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equipment providers, and medical specialists. The social worker would also try to help Ms. Curtis and her daughter reestablish communication and begin to rebuild their relationship. While providing concrete case management services, the social worker will help Ms. Curtis process issues of dependency, loss, and loneliness (Cox, Green, Hobart, & Jang, 2007).

CASE EXAMPLE

> Ida Curtis is 86 years old and lives alone. At one time, Ms. Curtis was independent. She was a secretary in a law firm for many years. She has one daughter, but they have not spoken in five years. Ms. Curtis has diabetes and lingering debilitating effects from a stroke a year ago. A home health care nurse visits once a week to medically assess her and fill insulin syringes. Ms. Curtis recently lost her driver's license because her eyesight is failing due to diabetes. She is devastated by the loss of her independence and is growing increasingly bitter and angry. The home health care nurse has made a referral to her agency's social worker.

Case management is the primary tool in social service agencies that help people who are older, like Ida Curtis, remain in their homes. It is also the primary tool used by social workers who work in long-term care facilities or nursing homes. **Long-term care (LTC)** is a set of health and social services (diagnostic, preventative, therapeutic, and rehabilitative) delivered over a sustained period of time at home or in a medical or nursing facility. The goals of case management include ensuring that services are appropriate to the needs of the client, improving client access to the continuum of long-term care services, supporting caregivers with counseling and information, and serving as a bridge between institutional and community-based care services (Parker & Thorsland, 2007).

Kaye (2005) identified numerous skill sets that are helpful ways to intervene with aging clients. These approaches emphasize the concept of productive aging, which builds on the strength-based orientation to social work practice. These skill sets include using empowerment strategies, knowledge of both traditional and nontraditional community resources, preventive outreach, and use of programs that are oriented toward productive aging. Such a strengths-based focus reflects healthy and productive aging as an expected part of our lives. New challenges arise as more people age. The need to identify community-based services that can help address the mental health needs of older persons has emerged as a critical part of gerontological social work practice (Rowan, Faul, Birkenmeir, & Damron-Rodriguez 2011).


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Group work is also an effective intervention with clients who are older. Toseland (1995) developed a typology of five groups for older adults: (1) support groups; (2) therapy groups; (3) social, recreational, and educational groups; (4) service and advocacy groups; and (5) family caregiving groups. The focus of a therapy or support group may be reminiscence, whereas the focus of a social or recreational group for adults with dementia may be

orientation to day and time of year. Social workers who facilitate groups for elderly clients may use talk therapy, physical exercise, and sing-alongs, among other techniques (MacKenzie & Beck, 1996). Many basic needs of older people, including status, identity, love, affection, usefulness, and growth through learning, can be met through group interaction (Ebenstein, 2007).

A social worker who serves older clients must be prepared to work as part of a multidisciplinary team that can include psychiatrists, doctors, nurses, physical therapists, occupational therapists, and dieticians or nutritionists. Multidisciplinary teams can be found in adult day care programs, nursing homes, home health agencies, and geriatric units in veterans' hospitals. The team members work together to develop and formalize an individual care plan. Most commonly, the social worker is the principal liaison among team members, other staff, and the caregivers or family members (Donald & Brown, 2003).


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The varied roles of gerontological social workers include case manager, group facilitator, advocate, and therapist. Social work practice with the elderly is challenging. It requires exploring and articulating one's own ageist attitudes and fears, as well as a commitment to master the necessary knowledge and skills.

Older People at Risk

Women who are older; African American, Latino, and indigenous older people; older persons living alone; the oldest-old; and older people in rural areas are at increased risk in our society. Older people like Mary Yazzie, Leon Coles, and Emilia Gonzalez are more likely to live in poverty, have early onset of chronic health problems, and have shorter life expectancies than other Americans. Many factors account for the vulnerability of Mrs. Yazzie, Mr. Coles, and Mrs. Gonzalez. Lifelong race and gender discrimination exacerbate the difficulties of growing older. Racism and discrimination in hiring and promotion cause unemployment and underemployment, which result in lack of pensions and lower Social Security benefits. Living in prolonged poverty, language barriers, the stigma associated with needing help, geographic distance and transportation problems, lack of knowledge of services, and underutilization of available services also account for the vulnerability of people who are older.

CASE EXAMPLE

> Mary Yazzie is 65 years old. She lives in a small hogan on a Navajo reservation with her daughter and two grandchildren. Mrs. Yazzie has had diabetes since she was 50. She rarely receives professional health care because the nearest doctor is 120 miles away. Her insulin injections are irregular, at best. As a result, Mrs. Yazzie's kidneys are beginning to fail. To stay alive, Mary Yazzie needs regular access to a kidney dialysis machine.