Generalist Social Work Practice with Individuals, Families and Groups II

Teaching Casebook

Ravazzin Center for Social Work Research in Aging
Fordham University
Graduate School of Social Service
Generalist Social Work Practice with Individuals, Families and Groups II

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Background Readings for Faculty


“What do you know about aging? Facts and fallacies” from the Pacific Northwest Extension.
Faculty Readings for Case Preparation


Other Resources Provided in This Teaching Casebook

“Facts about senior centers” from The National Council on the Aging

“The many faces of aging: Lesbian, gay, bisexual, and transgender older persons” from the U.S. Administration on Aging

“Aging and alcohol abuse” and Age Page from the National Institute on Aging

Material Recommended for Distribution to Students

“Reminiscence: An important task for older adults” from the Texas Cooperative Extension
Introduction

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

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

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

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

Included in your casebook are:

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

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

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

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

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

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

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

Foundation Year

I. Assessment

1. Conduct a biopsychosocial assessment of an older person which includes:
   - Biological factors such as information regarding physical functioning (e.g., health, illness and functional ability)
   - Psychological factors such as coping capacities, affect, and indicators of the need for a mental status examination.
   - Social factors such as: social roles (e.g., transitions, losses), social functioning, social supports, social skills, financial status.
   - Family factors
   - Cultural factors
   - Spiritual factors
   - Factors in the social and physical environment that affect the physical and emotional health of older persons (understanding that the interplay of psychological, social, and physical functioning is heightened in older persons).

2. Recognize and identify family, agency, community, and societal factors that promote or inhibit the greatest possible independence of the older client.

3. Demonstrate awareness of sensory, language and cognitive strengths and limitations of clients when interviewing older adults.

4. Engage with older persons utilizing their varying strengths.

5. Recognize indicators of the need for more in-depth assessment of areas of concern (e.g., substance abuse, elder abuse).
II. Treatment/Service Care Plan

1. Set realistic and measurable objectives and establish care plans based on functional status, life goals, symptom management, and financial and social supports of older adults and their families.

2. Reevaluate and adjust service/care plans for older adults to accommodate changes in their life circumstances.

III. Case/Care Management

1. Use social work case management skills to link elders and their families to resources and services.

2. Collaborate with other social service, health, mental health and allied health professionals in delivering services to older adults.

3. Assess and leverage organizational and community resources in meeting needs of older adults and their caregivers.

IV. Interventions

1. Engage older persons and family caregivers in maintaining and enhancing their mental and physical health and functioning.

2. Assist older persons and their families in dealing with stressful or crisis situations.

3. Enhance the coping capacities of older persons, including abilities to deal with loss and transition.

4. Provide services to older persons and their families through group modalities.
Generalist Practice With Individuals, Families, and Groups II Case:

The Senior Center Group

This case scenario provides information about the setting for the group and the general focus of the group as well as a brief description of the social worker. In addition, a brief description of each of the group members is provided.

The Senior Citizens Center in the Northside section of this large urban city has been providing an array of services to the community's older adults for the past ten years. Housed in a renovated building, the Center serves approximately 300 seniors, primarily through groups and clubs provided for socialization and recreation, and congregate lunches. Because of its key location, next to a housing project with an increasingly large population that is “aging in place” and on the corner of a major bus route, older adults from nearby neighborhoods are able to reach the center easily. The Center serves predominantly women in their 70s and 80s, although a group of men attends regularly.

The Center social worker is Cynthia a 27 year old, recent graduate who had relocated from Texas because of her husband’s employment. As she got to know many of the members she thought it would be valuable to offer a special “reminiscence” group for those who may wish to recall earlier times in their lives. She contacted 4 women and 4 men individually and explained to each the purpose of the group, what the activities or exercises might be, and where, when, and for how long the group would meet. She let each person know that the group was voluntary, and that after the first session no one who did not want to continue had to. She added that she hoped that once they agreed to join, they would commit themselves to attend all 12 sessions, which were to be held once a week. The group ended up with six members (2 men chose not to attend).

- Pauline is an 82-year-old female who had moved to New York seven years ago with her elderly husband who subsequently died. She lives with his daughter. She married at the age of 67, has no family of her own, and is dependent upon her deceased husband’s family for support and assistance. She came to the Center for socialization and found a “new family” among its members. She has developed her artistic talents and is one of its very active members and staunch supporters. Being somewhat of a dependent personality, she is hesitant to ever criticize anyone. However, she has been developing her ability in that area and with support is beginning to feel free to express negative comments.

- Esther is 77 years old. She has lived in the area for over 25 years. She recently lost her sight in one eye, due to complications from diabetes. She continues to be very active, but is no longer confident about taking the bus or subway by herself because of her physical limitations. She was born in Trinidad and came to the US when she was 27. She is a US Citizen. She has been very active in her church – Seventh Day Adventists. Over the years, she has been President of the Youth Group, a member of the Choir, and President of the members’ association. She comes from a large family. Several family members with whom she is close live in Staten Island. Her recent eye surgery makes traveling to see them difficult. Esther put herself through college in the United States. After getting her BA, she was employed by HUD doing program development for conferences. She learned to drive when she was 47. She is a very upbeat person, who is liked by other people.
Ellen is a 75-year-old Jewish woman. She was never married and has no children. She has one sister who lives in Florida with her immediate family. Ellen has been estranged from her sister for the past forty years yet does have some telephone contact during the holidays with a niece and nephew. Ellen refers to her sister as the one who received the love and attention from their parents. Ellen states that most of her friends from her youth are either deceased or too frail to maintain contact these days. She enjoys talking about working in the garment district in New York City during the 1940’s. Currently, Ellen has multiple health problems and is faced with supporting herself on Social Security benefits and a small pension. Due to her fixed income and difficulty ambulating she receives Meals-On-Wheels services daily. The coordinator for the food program recognized that Ellen’s mood was often sad and withdrawn. Ellen begrudgingly agreed to attend the Center to increase her social supports. Ellen presents herself as a very proud and private woman who was cheated of her “right to have a family”. She is very protective of her emotions and tries to minimize her need for companionship.

Frank, one of the newest members of the group, is a 76-year-old Puerto Rican man. Frank is married with four children, two sons and two daughters. Frank retired from the Fire Department at age 60. He states that he had dreams of traveling and living a comfortable life after his retirement. While working Frank was treated for hypertension and was cautioned by his doctor to cut back on his drinking. He has been known to drink a six-pack or two of beer daily. His alcohol consumption increased dramatically when he retired. As a result of his alcohol use and unpredictable behavior he has strained relationships with his wife and children. The plans Frank had for his retirement did not materialize and he finds himself with no focus or meaningful direction to his days. Frank is often frustrated by this loss of structure and is seeking an outlet where people are accepting of how he chooses to live his life.

Allan is a 77-year-old white gay male originally from Memphis, Tennessee who is living with HIV. Allan lost his partner to HIV two years ago and though he is symptomatic with HIV he is otherwise in fairly good health. He is isolated and depressed since his partner died and has a limited social network. He has limited family contact—a nephew and two nieces in Tennessee. And since his partner died has had diminished contact with his Brooklyn-based social network. He has been retired for a number of years from his small Brooklyn hat shop. He has started coming to the senior center and has found the group helpful as he ruefully thinks about his past.

Bridget is a 67-year-old retired woman who had been employed in a major midtown hotel. Bridget came from Ireland during the early 1960’s after her mother died. She has a large family in Ireland and London and one brother in Pennsylvania who she sees infrequently. Bridget has the “gift of gab” and loves to be in a group where she can be the center of attention.

From the first session, the social worker played a directive and supportive role. A variety of exercises were used to stimulate member interaction. These exercises usually were enjoyable and also succeeded in getting meaningful discussions started. For example, in one
session, members were asked to bring in a favorite photograph to share with the group, which triggered some intense emotions. In another session, members spoke of their move to New York and what the experience was like. They spoke of their health issues, role and status changes, and the adjustments and accommodation they had to make through their lives and as they aged. A particularly intense session entailed a discussion of the significant relationships in their lives.

As the group progressed, members grew more willing to express themselves, got to know one another, and seemed to feel better about themselves. Friendships developed.

It is the 8th meeting of the group. Members arrived a little earlier to make plans for the first of a members’ monthly birthday celebration. At that meeting, it became clear that the group was no longer in need of the directive role that Cynthia had been providing, nor did they want her to continue it. She was perplexed and at a loss in terms of what to do with the group and how to proceed.
This case can be used in any of the class sessions devoted to working with groups. Although this case is presented as a reminiscence group for older adults, and there will be opportunities to address this specifically, the case is designed to cover generalist course content on working with groups. A scenario with role descriptions is offered here, along with questions for discussion and teaching points.

It is suggested that the role descriptions be distributed the week before the class for students to role play the following week. Students should be asked to volunteer for the role play. Students should receive only the role that they will be playing. Therefore, the instructor can xerox the case and cut apart each role scenario to distribute to the individual student who will be playing that role. Along with the role students should be instructed to think about what their character may be thinking and feeling about the upcoming session. It is not recommended that you distribute all of the role scenarios to all of the students in the class in advance of the role play exercise. Students may become distracted by what they know about each character and not concentrate on the interactions of the players in the group.

When the students act out the role play, it may be helpful to have each group member place a name card in front of him/her with the character’s name and age.

**Gerontological Competencies**

The gerontological competencies that fit into this foundation course are:

- Demonstrate awareness of sensory, language, and cognitive strengths of clients when interviewing older adults.
- Recognize indicators of the need for more in-depth assessment of areas of concern.
- Provide services to older persons through group modalities.
- Engage with older persons utilizing their various strengths.
- Engage older persons in maintaining and enhancing their mental and physical health and functioning.
- Assist older persons in dealing with stressful or crisis situations.
- Enhance the coping capacities of older persons, including abilities to deal with loss and transition.
Planning the Group

Before the role play begins, the class should be presented with the information in the first two paragraphs of the case. The instructor can elaborate on this information.

Some questions for discussion

1. What would be the advantage of working with these older individuals using a group methodology?

Each of the people here has had some significant loss and is experiencing a degree of isolation. While attendance at the center, in itself, offers an opportunity for socialization, the group offers an opportunity to bond more closely with a small number of people, further reducing isolation.

2. What would be the advantages of a reminiscence group in particular?

Reminiscence groups have can have several functions as well described in Watt & Wong (1991), which is included in this casebook. They can serve as a pleasant diversion from present troubles or a way to bond over common experiences. They can be “integrative,” that is, they can allow people to review past experiences, achievements and failures and find meaning in their lives. Reminiscence can encourage people to reflect on past difficulties and think about what strengths got them though. This in turn can boost confidence in facing current problems. Reminiscence groups can also be vehicles for organizing memories to pass on to younger generations. Such memories may be recorded for family members or for more public audiences.

3. What other kinds of groups do you think would be of value to the older population?

Older people, like those of any age, may benefit from mutual aid groups organized around life transitions, common problems, or challenging situations. Some kinds of groups commonly seen in agencies serving the elderly include: loss and bereavement groups for widows and widowers, groups for grandparents raising grandchildren, or for grandparents estranged from grandchildren because of their children’s divorce, support groups for sufferers of various diseases, such as stroke, cancer, etc. and new admission groups in long term care facilities.

Older people also participate in social action groups, some intergenerational and some specifically for elders such as tenant councils in senior housing, gray panthers, etc. Older people also benefit from activity groups that foster interaction—book groups, poetry writing groups, painting groups etc.

All these groups can be modified for people with some cognitive impairment. In addition there are groups especially designed for those with moderate and even severe cognitive impairment. These groups generally call on sensory memories of familiar sounds, sights, tastes and smells to jog some personal memories and reconnect the impaired to the world around them.
4. Are there any special issues to consider in planning a group for older people that might differ from planning decisions you would make for a younger group?

Most planning considerations will be the same for older people as for all age adults. However, you should consider the possibility that some people will have physical limitations requiring accommodations. For example, if members have a hearing or speech deficit, you will want to seat them near you, so that you can repeat what is said to/by them and help keep them in the group. Try to hold the meeting in a place removed from distracting noises. If possible, you could bring a portable microphone to help those with weak voices be heard by those with weak hearing. Lighting should be good and not require any members to look directly into the light. Chairs should be firm with arms to allow easy sitting and rising. If any members use wheelchairs or walkers, the space should be large enough to accommodate these. If food is served, consider that some will be on special diets. Have fruit as an alternative to sweets. Many older people are reluctant to travel at night, so generally such meetings should be held during the day.

5. What would be criteria for inclusion or exclusion of participants from the group?

Inclusion should be based on interest and connection to the purpose of the group. Exclusion should only occur if a member’s behavior or degree of impairment makes him or her disruptive to the group or unable to benefit from the group. This sometimes happens in settings that serve persons with cognitive impairment along with those cognitively intact. People with wide differences in cognitive ability should probably not be grouped together.

6. What organizational issues should be considered in planning for the group?

Since this group is housed in a multi-service senior center, the worker must clear meeting time and space with the administrator(s) of the center. It would be wise for her to meet also with other key staff who: a) may be in a position to refer potential group members to her or b) who may run competing programs either at the same time or on a similar topic. This will give her a chance to build support for the group and address “turf issues” or other concerns that could lead some colleagues to undermine her effort. If assistance is needed from others in the center, this should be lined up ahead. For example, a plan for refreshments could necessitate consultation with kitchen staff.

7. What decisions does the worker have to make about selecting and inviting participants? How could she have recruited participants?

Since this is a large senior center, there were many possible participants. If Cynthia chose to put up a flyer announcing the start of the group, she would probably have to find a way to select from among all those who expressed interest. She could have asked her colleagues at the Center to refer members that they thought would be appropriate. Cynthia may have had her own contacts or relationships with members she could have invited. Of importance is making clear the purpose of the group and the expectations of participation (e.g. once a week attendance, how long the group would meet, a commitment to attend all 12 sessions)
**Pre-Engagement**

Ask the class to “tune in” to how various group members, including “the worker,” may be feeling about their situation and about joining the group.

Group members bring to the group all their feelings - loneliness, worries about their health, finances, family. Some may be eager for new experiences and meeting new people while others may not be sure they are ready for that. They may or may not be looking forward to an opportunity to reminisce, and wonder what that entails and whether they will be expected to expose themselves. They may worry about sharing too much with center members whom they see so frequently. They may wonder if the young worker can understand what they have been through in life. At the same time, the worker may be concerned about how she should relate to the group members and how to establish herself as a professional in a group that may relate to her as a daughter or grandchild.

**Beginning the Group**

Role-play a first meeting for about ten minutes or so. It might be helpful to have name cards for the group members that include their ages. You could use sheets of heavy paper folded lengthwise with the names and ages written with a felt pen.

**Some questions for discussion:**

The following are questions for students about the role-play:

1. **How was the direction/contracting of the group done? Were there ways these procedures were done in this group that were related to the issues of members being elderly?**

2. **How was confidentiality addressed? (Group members may well know each other’s friends and neighbors.)**

3. **How was the group assured of emotional safety? (Note these elders have ongoing relationships outside the group and may be reluctant to reveal too much personal information or feelings.)**

4. **What sense prevailed for group members about “why we are here?” Was the worker clear in explaining the group’s purpose?**

5. **What beginning questions might get this group going?**

Consider Shulman’s (1999) “handles for work” (p. 101-102). This might be the place to introduce the idea of developing “safe” opening questions that will prompt group response but not be too threatening such as ‘Think of a pleasant memory you had that stays with you.” Or, more neutrally, allowing for positive or negative memories: “Let’s go back to 19— (pick a year or decade) …What do you remember?” This kind of question may trigger first memories of historical events – the Depression, World War II, etc., but will lead to more personal recollections.
6. The group members have some notable differences in background – religion, ethnicity, sexual orientation – which could be barriers to bonding. What commonalties might the worker reach for to help this group coalesce? How might these factors influence how the group members relate to each other and to the group facilitator?

7. What might be some of the differences in the way students played their role because they were playing older adults?

Ask students who participated in the role-play what they did differently because they were supposed to be elderly. Ask the class if they picked up any older adult “characteristics” that appeared in the role play. (Here you are looking for assumptions that students hold about older persons. For example, students may play the roles as frail, complaining, dependent individuals – all their own interpretation and embellishments of what it must like to be an older adult. Therefore, it may be necessary to confront stereotypes being expressed).

Here are some additional questions that you may have time for. You might want the class to resume the role play for another ten minutes. If you do not get to all of the questions you wanted to address, consider using the case for a second week.

8. Ask the participants of the groups how they felt about the group after the first meeting. Did they think they would come back?

9. Ask the student playing Cynthia, the group leader, how she felt about the meeting.

10. What happened in the group?

11. What evidence do you have to illustrate the engagement that was taking place in the group? Give specific examples.

12. What were signs of potential cohesion or of pulling away that occurred in the group?

13. What were the signs of persons becoming dominant, who and how?

14. What were specific issues for older persons that might need to be handled in this group?

15. What effect did age difference have in the group interactions?

16. What feelings and reactions might be going on for the worker dealing with a group of elders?

17. Was the worker able to function effectively with this group of older persons? (You may want to use this opportunity to talk about some of the challenges facing a worker when (s)he is different in some significant way from the clients (s)he is working with in a group.)

18. What might have been the differences in the group leader’s interactions because this was a group of older persons?
Working with the Group

Ask the class to role play the 8th session in which the group plans the monthly birthday party and there is an indication that the group does not need Cynthia and does not want her to continue.

Teaching point

It is not clear whether the group has achieved self direction towards a goal, and therefore really does not need Cynthia or whether the members have become a little frightened by the intensity of emotion which has come up in the group and wish to retreat to safer activities, such as birthday parties. It will be necessary for Cynthia to raise this question for discussion and perhaps recontract with the group around the focus of their work together. (See Shulman (1999, p. 452-455), “reaching for the work when obstacles threaten”). Of course, it is possible, that the group is really saying it has completed the work it wants to do and would like to move on to another level such as a social group. If so, this should be honored and be part of a thoughtful termination.

Questions for discussion after the role play:

1. How did Cynthia address (or not address) the group’s desire to move on without her?

2. What are the possible explanations for the group’s wish to discontinue?

3. Might this reaction have been expected if it followed a particularly intense session in which members discussed significant relationships in their lives?

Students may say that members may withdraw protectively at the next session. You might then ask how the worker might deal with this.

4. Ask the participants what it was like for them to be in the group.

5. What members could you empathize with?

6. At what stage was this group and give examples for your answer?

7. What were the strengths of individual group members in this group and the group as a whole?

8. What would be the special issues for the group leader when working with this group?
A suggestion for an additional way to use the case

(If there is not sufficient time for a second role-play in this section it could be used for a class that is dealing with issues of termination.)

Do another role-play. However, tell the members that they have just returned from attending Bridget’s funeral. She died suddenly. Please remind the students that she was the youngest member of the group.

Questions for discussion after the role-play:

1. What attempts did the members make to deal with the loss?
2. How did the topic emerge in the group?
3. How was it handled by the different members and the leader?
4. What role did the worker play during this session?
5. What else might she have done?
6. What would be the issues for you?
7. How did the leader meet the needs of the group members?
8. What happened to members who did not want to talk about the death?
9. What role did she play in the group and how did the other members handle that role?
10. How did members who did not like her deal with her loss?
11. What vulnerabilities did the group members reveal?
12. How did integration of the group occur after the loss?
13. If reintegration did not occur what would you suggest to enable it to occur?

Teaching Points:

- The loss of a group member will awaken memories and feelings about other losses the members have experienced. With a group of older people, it is likely that most if not all of the members have experienced significant losses, not only the deaths of important people, but losses in health, income, a meaningful post-retirement social role, etc.

- While reawakening old losses, this death is also a reminder of the members’ own mortality. The fact that she was the youngest of their group may allow some to distance themselves and see her death as an aberration (much as we adults view the death of a child), while others may see this as evidence that they, being older than Bridget, are living on borrowed time and may also be struck down suddenly at any time.
• There is a tendency for some young workers and students to want to protect their elderly group members from painful dwelling on the death of a member or on their individual losses and impending deaths. Some in the class might suggest steering the group away from further discussion of this taboo topic. This would be a mistake, usually based on the belief that death is a dark subject that will upset these old people for no purpose, since the dead can’t be brought back and their own deaths can’t be staved off. In fact, many older people, having experienced a number of losses, are somewhat philosophical about death and are less upset by it than younger people or the workers themselves. In any case, to cut off discussion of Bridget’s death prematurely would be to deny the group the benefits of mutual aid in dealing with a common loss. It also sends a disempowering message to the members, in effect saying that the worker does not think they are strong enough to handle the feelings generated by the death.

• It is possible that some individual group members will wish to cut off discussion of the death. This, of course, must be a group decision, but the student/worker can encourage some sharing of feelings, by sharing her own feelings about the loss and suggesting that sharing some thoughts and reactions while they are together might help them deal with feelings about it later when they are alone. This may encourage some group members to speak and the group momentum may carry along the reluctant members. If one or two individual members seem more pained than supported by the discussion, the worker can spend extra time with them after the session.

• As in dealing with any taboo topic, the worker must first “tune in” to her own ambivalence about discussing death. Then she will be able to sense how the group may be feeling and so find the right words to facilitate the conversation.

**Doing Group Work with Special Populations**

**Some questions for discussion:**

1. *How did culture, age, sexual orientation affect the group process?*

   Discuss how elders may hold lifelong stereotypes that might impact their participation in a group with individuals that are different from them. (Of potential concern in this group would be religious, ethnic and class stereotypes and homophobia.)

2. *How would the students deal with these issues if they surfaced in the group?*
Termination

Questions that would be relevant when discussing termination with older persons

1. What issues of termination might be specific to older persons?

Issues of loss may be particularly salient as older persons deal with termination. Elders have most likely dealt with many losses in their lives. In some situations, termination may bring up the pain of earlier losses. In others, however, elders have developed great resilience in the face of loss and are more comfortable dealing with loss than younger persons may be.

While the group may be ending, the members will have an opportunity to continue friendships that may have developed. They will continue to see each other at the senior center, and may choose to continue their friendships in other ways as well.

2. What issues of loss might need to be handled by the worker?

The worker may have unresolved feelings about loss of grandparents or older significant older persons his/her life. These feelings may interfere with the ability to do effective work around termination.

3. How would you plan for termination with this group?
Background Readings for Faculty


“What do you know about aging? Facts and fallacies” from the Pacific Northwest Extension. This includes a 2 page quiz that would be a good tool to administer to your students to get them thinking about myths regarding aging.

Faculty Readings for Case Preparation


This excerpt discusses reminiscence and the process of therapeutic reminiscence.

Orr, A. (1994) Dealing with the death of a group member: visually impaired elderly in the community. In A. Gitterman, A. & L. Shulman (Eds.) Mutual aid groups, vulnerable populations and the life cycle. New York: Columbia University Press. Although the group described here is one of visually impaired community dwelling elders, the practice principles outlined are applicable to a more diverse group of seniors dealing with the loss of a member. There are practice excerpts with good commentary, including the worker’s rationale for her interventions as well as her own thoughts and feelings as she responded to the death of a group member and tried to help her group support each other in dealing with the loss.


Other Resources Provided in This Casebook

“Facts about senior centers” from The National Council on the Aging

“The many faces of aging: Lesbian, gay, bisexual, and transgender older persons” from the U.S. Administration on Aging

“Aging and alcohol abuse” and Age Page from the National Institute on Aging

Material Recommended for Distribution to Students

“Reminiscence: An important task for older adults” from the Texas Cooperative Extension

Video Available at Fordham University

Video: “The joys and surprises of telling your life story” This 30 minute video from the International Institute for Reminiscence and Life Review talks about inspiring older adults to tell their life stories. It provides interesting discussion of reminiscence and life review and the value of telling one’s story informally, in writing, on video, or in public performance. This video is available on both the Lincoln Center and Tarrytown campuses.
Other Resources not in this Casebook

Myerhoff, Barbara (1978) – Number Our Days. New York: Simon & Schuster. (This is also a film). This 29 minute academy award winning film shows how a group of men and women in their 80s and 90s share their experiences in a community center. The histories of the lives of these older Jewish Americans from Eastern Europe captures their struggle to deal with poverty, illness, and aging. This video is housed at the Lincoln Center campus.