

2003

# Social Justice: Practice with Organizations and Communities Teaching Casebook

Ravazzin Center  
*Fordham University*

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GERIATRIC SOCIAL WORK INITIATIVE

**Social Justice:  
Practice with Organizations and Communities**

*Teaching Casebook*

Ravazzin Center for Social Work Research in Aging  
Fordham University  
Graduate School of Social Service



GERIATRIC SOCIAL WORK INITIATIVE

**Social Justice:  
Practice with Organizations and Communities**

*Teaching Casebook*

Faculty Case Development Team:  
Jane Edwards, D.S.W., Team Leader  
Martha Bial, Ph.D.  
Idalia Mapp, Ph.D.  
Cynthia Poindexter, Ph.D.

Ravazzin Center for Social Work Research in Aging  
Fordham University  
Graduate School of Social Service

2003

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### **Background Readings for Faculty**

Clark, P (2002). Values and voices in teaching gerontology and geriatrics: case studies as stories. The Gerontologist, 42 (3), 297-303.

“What do you know about aging? Facts and fallacies” from the Pacific Northwest Extension.

## **Faculty Readings for Case Preparation**

Bergeron, L. R. & Gray, B.(2003). Ethical dilemmas of reporting suspected elder abuse. *Social Work, 48*(1), 96 – 105.

Holstein, M. B. (2002). A feminist perspective on anti-aging medicine. *Generations, 25*(4), 38 – 43.

Canedy, D. (May 5, 2002). Florida redoubles efforts for the elderly. *The New York Times*.

Levy, B. R. (2001). Eradication of ageism requires addressing the enemy within. *The Gerontologist, 41*(5), 578 – 579.

Rimer, S. (November 7, 1999). Joined at the stoop: Neighbors till the end. *The New York Times, A-1, A-32*.

Rimer, S. (November 22, 1998). Seattle’s elderly find a home for living, not dying. *The New York Times*.

Wilber, K. H. (2000). Aging. In R. J. Patti (Ed.). *The handbook of social welfare management* (pp. 531 – 533). Thousand Oaks, CA: Sage Publications.

## **Resources for Classroom Use Provided in This Casebook**

“Trends in elder abuse in domestic settings” from the National Center on Elder Abuse

“Reporting of elder abuse in domestic settings” from National Center on Elder Abuse

“The Force Field Analysis”

“Barriers to Help”

“Know Your Systems”

“Values Worksheet”

“Resolving Ethical Dilemmas”

“Five Faces of Oppression”

“Guide Sheet for Discussion”

## **Material Recommended for Distribution to Students**

“Types of elder abuse in domestic settings” from the National Center on Elder Abuse

## *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
- A list of readings related to the class session not provided in the casebook

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.

*Irene A. Gutheil, D.S.W.*  
*Project Director*

*Roslyn Chernesky, D.S.W.*  
*Curriculum Consultant*

## *Gerontology Competencies*

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.



**Fordham University Graduate School of Social Service**

**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.

## **Social Justice: Practice with Organizations and Communities Case**

### **MRS. J.'S EMERGENCY ROOM VISIT**

You are a social work intern in a regional hospital. You have been called in to the emergency room by a nurse supervisor to talk with Mrs. J., an 80-year-old widow. The nurse, while leaving to respond to another emergency, asks you to “deal with this senile patient.” Mrs. J. is sitting in a chair beside her 50-year-old son, Mr. J. Jr., who brought her to the emergency room.

Mr. J. Jr. has been living in his mother’s apartment for the past six years, moving in when his wife left him. He has a history of mental illness and heavy drinking. He has been unable to hold a steady job for the past 10 years. Mrs. J. cooks, cleans, cares for his needs, and supplements his income.

Mrs. J. is disheveled and has visible bruises on her face and arms. You learn from a medical school resident that she is waiting to have her broken right wrist set. You greet Mrs. J. and ask her what happened, and Mr. J. Jr. answers for her. He says he found his mother after she had fallen off a chair when trying to change a light bulb. As he describes this, Mrs. J. is silent and unresponsive. Mr. J. Jr. tells you that both the hospital intake worker and emergency room nurse admonished her for climbing on a chair, saying she should know better.

Mrs. J. looks away. She looks confused and tells you that she couldn’t find her Medicare card when the intake worker asked for it. She says she can’t remember whether she took her purse with her when she left home.

When Mrs. J. is taken into an examining room, Mr. J. Jr. insists on accompanying her. She begins an agitated monologue that does not seem to make sense. Mr. J. Jr. explains to you that her behavior is typical and there is no point in talking with her. He will answer any questions. Mrs. J. becomes increasingly agitated.

While Mrs. J. is being treated, you leave to confer with the intake worker who complains about the rash of older, patients who have come to the emergency room in the last six months: “They should be sent to rest homes where someone can watch after them properly. That would make my job a lot easier.”

## *Teaching Guide*

### *Social Justice: Practice with Organizations and Communities*

This teaching casebook will help faculty teaching the required foundation practice course, Social Justice: Practice with Organizations and Communities, use the case study, Mrs. J's Emergency Room Visit. The case, Mrs. J's Emergency Room Visit, is highly relevant for the social justice course.

### *Gerontological Competencies*

The gerontological competencies that fit into to this foundation practice course are:

- Recognize and identify family, agency, community, and society factors that promote or inhibit the greatest possible independence of the older adult.
- Collaborate with other health, mental health and allied health professionals in delivering services to older adults.
- Assess organization and community effectiveness in meeting needs of older adults and their caregivers.
- Recognize indicators of the need for more in-depth assessment of areas of concern (e.g., elder abuse).

**This casebook focuses on Unit 2 - Social Justice as Reflected in Professional Values and Principles of Practice** of the course outline as the recommended place in the curriculum for introducing the case. The early use of the case will allow faculty to use the case as an example of concepts in subsequent units should they wish to do so. This casebook contains learning objectives and a complete lesson plan for Unit 2.

In addition, the casebook also lists concepts and possible teaching points for four other units of the course outline to enable the teacher to effectively reinforce and integrate content on working with older adults and their families throughout the semester. It contains specific suggestions on how to relate Mrs. J's Emergency Room Visit to the following units.

Unit 3 – Ethics in Social Work Practice

Unit 4 – Definitions and Conceptual Themes in Oppression and Social Justice

Unit 5 – Assessment Strategies for Larger Systems

Unit 6 – Impact of Organization

Content from the case can illustrate concepts from other course units, and faculty members are encouraged to review each unit with the case in mind in order to design learning objectives and activities that allow them to play to their areas of expertise and their teaching strengths.

Content on aging is ideally suited for the Social Justice course in that older adults can be the least threatening population for students to discuss when introducing course concepts. The Social Justice course often elicits feelings of anger, embarrassment, shame and hopelessness as students uncover the pervasive, routine, institutionalized and systematic aspects of oppression and privilege, particularly as they relate to issues of race and gender. Focus on the characteristic of age is not divisive. Some students have experienced frustrations and emotional tugs and pulls of dealing with illness, death and dying of grandparents, or even parents. Many students see themselves as growing older and some students may be on the brink of qualifying for senior citizen discounts. As a result, gerontology course content can unify, rather than divide, student perspectives and opinions on social justice.

Beginning the course with content on aging may also serve to build comfort and trust among students to enable them to better tackle discussions on the more difficult-to-understand issues related to race, gender, and sexual orientation.

## **Social Justice: Practice with Organizations and Communities**

This course is one of three required practice courses that students take in their foundation year of study. The course has a dual focus:

- Development of social work practice skills and knowledge for intervening at the organizational and community levels; and
- Understanding issues of oppression and privilege, including an awareness of the influence of race, ethnicity, sexual orientation, physical and mental ability, age, class and gender on one's experience in the United States.

Objectives of the course, in summary form, are to help students

- Implement professional values and ethics.
- Identify institutional oppression and its barriers.
- Demonstrate sensitivity and awareness of oppression and privilege -- relative to race, ethnicity, sexual orientation, age, class and gender.
- Understand the impact of service delivery systems on diverse populations
- Assess organizations; plan and implement interventions in agencies
- Assess communities; develop interventions
- Evaluate organizational and community intervention strategies
- Work in teams
- Apply advocacy to practice

## ***Lesson Plan for Unit 2***

### **Objectives**

- To help students understand how different value sets impact services to older adults and their families
- To identify organizational barriers to effective service provision to older adults and their families

### **Session content**

- Definition of values
- Identification of values sets impacting practice
- Review of Mrs. J's Emergency Room Visit
- Brainstorming activity and discussion

### **Session outline and activities**

#### Lecture/discussion

- Define values as guiding beliefs that one is not willing to compromise
- Point out that values are complex, often go unnoticed, conflict with one another, and can change over time
- Administer value worksheet (see resources) and allow only a couple of minutes for students to identify two or three of their own values and accompanying behaviors. Discuss their experiences with this exercise. Invariably students will state that it was difficult to identify their values. Point out the importance of being aware of one's own values in order to practice effective social work

Faculty may choose to give the value worksheet for homework the preceding week in order to give students an opportunity to spend time thinking of their personal values. Completion of the worksheet could be combined with a short response paper or be incorporated into a journal.

- Ask students to list value sets that influence social work practice. Students will eventually name the following:

- One's personal values
- Agency values
- Client values (Mrs. J and Mr. J Jr.)
- Professional values
- Society's values

- Name the six professional values as listed in the NASW Code of Ethics: service, social justice, importance of human relationships, worth and dignity of the individual, integrity, competence
- Explain that the students will now look at a case in order to explore certain values that emerge in the five categories.

### **Use of the Case - Mrs. J's Emergency Room Visit**

After reading the case aloud as a class group, divide the class into five teams and ask each team to brainstorm values in the five categories: personal, agency, client, professional, society. Allow 10 to 15 minutes for the brainstorming. Have each team appoint a spokesperson.

Call on each team. Have the first team report values from one category, such as personal; have the next team report the values it generated from another value set, such as agency. Continue this team by team until all five value sets are reported. After each team reports, invite other class members to add to the list. Write the lists on the board or on large pieces of paper to post throughout the room.

As a group consider the following questions.

What values present barriers for Mrs. J?

What assumptions has the staff made about Mrs. J. and what stereotypes promote those assumptions?

What behaviors toward Mrs. J. have resulted from the stereotypes?

What questions would you explore in order to treat Mrs. J? Is the presenting problem the real problem? (These questions should draw out the suspicions of abuse.)

As a social worker, where might you start to intervene on Mrs. J's behalf?

The discussion may reveal the following points:

How a client enters the agency (appearance, age) affects how he she will be viewed and treated.

What race do we assume Mrs. J to be? It can be expected that most students assumed she was white. How do different cultures view care of their elderly and how might different cultural values be respected or ignored by the agency?

Give examples of how staff make assumptions without adequate data and based on stereotypes.

Stereotypes can lead to inappropriate service.

Agencies may not be prepared to address, deal with, or even recognize certain situations, in this case – possible elder abuse.

The presenting problem may not be the real problem.

Quick/casual diagnosis of dementia based on Mrs. J's and her son's presentation may have many other causes.

What are societal misperceptions of older persons?

Point out the tendency to bypass the older person and talk to the son.

Hospital personnel assume that falls are common for older persons.

Staff may speak to older person as if she is a child.

Staff makes the assumption that Mrs. J. wants her son with her.

What class, race and gender issues are present?

### **Final commentary**

In order to underscore the objectives of the course and to bridge the class session to other units, ask the class members to comment briefly on the following.

- What interventions might be considered on the agency level to better prepare staff to work with older adults?

Possible answers

Staff training (communication techniques with older adults, how to recognize abuse, stereotypes that block appropriate services)

Conduct research on number of older adults who come to the emergency room with injuries that might indicate abuse.

Review emergency room policies and procedures to ensure that diagnosis of possible elder abuse is not neglected.

Survey staff attitudes to determine whether responses of staff to Mrs. J. are reflective of individual values or agency culture.

Make information available through brochures or pamphlets that explain what elder abuse is and the supports available to those who believe they may have been abused.

Develop agency policy regarding what staff should do (protocols) if they suspect elder abuse.

- What community interventions might promote better services for older adults?

Referral to other agencies such as elder abuse programs.

Formulation of an agency coalition to collaborate on services for older adults.

Public service announcements, speakers' bureau, hotline for abuse emergencies

Possible senior centers, church or community day care programs to reduce Mrs. J's isolation.

Possible referral for Mr. J. Jr. to other agencies and medical settings for an assessment of his mental health and substance use.

A variety of initiatives to increase Mrs. J's independence (see readings)

## ***Teaching Points from the Case That Relate to Units 3, 4, 5, 6***

### **Unit 3: Ethics in Social Work Practice**

As a follow-up to Unit 2, have students identify possible ethical dilemmas a social work intern might encounter after becoming aware of the multiple issues in the case of Mrs. J. Pose the question, “What would you do if you were an intern in this hospital and you knew all the information we discussed last week?”

Introduce the handout on ethical decision-making (see resources). After students have defined some of the ethical dilemmas, have them consider decisions they would make based on rank-ordered principles in ethical decision-making (Loewenberg & Dolgoff, 1995).

The NASW video, *Professional Choices: Ethics at Work* (available at both campuses), discusses ethical dilemmas and includes an interview with a social worker who struggled with the decision of whether or not to release an older woman from the hospital to return to her home. The values of life safety vs. autonomy and self-determination are poignantly portrayed. This video clip of approximately two minutes underscores how agonizing resolving ethical dilemmas can be.

A helpful article for this unit is “Ethical Dilemmas of Reporting Suspected Elder Abuse” (included in this casebook).

### **Unit 4: Definition and Conceptual Themes in Oppression and Social Justice**

Introduce a framework for considering the dynamics of oppression. Young (1990) describes “five faces of oppression” – exploitation, marginalization, powerlessness, cultural imperialism, and violence (see resources). This is one framework for helping students identify the barriers facing Mrs. J. This content leads easily to a discussion of elder abuse.

It can be noted that several elements in this case point to possible elder abuse of Mrs. J. by her son: her multiple visible bruises, the son’s history of substance abuse and mental illness, his dependence on his mother, his insistence on speaking for her and reluctance to leave her alone with the medical team. These are only indicators of possible abuse, of course, not proof of it and should trigger further exploration.

This unit also lends itself to a discussion of the pervasiveness of oppression in individual, institutional, cultural and internalized forms (see resources). Introduction of these levels of oppression can frame a discussion on ageism.

Ageism is another social justice theme that can be drawn from the case, as the case suggests that staff at the hospital was too ready to accept Mr. J. Jr.’s characterization of his mother as senile perhaps because of their own stereotypes about old age. Two articles give further thoughts on how ageism harms the elderly, and elderly women in particular: “Eradication of Ageism

Requires Addressing the Enemy Within” and “A Feminist Perspective on Anti-Aging Medicine” (see readings).

### **Unit 5: Assessment Strategies for Larger Systems**

The Case of Mrs. J. could be referred to in unit 5 by imagining what types of community supports might be helpful for Mrs. J. Chapter 6 (Understanding a Community Human Service System) in *Social Work Macro Practice* identifies three categories of service-delivery units.

- Informal service-delivery units – family, friends, neighbors, co-workers
- Mediating service-delivery units – self-help groups such as AA. Voluntary organizations such as churches, recreational centers, clubs, community centers
- Formal service-delivery units – established specifically for the purpose of providing social services: non-profit organizations; public, governmental agencies; for-profit (commercial) organizations

“Joined at the Stoop: Neighbors Till the End” (see readings) is a heartwarming account of how neighbors in Philadelphia supported one another as they aged. This article can be used to illustrate the different service-delivery units, particularly the informal. The class could be asked to discuss which service-delivery units were evident in the case of Mrs. J. and which additional service-delivery units might support her.

Ask students to consider what types of community resources exist for an older person and how they do or do not link effectively with one another. Chapter 6 also provides discussion of ways in which organizations link.

- Communication: Verbal, written or other forms of communication limited to sharing information or ideas between organizations. Includes consultation.
- Cooperation: Two or more separate organizations plan and implement independent programs, but all work toward similar, non-conflicting goals. The organizations share information but act on it independently. Organizations advertise for each other and try to avoid unnecessary duplication of services.
- Coordination: Two or more separate organizations work together to plan programs and ensure that they interact smoothly and avoid conflict, waste, and unnecessary duplication of services. Organizations share information, advertise for each other and make referrals to each other.
- Collaboration: Two or more separate organizations join together to provide a single program or service. Each organization maintains its own identity but resources are jointly shared.
- Confederation: Two or more organizations merge to provide programs or services. None of the participating organizations maintains a separate identity or separate resources.

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Source: Tobin, S. S., Ellor, J. W., and Anderson-Ray, S. (1986). *Enabling the elderly: Religious institutions within the community service system*. New York: State University of New York Press.

Classroom interactive activities to consider for this unit are “The Force Field Analysis,” “Barriers to Help,” and “Know Your Systems” (see resources). These activities can be used throughout the course in a number of units.

### **Unit 6: Impact of Organization Structure and Process on Oppression and Social Justice**

Unit 6 provides another opportunity to refer to Mrs. J.’s experience in the emergency room. Chapter 8 in *Social Work Macro Practice* lists 12 units of analysis of a human service organization, six internal and six external.

Ask students to look at this list and identify which units might be levels of intervention to improve services to Mrs. J. This question is an energizing discussion item when coupled with “Seattle’s Elderly Find a Home for Living, Not Dying” (see readings) that showcases the transformation of a nursing home in Seattle by a dedicated administrator committed to quality, respectful services for the residents. Examples from the article can be interspersed with examples from Mrs. J.’s Emergency Room Visit to illustrate various aspects of effective and ineffective organizational structure and practices.

## ***Possible Guest Speakers***

Guest speakers – advocates for older adults, professionals who model positive aging, administrators of agencies serving older adults, and experts on elder abuse or other issues of aging – can enliven a class discussion and offer a real-life perspective.

The following individuals are possible speakers.

Dr. Mary Ann Quaranta, Provost  
Fordham College at Marymount  
100 Marymount Avenue  
Tarrytown, New York 10591  
Phone: 914-631-3200

Dr. Quaranta has practiced social work for approximately fifty years, serving as dean of Fordham University Graduate School of Social Service for 25 years. She is available to talk with classes about her career in later life and how vital employment is to her well-being. Dr. Quaranta has agreed to suggest her peers in other settings and professions who would be willing to speak to classes.

Dr. Pat Brownell  
Graduate School of Social Service  
Fordham University  
113 West 60<sup>th</sup> Street  
New York, NY  
Phone: 212-631-6778

Dr. Brownell specializes in issues of elder abuse.

Michael Halpern, Director  
Kingsbridge Heights Community Center  
Bronx, New York

Mr. Halpern has been doing educational programs for other community agencies in the Bronx to alert them to the problem of elder abuse. He is available to speak to a class about actions a social worker can take to educate and mobilize other professionals to act on this important social problem. Contact [mhalpern@khcc-nyc.org](mailto:mhalpern@khcc-nyc.org). Mr. Halpern may be leaving this site in the near future, but he can always be reached through Dr. Brownell.

## ***Videos***

### **Grandmothers' Empowerment Group**

This five-minute news feature details the program developed by Dr. Carole Cox, Fordham University Graduate School of Social Service. Grandmothers who are raising their grandchildren attend classes at Fordham on parenting and, after graduating from the program, provide information to community groups through presentations at conferences and public gatherings. Video is an excellent example of program development as a result of collaborative efforts. Video is available through Dr. Cox.

### **Ethics at Work: Professional Choices**

This 46-minute video reviews values and practice principles of social work, competing sets of values in the workforce, and ethical dilemmas in clinical, supervisory and administrative practice. One segment features a social worker discussing her ethical dilemma between her concern for client safety and the self-determination of an elderly woman who wants to be released from a medical setting back to her home. Video is available at both Tarrytown and Lincoln Center campuses.

### **And Thou Shalt Honor**

(120 minutes) – Aired on PBS Fall 2002

Details of this PBS special, which is available in video at both Tarrytown and Lincoln Center campuses, are on the following pages.

Video portrays individual, family, organizational and community dilemmas and innovations in caring for older adults. Through personal stories, the viewer learns about families' adaptations to illness of an older person, the challenges of nursing home care, and various ways in which organizations and communities support older adults. Video lends itself to selection of segments to underscore specific teaching points throughout the course.

Content and length of segments are summarized below in the order they appear in the video. The first nine segments deal with family care giving at home. Four segments review nursing home care, including an innovative approach called The Eden Alternative; and nine segments show community and organizational responses toward improving the quality of life of older adults and responding sensitively to their needs.

### **Family Care Giving at Home**

#### **Mary Ann and Harlan Nation (5 ½ minutes)**

Portrays a married couple of 32 years and how the wife cares for her husband at home after he sustained partial paralysis from a rare brain virus. Couple discusses how illness has expanded the depth of their relationship.

**Mattie Boykin** (6 minutes)

Physically and mentally impaired from a stroke, a 73-year-old African American mother of nine receives care from three of her children who rotate her residence every four months among their Atlanta homes. While staying with her daughter, Mattie spends her days sitting in a Kentucky Fried Chicken franchise where her daughter works.

**Jerry Cohen** (3 minutes)

This segment reveals a touching and caring commitment of a husband who takes care of his 83-year-old wife in their Los Angeles home.

**Hopi Family** (3 ½ minutes)

A Mesa, Arizona Hopi family rotates the care of their 97-year-old mother who was permanently paralyzed from the neck down in a car accident. The family, consisting of five generations, depends on the community for help.

**Alzheimer Patient** (6 ½ minutes)

A daughter devotes herself fulltime to the care of her father who has Alzheimer's disease. Segment reveals risk to family members providing care at home.

**Lorraine Watson** (2 ½ minutes)

Lorraine Watson quit graduate school in order to provide fulltime in-home care to her family – an 85-year-old mother who is a stroke victim, a 90-year-old father with cancer and a sister who is blind.

**Adult Day Care** (2 minutes)

Clodimera Figueroa has mild dementia and lives in Santa Barbara, California with her daughter who uses the services of Friendship Center to provide daytime care.

**Long Distance Care Giving** (4 minutes)

Marcia Rabinowitz lives in Pittsburgh and her elderly mother lives in New York City. Marcia relies on neighbors and a nursing home to provide support to her mother, and she also uses a geriatric care manager who works for a national company to help families provide long distance care.

**Early Onset of Alzheimer's** (10 minutes)

A newlywed couple in Staten Island, New York faces Alzheimer's disease. He, a physician, starts to lose his memory. Video follows him around the home to point out behaviors that signal memory loss.

## **Nursing Home Care**

**Elena Perrotta** (3 minutes)

Elena talks about her sadness and depression at putting her father, a retired veteran and journalist, who had to give up his dog to move into Good Shepherd Health Care Center, Santa Monica, California. She holds a yard sale to earn money for the \$3,750 monthly fee, hoping that California State will eventually help with the cost.

**Maria Smith (3 minutes)**

Maria works three part time jobs, raises three children and monitors her mother's care in a nursing home that has abusive practices. Maria's mother is in pain, is not being fed

**Miami Shores Nursing and Rehabilitation Center (6 ½ minutes)**

This segment portrays nurses' aides, "the foot soldiers of care giving," through the eyes of a certified nurses' aide who has been working in nursing homes for 28 years, currently earning \$500 a month on which she supports three kids as a single parent. Conditions of hard work, low pay, high turnover, poor working conditions, demeaning work tasks are balanced only by love for the patients.

**The Eden Alternative (5 minutes)**

Dr. William Thomas, quit his full time job in a hospital emergency room to work in a nursing home that he describes as "a factory system." Dr. Thomas founded The Eden Alternative where the organization treats the staff the way it expects staff to treat the patient in a soothing, homelike residence with pets, children and gardens. There are 237 facilities nationwide that have adopted The Eden Alternative. Dr. Thomas is known nationally as a reformer, and he states: "Change must occur within the hearts of the administrators."

**Organizational and Community Responses****The Aging Game (3 minutes)**

The medical profession is faced with a shortage of doctors in geriatric health care. One medical school sensitizes students by simulating in each of them conditions associated with old age (limited mobility, hearing loss, slowing of perceptions and reactions) and having them live through a day of applying for and receiving health care services.

**Voluntarism (6 ½ minutes)**

The fastest growing group of volunteers is those age 65 and older. This vignette profiles Howard Frushtick, a 68-year-old retired salesman living in Atlanta who volunteers as a caregiver for adults with developmental disabilities and for older adults living in nursing homes. Vignette includes Howard's reflections on his relationship with his wife.

**Faith-based Programs and Services (3 minutes)**

Reverend Lois D. Knutson is a Lutheran minister of a primarily elderly congregation in Monte Video, Minnesota. She tells of her commitment and passion for her senior adult ministry. Video segment shows Rev. Knutson making home visits and working with families.

**Mobile Medical Unit (5 minutes)**

Dr. Andrea Fox of Pittsburgh, PA secured funding from the Veterans' Administration to establish a mobile medical unit that travels to the neighborhoods of elderly people. Dr. Fox, who also makes house calls, talks about the barriers older adults face in securing medical care. Of her patients, Dr. Fox states, "One of my goals is to be there when they die."

**Workplace Care Giving (3 minutes)**

Segment highlights enlightened companies that use nontraditional models and policies, such as flex time and the four-day work week, to accommodate care giving of older adults. Pam Haddad, a fulltime employee in Pittsburgh who is raising her nine-year-old daughter and caring for both of her convalescing parents, benefits from flexible company policies.

**California Community Alternatives (2 minutes)**

This segment shows care giving alternatives in California, including some ethnic communities in San Francisco. Doris Roberts (mother on “Everybody Loves Raymond,” Sally Field and Michael Douglas commend the Motion Picture Industry for its care of retired movie and television stars.

**Nancy Mairs and Disability (9 minutes)**

Award-winning poet and novelist Nancy Mairs talks about living with MS and about the deepening relationship with her husband of 38 years who is her full time care giver. After his diagnosis of melanoma cancer, George and Nancy Mairs experience the intimacy of being on a parallel course. Couple talks about death and dying and about enjoying every day of their lives.

**Bereavement and Loss (3 ½ minutes)**

This is the story of Mary Marshall and her transition out of the role of fulltime caregiver after the death of her husband of 39 years. Footage portrays her participation in a bereavement group and discusses the journey of finding new meaning in life after a loved one dies.

**Summary of Care Giving (9 minutes)**

Final segment of “Thou Shalt Honor” summarizes the issues of our society caring for its older adults. Several vignettes illustrate the importance of the next generation giving back to those who cared for them. Statements from intergenerational members of families, professional care givers, medical professionals and policy makers summarize what we can do as a society to better care for older adults.

## ***Background Readings for Faculty***

Clark, P (2002). Values and voices in teaching gerontology and geriatrics: case studies as stories. *The Gerontologist*, 42 (3), 297-303.

“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***

*Also available on electronic reserve*

Bergeron, L. R. & Gray, B.(2003). Ethical dilemmas of reporting suspected elder abuse. *Social Work*, 48(1), 96 – 105.

Canedy, D. (May 5, 2002). Florida redoubles efforts for the elderly. *The New York Times*.

Holstein, M. B. (2002). A feminist perspective on anti-aging medicine. *Generations*, 25(4), 38 – 43.

A woman gerontologist in her 60s discusses how she has internalized some of the ageist thinking of our culture. Nevertheless, while tempted by some of the new and projected “anti-aging” technologies, she feels they exemplify a continued devaluation of aging. She fears they will ultimately put additional unwanted pressure on women to look young, and will further disadvantage elderly poor women who will not be able to afford the costly interventions.

Levy, B. R. (2001). Eradication of ageism requires addressing the enemy within. *The Gerontologist*, 41(5), 578 – 579.

Discusses how ageism in the culture becomes internalized in older people, leading to the expected stereotypical behavior, which reinforces ageism in the culture.

Rimer, S. (November 7, 1999). Joined at the stoop: Neighbors till the end. *The New York Times*, A-1, A-32.

Rimer, S. (November 22, 1998). Seattle’s elderly find a home for living, not dying. *The New York Times*.

Wilber, K. H. (2000). Aging. In R. J. Patti (Ed.). *The handbook of social welfare management* (pp. 531 – 533). Thousand Oaks, CA: Sage Publications.

Discusses how human service agencies can serve older adults and the role of the manager in designing and administering services and programs for older adults.

### ***Resources for Classroom Use Provided in This Casebook***

“Trends in elder abuse in domestic settings” from the National Center on Elder Abuse

“Reporting of elder abuse in domestic settings” from National Center on Elder Abuse

“The Force Field Analysis”

“Barriers to Help”

“Know Your Systems”

“Values Worksheet”

“Resolving Ethical Dilemmas”

“Five Faces of Oppression”

“Guide Sheet for Discussion”

### ***Material Recommended for Distribution to Students***

“Types of elder abuse in domestic settings” from the National Center on Elder Abuse

### ***Readings Related to the Class Session not Provided in the Casebook***

Freire, P. & Moch, M. (translator). (1990). A critical understanding of social work. *Journal of Progressive Human Services*, 1(1), 3 – 9.

Netting, F. E., Kettner, P. M. & McMurtry, S. L. (1998). *Social work macro practice*. White Plains, NY: Longman Publishing Group (Chapter 2: The historical roots of social work macro practice).

Breckman, R and Adelman, R. (1988) *Strategies for helping victims of elder mistreatment*. Newbury Park CA: Sage. (Especially Chapters 3 and 4)

Quinn, M.J. & Tomita, S. K. (1997) *Elder abuse and neglect: Causes, diagnosis and intervention strategies*. 2<sup>nd</sup> ed. New York: Springer.