outreach Coordinator for the UT Gender and Sexuality Center	
Week 12 11/18/14	Elder Abuse and Neglect; Guardianship Readings Hoover, R. M. & Polson, M. (2014). Detecting elder abuse and neglect: Assessment and intervention. <i>American Family Physician</i> , 89 (6), 453-460.	
Week 13 11/25/14	Family Caregiving Text/Readings Zarit & Zarit, Ch 13 Berry, B. (2014). Minimizing confusion and disorientation: Cognitive support work in informal dementia caregiving. <i>Journal of Aging Studies</i> , 30, 121-130. Question and answers for papers Guest speaker: Amy Flanigan, Health and Wellness Coordinator, Area Agencies on Aging of the Capital Area	Q/C/D for Ch 13 due
Week 14 12/02/14	Paper presentation (Each dyad will be given 20 minutes to present their paper—assessment and intervention plans or innovative programs)	Due Final Paper

VII. Paper Guidelines

Guidelines for Assessment and Intervention Plan Paper (12 pages; 33 points total. Please use section headings.)

The purpose of this assignment is to provide students with opportunities to practice their assessment skills with older adults and their support systems and plan interventions for the older adults. The focus of this assignment is on applying comprehensive bio-psycho-social assessment skills and planning for case management, evidence-based interventions, and/or advocacy to a client's problem.

- **Title page:** Descriptive title of the paper and your name
- **Introduction (1 page; 1 point):** (1) Description of the older adult client and his/her support system; and (2) a brief statement of the client's problems/issues, assessment methods, the goals of the client and his/her support system and your goals as a social worker.
- **Literature review (3 pages; 5 points):** A brief review of relevant literature related to the client's problems/issues focusing on their etiologies and effects
- **Assessment (4 pages; 12 points):** (1) Description of the assessment methods (e.g., self-report, your behavioral observations and ratings; in-depth qualitative interviews) and instruments used ; the rationale for these choices, and duration of the assessments with the older adult and his/her support system; (2) discussion of the comprehensiveness and depth of assessment as well as any potential assessment errors that may have

compromised the reliability and validity of your assessment; and (3) summary of assessment findings, especially those that are relevant to developing intervention plans.

- **Intervention plan (4 pages; 12 points):** (1) Description of and reasons for the chosen intervention/s (case management, evidence-based intervention/s, advocacy, and/or others); and (2) discussion of related theory and evidence bases—citing previous studies/meta analyses that showed their efficacy and/or effectiveness and focusing on critical appraisal of the major methodological strengths and weaknesses of previous studies that form the evidence base, what is already known, and what needs to be known. If any intervention with the best scientific evidence is not feasible, then select an alternative intervention that is feasible and has the best evidence among those that are feasible. That is, you must provide justification for your choice of intervention/s based on scientific evidence and feasibility (compared to other possible intervention/s).
- **References (1.5 points):** Follow the APA format.
- **Appendix (1.5 points):** Copies of completed, de-identified data collection instruments.

Guidelines for Innovative Aging Service Programs Review Paper (12 pages; 33 points total. Please use section headings.)

The purpose of this assignment is to provide students with opportunities to increase their knowledge base about aging service programs that are innovative, effective (or potentially effective), and efficient. Global aging and the graying of America pose serious challenges to eldercare for every family in every community. To familiarize oneself with innovative elder-service programs is an important professional duty as a social worker in all fields of practice. The focus of this assignment is on identifying at least one innovative elder-service (education, prevention, and treatment for older adults themselves and their informal caregivers) program that is being implemented in any community in the world and discussing its goal(s), theoretical and empirical foundation, financing mechanism, implementation processes, evidence of effectiveness (or potential effectiveness), and dissemination potential to other communities.

- **Title page:** Descriptive title of the paper and your name
- **Introduction (1 page; 3 points):** (1) Citing relevant literature and research, statement about the scope and severity of the eldercare problem/issue that the program is designed to prevent/alleviate/treat, and (2) a brief statement of the purpose and organization of the paper.
- **Description of the program (4 pages; 9 points):** (1) A brief description of the title, nature, goals, and target population of the program; (2) why is it an innovative/noble program? How does it distinguish itself from, if any, other similar programs?; (3) when and how it started; (4) scope of current implementation (e.g., number of clients served, community support); and (5) how is it financed and how will it be financially sustainable in the future?
- **Assessment of effectiveness and efficiency (4 pages; 9 points):** Using any empirical data from the program's annual reports, related research papers, and interviews with the program staff/administrators, discuss the following: (1) how effective is the program?; how has its effectiveness been assessed?; would it qualify as an evidence-based program?; is there any evidence of long-term effectiveness?; and (2) how efficient and cost-effective is the program (in the absence of hard data, please cite the program staff/administrator)?
- **Strengths, weaknesses, and potential for wider dissemination (4 pages; 9 points):** Based on your research of the program: (1) what are the strengths and weaknesses of the program (these may cover effectiveness or lack thereof, client receptivity, implementation cost, sustainability or lack thereof, and so on)?; (2) what needs to be done to widely disseminate this program to other agencies/communities, that is, ingredients for successful adaptation/adaptation in other communities?; and (3) concluding remarks about the program's merit and potential for implementation and improvement in the near future.
- **References (1.5 points):** Follow the APA format.
- **Appendix (1.5 points):** Copies of any key program and data sheets about the program.

Bibliography

Ageism

- Levy, B. R., Chung, P. H., Bedford, T., & Navrazhina, K. (2014). Facebook as a site for negative age stereotypes. *The Gerontologist*, 54(2), 172-176.
- Luo, B., Zhou, K., Jin, E. J., Newman, A., & Liang, J. (2013). Ageism among college students: A comparative study between US and China. *Journal of Cross-Cultural Gerontology*, 28(1):49-63.
- Robinson S, Briggs R, O'Neill D. (2012). Cognitive aging, geriatrics textbooks, and unintentional ageism. *Journal of the American Geriatrics Society*, 60 (11), 2183-2185.
- Huber, R., Nelson, H. W., Netting, F. E., & Borders, K. (2008). Elder advocacy: Essential knowledge & skills across settings. Belmont, CA: Thompson

Caregiving

- Warchol-Biedermann K, Mojs, E, Gregersen, R, Maibom, K., Millán-Calenti, J. C., & Maseda, A. (2014). What causes grief in dementia caregivers? *Archives of Gerontology and Geriatrics*, 59 (2), 462-467.
- Mast, M. E. (2013). To use or not to use. A literature review of factors that influence family caregivers' use of support services. *Journal of Gerontological Nursing*, 39 (1), 20-28.
- Ward-Griffin, C., McWilliam, C. L., & Oudshoorn, A. (2012). Relational experiences of family caregivers providing home-based end-of-life care. *Journal of Family Nursing*, 18 (4), 491-516.
- Pinquart, M., & Sörensen, S. (2011). Spouses, adult children, and children-in-law as caregivers of older adults: a meta-analytic comparison. *Psychology & Aging*, 26(1), 1-14.

Alzheimer's disease

- Schneider, L. S., Mangialasche, F., Andreasen, N., Feldman, H., Giacobini, E., Jones, R., Mantua, V., et al. (2014). Clinical trials and late-stage drug development for Alzheimer's disease: An appraisal from 1984 to 2014. *Journal of Internal Medicine*, 275 (3), 251-283.
- Rongve, A., Vossius, C., Nore, S., Testad, I., & Aarsland, D. (2012). Time until nursing home admission in people with mild dementia: comparison of dementia with Lewy bodies and Alzheimer's dementia. *International Journal of Psychogeriatrics*. Aug 13. doi: 10.1002/gps.4015. [Epub ahead of print]
- Sorocco, K. H., Bratkovich, K. L., Wingo, R., Qureshi, S. M., & Mason, P. J. (2013). Integrating care coordination home telehealth and home based primary care in rural Oklahoma: A pilot study. *Psychological Services*, 10 (3), 350-352.
- Perilli, V., Lancioni, G. E., Laporta, D., Paparella, A., Caffò, A. O., Singh, N. N., et al. (2013). A computer-aided telephone system to enable five persons with Alzheimer's disease to make phone calls independently. *Research Development and Disability*, 34(6), 1991-97.

Elder abuse

- Burnes, D. P., Rizzo, V. M., & Courtney, E. (2014). Elder Abuse and Neglect Risk Alleviation in Protective Services. *Journal of Interpersonal Violence*, 29(11), 2091-2113.
- Andersen, E., Raffin-Bouchal, S., & Marcy-Edwards, D. (2013). "Do they think I am a pack rat?" *Journal of Elder Abuse and Neglect*, 25(5), 438-452.
- Mukherjee, D. (2013). Financial exploitation of older adults in rural settings: a family perspective. *Journal of Elder Abuse and Neglect*, 25(5), 425-437.
- Manthorpe, J., Samsi, K., & Rapaport, J. (2013). Elder abuse and neglect in institutional settings: the resident's perspective. *Journal of Elder Abuse and Neglect*, 25(5), 339-354.

Substance abuse

SAMHSA TIP 26: Substance Abuse Among Older Adults

Directions for downloading or ordering publications from the Substance Abuse and Mental Health Services Administration (SAMHSA). If you have not ordered the full publications at the beginning of the quarter, cited chapters can be read on-line or downloaded by following these directions:

Visit: <http://www.Treatment.org>

Select: Documents (pull-down menu)

CSAT TIPS

Scroll down and choose TIP 26: Substance Abuse Among Older Adults

Read Chapter 4: Identification, Screening, and Assessment & Chapter 5: Referral and Treatment Approaches

- Cummings, S. M., Cooper, R. L., & Johnson, C. (2013). Alcohol misuse among older adult public housing residents. *Journal of Gerontological Social Work*, 56 (5), 407-422.
- Wang, Y. P., & Andrade, L. H. (2013). Epidemiology of alcohol and substance use in the elderly. *Current Opinions in Psychiatry*, 26(4), 343-8.
- Fingold-Connett, D. (2005) Self management of alcohol problems among older adults. *Journal of Gerontological Nursing*, May; 51-58.
- Hanson M. & Gutheil I. A. (2004). Motivational strategies with alcohol-involved older adults: implications for social work practice. *Social Work*. 49(3) July 2004, 364-372.

Nursing home residents

- Shin, J. H. (2013). Relationship between nursing staffing and quality of life in nursing homes. *Contemporary Nurse*. 44(2):133-43
- Choi, N. G., Ransom, S. & Wyllie, R. (2008). Depression in Older Nursing Home Residents: The Influence of Nursing Home Environmental Stressors, Coping, and Acceptance of Group and Individual Therapy. *Aging & Mental Health*, 12(5), 536-547.
- Chisholm, L., Weech-Maldonado, R., Laberge, A., Lin, F. C., & Hyer, K. (2013). Nursing Home Quality and Financial Performance: Does the Racial Composition of Residents Matter? *Health Services Research*, 48(6 Pt 1), 2060-2080.
- Shura, R., Siders, R. A., & Dannefer, D. (2011). Culture change in long-term care: participatory action research and the role of the resident. *The Gerontologist*, 51(2), 212-225.

Grandparents as caregivers

- Yancura, L. A. (2013). Justifications for caregiving in white, Asian American, and native Hawaiian grandparents raising grandchildren. *Journal of Gerontology B: Psychological and Social Sciences*, 68(1), 139-144.
- Van Etten, D., & Gautam, R. (2012). Custodial grandparents raising grandchildren: lack of legal relationship is a barrier for services. *Journal of Gerontological Nursing*, 38(6), 18-22.
- Neely-Barnes, S. L., Graff, J. C., & Washington, G. (2010). The health-related quality of life of custodial grandparents. *Health and Social Work*, 35(2), 87-97.

Elders of color / Oppressed groups

- Whitfield, K., & Baker, T. (Eds) (2013). *Handbook of Minority Aging*. New York: Springer. (This new book contains a diverse array of minority-aging related chapters, and includes a Social Work section.)
- Grandbois, D. M., & Sanders, G. F. (2012). Resilience and stereotyping: The experiences of Native American elders. *Journal of Transcultural Nursing*, 23(4), 389-396.
- Ruiz, M. E., & Ransford, H. E. (2012). Latino elders reframing familismo: implications for health and caregiving support. *Journal of Cultural Diversity*, 19(2), 50-57.
- Lehning, A. J., Kim, M. H., & Dunkle, R. E. (2013). Facilitators of home and community-based service use by urban African American elders. *Journal of Aging and Health*, 25(3), 439-58.
- Nguyen D. (2012). The effects of sociocultural factors on older Asian Americans' access to care. *Journal of Gerontological Social Work*, 55(1), 55-71.

Older gays and lesbians; People with HIV/AIDS

- Fenge, L. A. (2014). Developing understanding of same-sex partner bereavement for older lesbian and gay people: Implications for social work practice. *Journal of Gerontological Social Work*, 57(2-4), 288-304
- Serafin, J., Smith, G. B., Keltz, T. (2013). Lesbian, gay, bisexual, and transgender (LGBT) elders in nursing homes: It's time to clean out the closet. *Geriatric Nursing*, 34(1), 81-3.
- Van Wagenen, A., Driskell, J., & Bradford, J. (2013). "I'm still raring to go": successful aging among lesbian, gay, bisexual, and transgender older adults. *Journal of Aging Studies*, 27(1), 1-14.
- Emlet, C.A. (2006). "You're awfully old to have this disease": Experiences of stigma and ageism in adults 50 years and older living with HIV/AIDS. *The Gerontologist*, 46(6); 781-790.

Spirituality, End-of-Life care, Grief & loss

- Nelson-Becker H. (2013). Spirituality in end-of-life and palliative care: what matters? *Journal of Social Work, End of Life, and Palliative Care*, 9(2-3), 112-116.
- Strom-Gottfried, K. & Mowbray, N.D. (2006). Who heals the helper? Facilitating the social worker's grief. *Families in Society: The Journal of Contemporary Social Services* (87), 1, pp 9-14.

Wisdom

- Webster, J. D., Westerhof, G. J., & Bohlmeijer, E. T. (2014). Wisdom and mental health across the lifespan. *Journal of Gerontology B: Psychological and Social Sciences*, 69(2), 209-218.
- Choi, N. G. & Landeros, C. (2011). Wisdom from Life's Challenges: Qualitative Interviews with Low- to Moderate-income Older Adults Who Were Nominated as being Wise. *Journal of Gerontological Social Work*, 54, 592-614.
- Ardelt, M. (2000a). Antecedents and effects of wisdom in old age. *Research on Aging*, 22, 360-394.
- Baltes, P. B., & Staudinger, U. M. (2000). Wisdom: A metaheuristic (pragmatic) to orchestrate mind and virtue toward excellence. *American Psychologist*, 55, 122-136.
- Baltes, P. B., Staudinger, U. M., Maercker, A., & Smith, J. (1995). People nominated as wise: A comparative study of wisdom-related knowledge. *Psychology and Aging*, 10, 155-166.
- Bluck, S., & Gluck, J. (2004). Making things better and learning a lesson: Experiencing wisdom across the lifespan. *Journal of Personality*, 72, 543-572.

Aging Web Sites

- Administration on Aging <http://www.aoa.dhhs.gov>
- Administration on Aging Elderspage <http://www.aoa.gov/eldfam/eldfam.asp>
- Age of Reason [links to sites of interest to the over 50 age group] <http://www.ageofreason.com/>
- AGE-SW <http://www.agesocialwork.org/>
- Aging Parents and Elder Care <http://www.aging-parents-and-elder-care.com/>
- American Association of Homes and Services for the Aging <http://www.aahsa.org/>
- AARP Guide to Internet Resources Related to Aging <http://www.aarp.org/cyber/guide1.htm>
- Alzheimer's Association <http://www.alz.org/>
- American Society on Aging <http://www.asaging.org/>
- ARCH Respite Main Page <http://www.archrespite.org/>
- Association for Gerontology in Higher Education <http://www.aghe.org/site/aghewebsite>
- CareScout: Elder Care resources—nursing homes and assisted living facilities <http://www.carescout.com/>
- Centers for Medicare and Medicaid <http://www.CMS.gov/>
- Centre for Policy on Ageing <http://www.cpa.org.uk/>
- Children of Aging Parents (CAPS) <http://www.caps4caregivers.org/>
- Commission on Accreditation of Rehabilitation Facilities (CARF) <http://www.carf.org/>
- Council on Social Work Education Gero-Ed Center <http://www.cswe.org/CentersInitiatives/GeroEdCenter.aspx>
- Dementia Research Group <http://dementia.ion.ucl.ac.uk/>
- Elder Abuse Law Center <http://www.elder-abuse.com/>
- Elder Care of Wisconsin <http://elderc.org/cms/home.php>
- Elderhostel <http://www.elderhostel.org/>
- Elder Law Answers <http://www.elderlawanswers.com/>
- Family Caregiver Alliance <http://www.caregiver.org/>
- Friends and Relatives of Institutionalized Aged <http://www.fria.org/>
- Geriatric Social Work Initiative (GSWI) <http://www.gswi.org/>
- Home Care Companion - Training and Tools for Caregivers <http://www.homecarecompanion.com/>
- Hospice Web <http://www.hospiceweb.com/>
- Medicare: the official U.S. Government Site for Medicare information <http://www.medicare.gov/>
- Medicare Rights <http://www.medicarerights.org/>
- National Adult Day Services Association (NADSA) <http://www.nadsa.org/publications/default.asp>
- National Aging Information Center <http://www.aoa.dhhs.gov/naic/>
- National Alliance for Caregiving <http://www.caregiving.org/>
- National Association of Professional Geriatric Care Managers <http://www.caremanager.org/>
- National Center on Elder Abuse <http://www.elderabusecenter.org/>

National Citizens' Coalition for Nursing Home Reform <http://www.nccnhr.org/>
National Council on the Aging <http://www.ncoa.org/>
National Institute on Aging–Aging and Alcohol Abuse <http://www.nia.nih.gov/>
National PACE Association <http://www.npaonline.org/website/article.asp?id=4>
National Resource Center on Nutrition, Physical Activity and Aging <http://nutritionandaging.fiu.edu/>
Native Elder Research Center <http://www.uchsc.edu/ai/nerc/>
North/Eastside Senior Coalition <http://www.nescoinc.org/>
Plan of Action on Rural Aging [http://www.hsc.wvu.edu/coa/publications/pa ra/PARA2004.asp](http://www.hsc.wvu.edu/coa/publications/pa%20ra/PARA2004.asp)
Resource Centers for Minority Aging Research <http://remar.musc.edu/>
SABE: Salud, Bienestar, y Envejecimiento <http://www.ssc.wisc.edu/sabe/home.html>
Social Security Administration <http://www.SSA.gov/>
Social Work Leadership Institute <http://www.socialworkleadership.org/>
Today's Seniors <http://www.todaysseniors.com/>