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Social work in action: Promoting the well-being of elders

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SOCIAL WORK IN ACTION: PROMOTING THE WELL-BEING OF ELDERS

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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ABSTRACT

The purpose of this research study was to examine the well-being of elders who are 65 years old and above. This study used a post-positivism paradigm and conducted face-to-face interviews with both elders and social workers who provide services to elders. Methodologies in this study included a detailed selection process of study participants along with data collection and analysis approaches. Data was analyzed and compiled in systematic tables, which included raw data and established domains. The themes derived from this study included social work interventions, relationships, religion, finances, and health. Outcomes of the study suggested that on a macro level, education about the significance of case management services should be communicated to social workers that are working with elders. The primary implications of this study suggest that there was a strong need for social workers to implement case management interventions more frequently. The findings suggested that on a micro level, social workers should thoroughly assess for the unique practical needs of the elders with whom they work. The study recommends that future research include larger sample sizes of elders, including a greater variety of ethnicities and socioeconomic classes.

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First and foremost, we would like to thank our research advisor, Dr. Thomas Davis, Associate Professor at California State University, San Bernardino, for his encouragement, enthusiasm, and support throughout the development of our research project. In addition, we would like to thank West End Family Counseling Services for allowing us to collect data through their Full Service Partnership program. We would also like to acknowledge Julie Griffin, MSW, for playing such an instrumental role in gathering social work participants for our study. Lastly, we would like to thank our amazing cohort, a group of women that thrive off helping one another.

DEDICATION

I would like to dedicate this work in loving memory of my grandfather, Farris H. Short, the man who helped raise me to become the woman I am today and who provided me with love and support throughout my life. I would also like to thank my family, particularly my husband, Jesús Rodríguez; my parents, Dianne McNamara, Bruce Simmons, Thomas McNamara, and Vickey Smith; my sister, Cynthia Simmons; my grandmother, Georgia Short, and my grandfather, Robert Lovell, who have all been there for me throughout this program. You have all shown me unlimited love and support and I could not imagine life without you.

By: Kristynne Simmons

I would like to dedicate this research project to my husband, Tim, and my son, Ryan who sacrificed their time and provided unwavering support during these past two years. Additionally, I would like to thank my parents, Jose and Heidi Flores, who planted the seed, which gave me the desire to become a social worker.

By: Denise Miller

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CHAPTER ONE

ASSESSMENT

Introduction

The focus of this research project was to examine the well-being of elders who are 65 years old and above. This includes what services social workers can provide or improve upon to promote the well-being of elders as they experience the challenges that come with aging. In this research study, the term well-being is used synonymously with successful aging. Successful aging is different on an individual basis as suggested by the literature herein. However, overall it is considered to be "freedom from disease and disability, high cognitive and physical functioning, and engagement with social and productive activities" (Rowe & Kahn, 1997, p. 434).

Elders and social workers were interviewed for this research study. The Post Positivist paradigm was used in conducting the study. Chapter one covers key elements of this paradigm and describes the rational for choosing this paradigm. A review of previously gathered literature on the well-being of elders is also included. Lastly, this chapter discusses the theoretical orientation behind

this research project as well as the potential contributions of this study to social work practice.

Research Focus

The site for this research project was at West End Family Counseling Services (WEFCS), located in San Bernardino County along with an informal gathering of elders and social workers. The study site and information about the research participants will be further explained in chapter three. This study assesses the well-being among elders as they face the challenges that come with aging. The elders were asked a series of questions about how they perceive their sense of well-being. The social workers were asked a series of questions regarding their professional experiences working with elders. Based on their responses and the information from the literature review, common themes emerged which provided a basis for the development of a grounded theory regarding the well-being of elders. This theory assists social workers in determining what services they can provide or improve upon to promote the well-being of elders. For this study, services are defined as mental health treatment interventions and community resources.

Paradigm and Rationale for Chosen Paradigm

The post positivist paradigm was used for this research project due to the nature of the focus question, which is: What can social workers do to promote the well-being of elders? Similar to the positivist paradigm, the post positivist paradigm takes an objective view of the world, and goes into the study site with a structured, non-biased approach; however, unlike positivism it adapts a qualitative approach to data gathering (Morris, 2006). This qualitative component allowed for the researchers to capture the complexity and abundance of information offered in the data collection in a naturalistic setting.

This approach obtained information from the study participants through face-to-face interviews. The elders were asked a series of questions about how they perceive their sense well-being, including any services they use. The social workers were also asked questions about their experiences working with elders in terms of interventions utilized and the efficacy of those interventions. The responses were examined, refined, and developed to form explanations for the problem focus and formed into a

grounded theory, based on the perceptions of the elders and social workers.

The rationale for choosing the post positivist paradigm was to acknowledge that the literature is not the sole indicator of the problem focus, which is, what social workers can do to promote the well-being of elders. As the initial engagement and interviews with the study participants took place there was a potential that the problem focus may need to be modified or expanded based on the interactions and responses of the study participants (Morris, 2006). Both during and after all the interviews were completed, it was determined that it was not necessary to modify the problem focus. By utilizing this approach to data collection, the study participants had a stronger impact on the problem focus. Since they are the experts of their personal experiences, they had an understanding of what social workers could do to enhance their well-being.

Literature Review

The literature review is one aspect of the data collection process included in this research project. The overview of the literature indicated that there is a

large increase in the number of elders living today than there used to be just a few short years ago. It also suggests successful aging can be achieved by utilizing effective coping mechanisms to promote the well-being of elders. Successful aging is different on an individual basis as suggested by the literature herein. However, overall it is considered to be "freedom from disease and disability, high cognitive and physical functioning, and engagement with social and productive activities" (Rowe & Kahn, 1997, p. 434). The term well-being is used synonymously with successful aging throughout this study. The literature suggests that various components are vital in the lives of elders and their well-being. These factors will be further discussed in this section and include the following: statistics, successful aging, interventions to promote well-being, mental health, living arrangements, positive contributions from elders, and religion and spirituality.

Statistics

Elders are generally considered those who are over the age of 65. This portrayal of the older generation defines a group that is increasing steadily and it does not show signs of slowing down. As of January 1, 2011,

the first generation of the baby boomers, born between 1946 and 1964, turned 65 years old. According to the United States Census Bureau, in 2009 there were 40 million people age 65 and over. That is a 15% increase from the year 2000 when there were just 35 million. Additionally, by 2030 this number is predicted to jump to 72 million and by 2050 this number is forecasted to more than double that of 2010, which is estimated to be 88.5 million (United States Census Bureau, 2010). As stated by the Aging Disability and Resource Connection of Riverside County, it is estimated in 2020 there will be 55 million, a 36% increase. The 85 plus population has increased from 4.2 million in 2000 to 5.7 million in 2010, a 36% increase (Riverside County, 2009).

Successful Aging

According to the available literature there are several definitions for successful aging. One definition reported by Rowe and Kahn (1997), states that successful aging is "freedom from disease and disability, high cognitive and physical functioning, and engagement with social and productive activities" (p. 434). A second definition reported by Depp, Vahia, and Jeste (2007), indicates that many elders consider themselves aging

successfully although they are experiencing a chronic medical condition or a functional limitation. In essence, the literature reports that successful aging may have different meanings to elders depending on their attitudes and beliefs.

A study conducted by Hill (2011), suggests those with chronic illnesses accomplish a sense of well-being by altering how they define the term successful aging, for example, "the best old age one could expect" (p. 71). These participants also viewed themselves as having a purpose in life, which is believed to correlate with life satisfaction. By changing their perspective participants viewed themselves as aging successfully even when medical illnesses diminished many aspects of independent functioning. On the contrary, findings in a study by Duay and Bryan (2006), reported that successful aging involves the maintenance of physical, mental, and financial health. Over 70% of the study participants indicated that health is one of the most relevant issues to successful aging.

Elders also noted the importance of close family relationships, socializing with friends and acquaintances, and helping others through volunteer work

or community activism. Additionally, they indicated that understanding and coping with the many changes that occur in one's life that are beyond one's control, are keys to successful aging (Davis, Bond, Howard, & Sarkisian, 2011; Duay & Bryan 2006; Hill, 2011). As reported by Duay and Bryan (2006), elders who relied on their spiritual faith maintained a positive attitude and engaged in learning as coping strategies, which contributed to successful aging.

Interventions to Promote Well-being

The literature discusses a variety of interventions that assist the older adult with achieving a sense of well-being. Many studies have suggested integrating physical, psychological, and social realms to better understand aging. In the field of social work, assessments for all clients include the biopsychosocial component. However, few health professionals or laypersons incorporate all three. Generally, only one element of the biopsychosocial assessment is included, and it is usually based on the professional's academic training (Friedrich, 2003).

Addressing and diagnosing depression is a vital component to assist with the well-being of elders, as depression is the leading mental illness for elders

(Hooyman & Kiyak, 2011). When depression is not addressed it is likely that the older adult will not engage in physical activities or other beneficial lifestyle behaviors. However, the ability to effectively treat the elder has been difficult as there is a shortage of professionals who have the skill set to successfully evaluate the older adult (Hooyman & Unützer, 2010; Nolan, 2011). Depression will be further discussed in the following section.

Hill (2011) describes several interventions to promote the well-being of elders. Gratitude intervention is a strategy that is similar to cognitive behavioral therapy in that it helps reframe maladaptive thoughts of the individual. It is described as "assisting individuals in focusing on positive attributes of events or circumstances even when those events have been associated with objective loss" (p. 73). This intervention is promising for dealing with issues related to caregiver burnout, chronic depression or anxiety, and matters related with dying and the bereavement process.

Forgiveness intervention (FI), as discussed by Hill (2011), is useful in addressing loss and hurt. It has also been utilized to deal with difficult life

transitions such as physical pain due to medical illness, loss of independent function, relieving the emotional issues associated with care-giving, and mending damaged relationships. FI may also be used for chronic depression and managing grief. The objective of FI for the older adult is learning to accept deficiencies as a result of aging. Interventions that focus on sustaining purpose in life in spite of changing conditions would be important for assessing the impact of FI.

Altruism is an intervention, which is usually associated with the motivation behind acts of kindness and volunteerism. Volunteerism is connected to a variety of positive outcomes, which includes longevity, resistance to negative emotions, improved health, and enhanced well-being (Hill, 2011). If the older adult is interested in, for example, volunteerism, it can be beneficial for their social worker to incorporate this into their treatment.

Other interventions include life review, reminiscence and narrative therapy. Life review is another beneficial intervention. According to Hooyman and Kiyak (2011), life review is a valuable form of psychotherapy when working with elders. Life review

directly reflects the individual's life satisfaction. Hooyman and Kiyak, (2011) discuss Erik Erikson, as individuals go through eight stages of development throughout the life cycle, "With the unconscious goal of achieving ego identity" (p. 217). In the last stage of life the individual is confronted with the task of ego integrity versus despair. This is where the older adult looks inward to determine whether or not their life had meaning. "Older people who achieve ego integrity feel a sense of connectedness with younger generations, and share their experiences and wisdom and with them" (Hooyman & Kiyak, 2011, p. 217). This process of sharing is known as life review. Life review directly reflects the individual's life satisfaction, and in turn is crucial towards their well-being. If the older adult feels as if their life experiences are not valued then it can be difficult for them to pass on their wisdom, which in turn can impact their well-being.

In addition to life review, reminiscence and narrative therapy can be useful for elders. Narrative therapy is used in liberating clients from their problem-saturated stories, which tend to dominate their lives. By externalizing the problem from the individual

and replacing that problem with an alternative story, the client has new alternative outcomes for their future (Goldenberg & Goldenberg, 2013). Reminiscence therapy, another form of life review, helps individuals with actively remembering past achievements and failures (Hooyman & Kiyak, 2011). Combined with narrative therapy, the client can focus on successful components of their lives and re-construct failures into new positive life outcomes. According to Hooyman and Kiyak (2011), this can help reestablish ego integrity for elders.

In a study conducted by Poole, Gardner, Flower, and Cooper (2009) narrative group therapy among elders was examined. These elders faced substance abuse issues and shared a common theme of guilt.

> Participants often noted how narrative therapy had helped them feel less guilty about the problem and how they had or had not handled it in the past. By focusing on successes instead of failures, there was a sense of feeling less burdened and more optimistic. (Poole et al., 2009, p. 295)

The group setting was also a positive element to the narrative therapy process as it gave the study participants a chance to help one another in

externalizing their problems and recreating new alternatives. Group settings can be useful for elders who may live alone or lack friendships. Meeting with a group of people on a weekly basis can provide them with social interaction and develop friendships to enhance their lives (Poole et al., 2009).

Mental Health

Depression is the most common form of late-life mental disorders (Hooyman & Kiyak, 2011). According to a study conducted by the World Health Organization, (2008), due to this increase in the older population, by 2020 depression will become the second leading cause of disability. It is diagnosed if several symptoms, such as a change in sleeping and eating patterns, are present for at least two weeks. Depression negatively affects the elder's level of functioning. This includes emotional, motivational, behavioral, cognitive, and physical aspects of their life. Some of these attributes are linked to suicide, issues with memory and problem solving, and the lack of motivation to improve their health, which results in medical illnesses and more frequent trips to hospitals and doctors as reported by Hooyman and Kiyak (2011). As suggested by the literature, the effects of depression

cause many other challenging problems and the most notable is suicide. These symptoms act as barriers to the well-being of elders.

Among other factors that contribute to depression are those elders who are concerned with being a burden on family and friends, loss of loved ones, chronic illnesses, and low social support to name a few. Other concerns for elders that may lead to depression were, losing autonomy, decreasing ability to participate in activities that make life enjoyable, and losing control of bodily functions (Aranda, Castaneda, Pey-Jinan, & Sobel, 2001; Csikai & Manetta, 2002). As such, appropriate screening of elders for depression is essential for their well-being.

Much of the population as well as some in the health care and mental health professions assumes that depression is part of the normal aging process. The symptoms of depression may sometimes overlap with those of dementia. All this coupled with the lack of standardized depressions screening especially for homebound patients, as cited by Gellis (2010), creates a problem, as elders are not being properly screened for depression. As the population of elders increases the need for more professionals who are educated in

gerontology will increase. Unfortunately, due to the stigma placed on the elders and lower salaries for professionals working with this population there will be a shortage of professionals who are able to adequately assess this population for depression. If the stigma attached with becoming old is decreased, it is likely that higher salaries will be provided to the professionals who have an interest in working with elders. This would also include adequate training for suitable assessments (Nolan, 2011; Hooyman & Unützer, 2010). This can contribute to the effects of aging with dignity and well-being.

Living Arrangements

As indicated by Nolan (2011), tradition in our society once regarded elders as significant family members who played an integral part of family life until their final passage. Without question these members of society would receive care from their families accommodated usually by adult children. However, more recently this hospitable arrangement transitioned into one of an obligation and burden. Many factors contributed to this new relationship with the elderly including the busy lives of two working professionals, physical

distance and lack of care-giving skills. Therefore, they are not available to provide assistance and often seek the most affordable options. Elders feel the lack of self-worth, loss of belonging and overwhelming abandonment. Furthermore, belonging is crucial to well-being. In years past it was common place in America for the aging to live with their families who valued and cared for them (Nolan, 2011).

The environment in which a person lives is essential to their overall well-being. According to Hooyman and Kiyak (2011), "An individual is more likely to experience high life satisfaction and quality of life in an environment that is congruent with his or her physical, cognitive, and emotional needs and level of competence" (p. 446). Maintaining equilibrium in a person's life is optimal for their well-being. If they are accustomed to a certain lifestyle, and then due to health problems must move to an assisted living facility, it would be in their best interest to ensure similar surroundings (Hooyman & Kiyak, 2011). This is important in later life as individuals experience changes with health, mobility, physical and mental functioning, and a loss of loved ones. There are various types of living arrangements

including independent housing, living with other family members, Continuing Care Retirement Communities (CCRCs), long-term care, nursing homes, and assisted living. According to Hooyman and Kiyak (2011), planned housing for the elderly has been established during the past 45 years by local and federal government agencies and some private organizations. These age-segregated communities provide low-income housing options for elders and can improve their quality of life. Some of these communities include amenities for the elders to engage in social activity, from computer access to spas and fitness centers. The elders are more likely to use services that are located around the vicinities of their homes and where public transportation is easily accessible (Hooyman & Kiyak, 2011). Housing options with these types of amenities can be very costly for some elders, many of which are on a fixed income. Therefore, those who do not have the financial wherewithal may have more challenges than those elders who do. Assessing the living situation of the elders can be conducive in determining their well-being.

Positive Contributions from the Elderly

As social workers it is important to understand the positive contributions from the elderly. According to Stephens and Flick (2010), some research has suggested that reaching old age is a time to celebrate. They discuss that some elders bring great contributions to society through paid and unpaid work, and a lifetime of knowledge they can share with other generations. Their wisdom should not be overlooked, although it often times is. The elderly are typically givers, not receivers. They often give to their families financially and to society through volunteer work (Angus & Reeve, 2006). These are noteworthy contributions that should be emphasized.

Religion and Spirituality

A theory described by Flood (2005) provides a holistic view of successful aging by combining not only the biomedical and psychosocial perspective, but the spiritual or religious component as well. Other research also substantiates this theory, suggesting that transcendence or spirituality is a factor that contributes to successful aging (McCarthy, 2011; Sadler & Biggs, 2006; Vahia, Depp, Palmer, Fellows, Golshan, Thompson, Allison, & Jeste, 2011). As proposed by the

literature, there are several definitions of spirituality. As noted by Sadler and Biggs (2006), it can be widely described as one's search for meaning or a purpose in life, power for living (drawing on coping strategies to deal with adversity) or a belief in a higher power that usually does not draw upon institutionalized practices. As indicated by the aforementioned literature, religion is apt to be defined as attendance at religious practices, which have an organized system of beliefs, rituals, and practices designed to incorporate social support of its members and facilitate an understanding of the meaning and purpose of life.

A study of older women conducted by Vahia et al. (2011) concluded that spirituality promoted resilience. It is a coping mechanism that helps to manage trials that are encountered during trauma or loss. This study also suggested that those who have lower income or education and lower rates of being in a committed relationship tended to have spirituality as a part of their lives, due to the need for elevated coping strategies. Religiousness also promotes well-being due to the importance of the social interaction of other members, volunteerism that is

generally promoted and the tendency to follow the golden rule (Sadler & Biggs, 2006; Wink & Dillon, 2003). Most religious members act upon these guidelines, which are shown to support well-being. Furthermore, spirituality and religion are also related to successful medical related outcomes and better health (Sadler & Biggs, 2006; Vahia et al., 2011). Much of the literature suggests that many mature adults see good health as one of the more relevant issues to their well-being as it allows for autonomy and independent living (Depp, Vahia, & Jeste 2007; Rowe & Kahn, 1997).

In summary, the literature has indicated that beliefs and attitudes of the individual can contribute to well-being. Furthermore, coping strategies that teach the elders techniques for finding purpose during times of loss, and to progress with dignity through the transitions of aging are critical for preventing chronic illness and contributing towards their well-being.

Theoretical Orientation

Social Phenomenology Theory

Two theories are utilized in this study. The first approach is social phenomenology theory. As noted by

Hooyman and Kiyak (2011), among others, this theory employs the social constructivism and the social constructionism theories. Hooyman (2011) defines social constructivism and social constructionism as follows:

> We use social constructionism when referring to how aging is defined as a problem more by culture and society than by biology, more by beliefs, customs, and traditions than by bodily changes, while social constructivism refers to how individuals experience and make meaning of the aging process. (p. 326)

This theory is appropriate because it takes into account how aging is viewed by society, and the way society relates with elders. This in turn creates a reality for the mature adult. It is characterized, for example, by social interactions elders have with medical providers, family members or others in society when they are referred to as feeble or dependent. In summary, social views on aging contribute to the effects of successful aging.

Strengths Based Theory

The second theory that is also applicable for this study is the strengths based theory. This model focuses on the individuals' strengths as opposed to their

weaknesses. As stated by Saleebey (1996), "the strengths perspective honors two things: the power of the self to heal and right itself with the help of the environment, and the need for an alliance with the hope that life might really be otherwise" (p. 303). Another virtue that the strengths perspective includes is empowerment, which is defined as the ability to assist individuals to discover their strengths and resources so in turn they may help themselves (Saleebey, 1996).

Strengths based theory is suitable because this study focuses on the process of aging and the challenges faced by elders. In order for elders to adapt successfully to changes as they age, a strengths based perspective can assist them in focusing on the positive characteristics of their life. By assisting them to focus on their strengths, they can better overcome and cope with their challenges.

The strengths based theory comes from an optimistic foundation. This is important to this study as the researchers chose to bring positivity to the study. The experiences of the study participants will not be minimized or dismissed. When data was collected and

social work implications were made, it too came from an optimistic background.

Potential Contribution of Study to Micro and Macro Social Work Practice

This study has the ability to contribute to social work practitioners working with elders and their family members. It has been identified how elders perceive their well-being and the services social workers can provide to enhance this. As such all this can be taken into consideration when working with this population. On a micro social work level, implications have been formed about what social workers can do to best engage the elder population and enhance services. This can be done first by utilizing the strengths based perspective with this population. They can tap into the individual's strengths as a way to help them cope with the challenges they will continue to face as they age. Furthermore, social workers will have a better understanding of the perceptions of elders as they age. This will assist social workers with their elder clients and the families of those clients to better cope with the challenges that come with aging and interventions used to contribute to their well-being.

This study also has the potential to add knowledge at the macro level. Social workers can support legislative changes that favor elders by voting for and implementing parity policies. This will potentially provide the elders with the coverage they need and deserve for medical and mental health treatment. Agencies can compare the current interventions and programs used for elders, and can make changes within their organization, if needed. In conclusion, these steps will assist in facilitating successful well-being for elders.

Summary

This chapter discussed the research focus and the post positivist paradigm that will be used to conduct the research study. A review of the literature discussed various components related to the well-being of elders. This chapter also explained the theoretical orientations used for this study; social phenomenology theory and strengths based theory. Lastly, the potential micro and macro social work contributions were covered.

CHAPTER TWO

ENGAGEMENT

Introduction

This chapter will discuss the engagement component of the study. The research focus was developed through a process of exploring the experiences of the researchers on the subject as well as reviewing the pertinent literature about the topic. A rapport was established with the gatekeepers of West End Family Counseling Services (WEFCS) in San Bernardino County. Research participants at WEFCS were engaged at the agency and given the opportunity to volunteer for the study. An informal engagement of elders and social workers was utilized as a way of obtaining the additional study participants that are not associated with WEFCS. Different strategies for each stage of the study were employed to engage the participants. To be prepared for the interview process, the research site was studied. This included reviewing various diversity, political, and ethical issues that needed to be addressed prior to engaging the study participants. With respect to technology, the researchers used an audio recorder,

e-mail, and the telephone to communicate with gatekeepers and study participants.

Research Site

West End Family Counseling Services serves clients with severe and or chronic mental health issues through their Full Service Partnership (FSP) program. The FSP program offers mental health services, individual and group therapy, and psychiatric appointments for medication maintenance. The goal is to integrate the FSP members into their community.

Study Participants

The gatekeepers at West End Family Counseling Services (WEFCS) suggested study participants for the research project. The study participants from this site were elders age 65 and above. The study participants were engaged at the agency and given the opportunity to volunteer in the study. The original study members identified additional participants during the interview process as well.

The elder study participants from WEFCS are members of the FSP program with a history of mental illness. The elders who are not associated with WEFCS were identified

through snowball sampling from elders at a local church in Banning, California. Through snowball sampling other elders who did not attend this church were also identified and engaged to determine if they were interested in participating in the study. It was found that the elders who were not associated with WEFCS did not appear to have any significant mental health challenges and had limited experiences with social workers. After the data collection was completed, there was only one elder who participated that was from WEFCS. Therefore, there was not the broad population of elders (those with and without mental illness) that the researchers had hoped for.

Some of the social work study participants were local members of the National Association of Social Workers (NASW) and others were found through snowball sampling, all of whom possess either a Masters in Social Work (MSW) and or are Licensed Clinical Social Workers (LCSW). The social work study participants reside in Southern California and came from various agencies that provide a variety of services for elders. Conducting research with different agencies allows for a more

generalizable study. Some examples of the agencies include Adult Protective Services and Hospice agencies.

Engagement Strategies for Each Stage of Study

The research focus was developed through a process of exploring the personal viewpoints of the researchers and their interest in the subject as well as reviewing the pertinent literature about the topic. The researcher had to engage and seek permission from the gatekeeper of WEFCS, the research site, before she could make contact with the potential study participants.

At WEFCS the researcher established a relationship through the process of interning at the agency, as one of the researchers is an intern at this site. A meeting was held by the researcher with the gatekeepers of WEFCS in order to inform them about the anticipated research focus and to share the passion for the subject. During this meeting, time lines, the potential impact of the study on the sites, and the benefits of the study were discussed. The gatekeepers of WEFCS agreed that the study could be conducted at their site. They supplied the signed letter of approval then the Institutional Review Board (IRB) reviewed the research proposal and awarded approval of

the study. Once the IRB clearance was achieved, data collection promptly commenced.

Engaging the study participants was the next step. The elder participants from WEFCS were engaged through the gatekeepers as they had a trusting relationship established with the participants. The participants were engaged by the researcher, as she introduced herself in a welcoming manner and proceeded to explain the study focus, the role of the participants in the study and possible impacts and benefits of the study on the individuals. At the end of the end of the engagement process the elders were given the opportunity to volunteer for the study and provide their contact information. The elder study participants that were not associated with WEFCS were identified through snowball sampling from a known elder at a local church in Banning, California. The researchers established a relationship with these individuals by making initial contact through e-mails and phone calls.

The elders who chose to be participants of the study were contacted by telephone and a date and time was arranged for an interview. Before the elders agreed to be formally involved in the study, they were given a verbal

explanation of the informed consent as well as the form itself which they could read for themselves. If they were comfortable with the information provided they signed the consent form and a copy was provided to the study participant. Participants were informed that the researchers prefer to audio record the interviews. All but three of the social work participants allowed the interviews to be audio taped. These participants explained that they were uncomfortable with this approach. However, they agreed to allow the researchers to take notes during the interview. Immediately, after the interview the researchers took additional notes to avoid forgetting any other valuable information.

Maximum variation sampling was employed to collect contrasting perspectives, and snowball sampling was used as a way to utilize networks between key people who could contribute to the study focus. Last, criterion sampling was also be used as it is a method based on particular characteristics, such as a person's age.

The primary goal of the engagement stage was to build rapport and establish a positive relationship with the study participants during the interview process by employing active listening and attending skills. In doing

so, the researchers were open and honest with the participants and remained enthusiastic about the study and about their overall well-being.

Self-Preparation

A thorough understanding of the challenges related to aging and components of successful aging was needed in order to be sensitive to the study participants. Furthermore, one of the elder study participants had mental health challenges. Keeping this in mind, confidentiality was of the utmost importance since individuals with mental health issues can also be stigmatized by society. In order to be educated and to maintain sensitivity about the culture of elders with mental health challenges, a literature review was conducted. The study participants were treated with respect at all times. The researchers maintained a positive approach to the study, aiming to empower the elders. The researchers went into the study with an open mind and allowed the participants to educate them about their life experiences.

Another method used for self-preparation was the use of journaling. Thoughts about the research were written

before and after engaging the gatekeepers and study participants. These notes were useful in reflecting on the progress made throughout the duration of the study.

Diversity Issues

A potential diversity issue in this study could have been age. One of the researchers is at least 40 years younger than the study participants and the other is at least 15 years younger. It was thought that the age of the older of the two researchers, could be a benefit, as she is closer in age to the elders and may be perceived by the participant as someone they can better identify with. However, once the engagement process and the interviews took place, age was not perceived to be an issue as originally thought.

It was originally perceived that one or both of the researchers may also have difficulty building a relationship with some individuals if the elders felt the researchers lacked knowledge or if there was a power struggle. Some people associate age with power (Morris, 2006). This perceived power could come into play with age, educational attainment, and also differences in ethnic identities (Morris, 2006). Although these various

power issues can be a problem they were not found to be during the interviewing sessions.

Being a female researcher could pose as a challenge in working with certain individuals as well. For instance, if a male has diversity issues with females in the work place, they may be resistant to working with a female. Cultural differences could be apparent when working with different ethnicities and cultures. There is a possibility they could be resistant towards working with the Caucasian or Mexican-American population, which are the backgrounds of the researchers. Although gender and culture can be potential diversity issues, it was discovered throughout the data collection that these concerns were not apparent.

Differences in history and past experiences need to be addressed as well (Morris, 2006). Working with elders is much different than working with other populations. They have experienced situations in their long history that the researchers may not be able to fully identify with. These experiences could include major life events, and physical or mental challenges. The researchers may not have gone through these same issues, however, they could still empathize with the participants.

Being a younger researcher makes it more difficult to understand these experiences. Like with any human being, we are all different and the experiences we have gone through make us unique. The researchers used a strengths based approach for dealing with this diversity by emphasizing the unique contributions of the elder to the study.

Ethical Issues

Post Positivist research was prepared in advance before gaining any input from the participants. As such, making assumptions about the research participants could become an ethical concern (Morris, 2006). However, they were provided an informed consent and debriefed, which helped eliminate this issue by being straight forward about the research topic, the time it took for the interview, information about the researcher, and possible harm or benefits they could endure from the study. The informed consent also addressed the confidentiality of the participants and that they will remain anonymous. There is always the possibility that others could see them talking to the researchers and therefore know they are involved in the study. The researchers did their best

to keep the meeting areas private and retain anonymity. All the meeting areas were approved by the participants and therefore privacy was not an issue.

Social workers have responsibilities to abide by the Code of Ethics established by the National Association of Social Workers. This mandate along with personal morals and values are key in conducting research. According to Morris (2006), it is important to address the ethical considerations with study participants during the engagement phase and when conducting face-to-face interviews. For this study, the participants at WEFCS came directly from a mental health agency; therefore, they already received clinical interventions and treatment. Participants who were not associated with WEFCS were not found to be in need of clinical treatment after the interviews were conducted. However, the researchers provided them with a list of local resources for treatment to use if they later felt it was necessary.

Another ethical issue was potentially imposing the theoretical orientation or views of the researchers on the study participants (Morris, 2006). As a post positivist study, this was not the intention of the researchers. Any biases or opinions were held separate,

as the focus of the study was to gain the opinions and experiences of the elders as opposed to informing the participants about the views of the researchers.

To ensure all ethical dilemmas were handled in an appropriate manner, a Human Subjects review was conducted through the Institutional Review Board (IRB), as the study is sponsored by California State University, San Bernardino. This review cleared the study prior to conducting research in order to eliminate ethical issues and concerns.

Political Issues

Political issues involve the power differential the researchers had with the study participants. In one case one of the researchers was viewed as having more power than the respondent. This power dynamic combined with the intense social engagement that occurs with the post positivist paradigm can make for a confusing power differential. While one dynamic illustrates the researchers holding a higher power level, the other demonstrates the researchers and the participant having a partnership through the engagement. In this research study, the participants were seen as a source of data and

not as collaborators to the study (Morris, 2006). This power differential was illustrated among an elder participant who admitted to being nervous and confirmed with the researcher that the interview would remain anonymous and confidential. The elder believed that the researcher had a level of power since she had the ability to provide or not provide anonymity and confidentiality. The researcher assured the participant that all individuals interviewed would indeed remain confidential and anonymous. The researcher then proceeded with reading and providing a copy of the informed consent to the elder. The elder's anxiety was relieved and the participant continued to sign the informed consent.

Any political issues or concerns the agency had would depend on the outcome of the interviews with the study participants. The agency may fear the possibility of negative publicity depending on the outcome of the study. The only individual that was interviewed at this agency provided positive feedback; therefore, this was not an issue.

The Role of Technology in Engagement

The initial contact with the gatekeepers included telephone calls and e-mails to set up meeting times. In order to build a solid foundation of trust and commitment, face-to-face meetings were held (Morris, 2006). Meeting face-to-face with the study participants was crucial to the study as it provided the researchers a chance to truly engage the participants and demonstrate the enthusiasm the researchers had for the study. Now that the research study has been completed, confidential e-mails will inform the participants about the research findings, given their desire to be contacted with the results.

Summary

Chapter two discussed the engagement strategies for each stage of the study such as the development of the research focus, engaging the gatekeeper and the study participants. The steps taken to prepare for the research project were also reported. Diversity is always an issue when one conducts a qualitative study, so this issue was addressed as well. Political issues involving power dynamics and possible agency concerns were discussed

along with the role of technology as it relates to this research project.

CHAPTER THREE

IMPLEMENTATION

Introduction

Chapter three discusses the selection process of the study participants. They were selected through maximum variation, snowball, and criterion sampling. Data gathering will be mentioned and some of the interview questions used in the study will be covered. Lastly, recording methods will be discussed as well as data analysis techniques.

Selection of Participants

Purposive sampling was implemented for the selection of participants. More specifically, criterion, maximum variation and snowball sampling were adopted. Criterion sampling is based on a specific feature of the population (Patton, 1990). The mature adults met the criteria of being at least 65 years old. Secondly, maximum variation sampling as described by Patton (1990) is a sampling strategy, which recognizes the variety of patterns that are common to those diverse cases. This method allowed sampling from participants who have a broad range of perspectives, and also identified any common themes.

Snowball sampling is identifying networks between key people in relation to the study focus and utilizing those connections to expand the group of study participants (Patton, 1990). This sampling strategy was utilized at the completion of the interviews with the study participants. They were asked to identify other people like themselves, who would be interested in sharing their viewpoints in relation to the study.

Data Gathering

The data gathering approach used in this study was interviewing. The study participants were asked a series of questions and had the opportunity to provide their own response. Different questions were asked of each of the elders and the social workers (see Appendix A for the complete list of questions used). Descriptive, structured, and contrast questions were used during the interview process. According to Morris (2006), a descriptive question is an over arching question. An example of a descriptive question that was asked was, "What kinds of things do you do you like to do when feeling down?" A structured question that was used was, "How have the services you've been receiving at this

agency (WEFCS) been helpful to you?" An example of a contrast question used was, "What does it mean to you at age __ to be at your best and less than your best?"

By including each of these types of questions, the researchers gained better insight as to what makes the participant feel better or worse about growing older. The challenges of aging came to light through asking strategic questions. The elder study participants were asked, "What do you think social workers could do that you would find helpful while you were going through a difficult time?" This question implied that the researcher wishes to make a positive change towards the lives of elders, which is the overall goal of this study.

These specific types of questions were distributed among various stages within the interview. The initial questions were organized into introductory questions. They were based on demographics and used as a way to engage the study participant. Essential questions were used to obtain the needed information. Probing questions were used depending on the need for clarification or elaboration. The social workers were asked questions pertaining to interventions utilized, challenges and experiences working with elders. Lastly, conclusion

questions were used to complete the interview. At the end of the interview, participants were thanked for their time and for sharing their experiences.

The elders were asked questions related to their thoughts of growing older, services they have used or currently use, and what social workers can do to promote their well-being. The social workers were asked questions about interventions they utilized and what they felt would be most beneficial in enriching the lives of elders.

Phases of Data Collection

According to Morris (2006), there are different stages of data collection including assessment, engagement, planning, implementation, evaluation, termination and follow up. To carry out this study, the researchers assessed the problem focus through conducting a literature review along with reviewing previous studies on elders. The engagement stage began with the gatekeepers, as they were the first group engaged to conduct the research study. Approval was received from the gatekeepers at West End Family Counseling Services and the Institutional Review Board. The elders were

engaged as they were provided information about the study and had the opportunity to participate.

Some social workers were engaged through a professional networking meeting and others were found through snowball sampling. Contact information was provided to the researchers who proceeded to either contact the potential participants by telephone or email. They were informed about the study and had the opportunity to be involved as study participants.

Planning was completed by formulating the questions for the interview process. When the interview was carried out the questions that were previously formulated were implemented. With post-positivist research the questions for the participants along with the research focus may change. Due to the responses of the participants and their needs, some of the questions had to be re-worded and examples were given during the interviews so the participants could provide meaningful answers.

Once the data was collected it was evaluated through data analysis techniques such as open and axial coding. Termination occurred between the researchers and study participants once all data was collected from each individual. Termination was completed with a debriefing

after each of the interviews and the participants were provided with resources. The researchers will follow up with the participants of the study by sending them a confidential email with the research findings, given they have provided their email address and are interested in the results. This will conclude the entire study and will give the participants the opportunity to see how they contributed to the overall research and outcomes.

Data Recording

Data was collected through the use of an audio recording instrument, as this provided an accurate record of the interviews. Three participants indicated that they were uncomfortable with audio reordering. However, they were agreeable to note taking during the interview. The notes included the name, age, and answer of the respondent. Regardless how the data was collected, reflective notes were made immediately after the interview. These were used to trigger the thoughts and feelings of the researchers or to note questions about specific data. As the data was collected, it was transcribed into word processing software.

Two journals were used. The first journal was the transcriptions of the interviews and the second was the "reflective journal". The transcription journal was solely used for the purpose of transcribing the interviews. The reflective journal was used to expose how the interview went and incorporated any thoughts before, during, and after the interview process. It also assisted in the data analysis stage. It provided the researchers notes from each interview to compare and contrast.

Data Analysis

A "Bottom-Up" approach to interpreting data was used in this study. This was done using Strauss and Corbin's (2008) various strategies to interpreting the written text into theoretical statements. First, open coding was used. The data content was broken down into different themes or categories. Once these categories were established, axial coding was utilized for comparison purposes and relationships among the themes were established. Selective coding determined a grounded theory behind the data collected. Each of these stages did not take place in a linear fashion. As noted before, the reflective journals were used during this process

along with the transcription journals. Once all stages were completed, a conditional matrix was used to determine where the grounded theory fit in to social work practice.

Summary

This chapter covered how the study participants were selected. The strategies used for selecting the participants were maximum variation, snowball, and criterion sampling. The process of data gathering involved findings from literature reviews, the experiences of the researchers, and interviews with the participants. Also discussed were the types of questions that were used for the interviewing process. The data recording consisted of the use of reflective and transcription journals. Open, axial, and selective coding were used to analyze the data which eventually formed a grounded theory.

CHAPTER FOUR

EVALUATION

Introduction

Chapter four discusses the study findings and their interpretation. This chapter includes a data analysis section where methods of coding are reported which include, open, axial, and selective coding. The data will be interpreted and developed into a grounded theory, which is sought out by post positive researchers. The theory will be explored and its implications on micro/macro social work practice will be discussed. Limitations to the study will also be reported.

Data Analysis

Using the post positive data analysis the researchers developed codes and themes. The first set of tables represents the demographics of the elder and social worker participants. The raw data collected through the interview process is represented by a separate series of tables and has been categorized to reflect the following: people, places, things, ideas, and themes. Because of the length of these raw data tables, this study has included them in the appendix. They are

separated by elder participant data followed by social worker participant data. Subsequent tables include the established domains extracted from the raw data.

Table 1. Demographics of Elder Participants

	No. of Adults:	Percentage:
Age:		
65-70	4	40%
71-75	0	0%
76-80	2	20%
81-85	2	20%
86-90	2	20%
Ethnicity:		
Caucasian	8	80%
Hispanic	1	10%
Filipino	1	10%
Marital Status:		
Married	8	80%
Widowed	2	20%
Socio-Economic Status:		
Middle Income	9	90%
Low Income	1	10%
Residence:		
Single Family Home	6	60%
Mobile Home	4	40%

Table 2. Demographics of Social Worker Participants

	No. of Social Workers:	Percentage:
Age:		
25-35	2	20%
50-60	8	80%
Ethnicity:		
Caucasian	5	50%
Puerto Rican	1	10%
Filipino	1	10%
African-American	1	10%
Bengali-American	1	10%
Mexican-American	1	10%
MSW or LCSW:		
Master of Social Work	8	80%
Licensed Clinical Social Worker	2	20%
Agency:		
Adult Protective Services	1	10%
Hospice	2	20%
Adult Day Center	2	20%
Mental Health	3	30%
Hospital	1	10%
Veterans Assoc.	1	10%
Years of Experience:		
0-5	1	10%
6-10	1	10%
11-15	3	30%
26-30	5	50%

The following tables include extracted domains from the raw data, which will be interpreted under the Data Interpretation section. These core domains include social work interventions, relationships, religion, finances, and mental and physical health.

Table 3. Domain of Social Work Interventions

Case Management- Subcategory of Social Work Interventions
"...mostly referring us to the people, whatever ailment or emotional problem or financial problem. Being able to relate to us for financial advice" (Elder Participant #1, personal interview, February, 2013).
"It sounds wonderful to me; we might need a caregiver who knows. If I go on and my husband can't drive then we might need a driver. And sometimes I'm forgetful. I try to keep positive, but I might need a caregiver sometime" (Elder Participant #4, personal interview, February, 2013).
"We might call on you if we have a problem. Once one of us needs help and we have to have someone. So far we're able to get around" (Elder Participant #5, personal interview, February, 2013).
"By giving me resources of how I could get around or get things done" (Elder Participant #9, personal interview, February, 2013).
"And resourcing. If I have resources available, teaching them how to access those resources" (Social Work Participant #9, personal interview, February, 2013).
"...they could tell me information I need probably toward insurance and death and liability coverage. I've been through this before with the death of a husband so it helps have that information given to you. Resources mainly" (Elder Participant #7, personal interview, February, 2013).

Table 3. Domain of Social Work Interventions (cont)

"I'm thinking that there's a lot of things saying somebody has passed away where you would need somebody to make sure you have all the paper work right and making sure you don't get stabbed in the back by somebody who is just looking to stab a senior in the back. Funeral arrangements and cemetery plots that you may think is all in order and not be that is a real big thing. And especially paperwork stuff that you might have to fill out that you might not know about" (Elder Participant #8, personal interview, February, 2013).
"They introduced me to how to apply to low income housing" (Elder Participant #10, personal interview, February, 2013).
"I'm doing case management, so it's just providing things for the seniors to follow up on" (Social Work Participant #10, personal interview, February, 2013).
"Case management is a big intervention, getting them needed resources." (Social Work Participant #17, personal interview, February, 2013).
Therapy- Subcategory of Social Work Interventions
"....they helped me emotionally. They made me stronger for all the things. I don't know and they've given me a backbone to do things that I didn't think I was capable of doing.....references to grief groups" (Elder Participant #10, personal interview, February, 2013).
"And also reframing" (Social Work Participant #12, personal interview, February, 2013).
"Acknowledging their strengths and focusing on them" (Social Work Participant #12, personal interview, February, 2013).
"I don't like to use the word mental because my culture, my age, when you mention mental talking about someone crazy. I don't know. And that's not me. I'm finding if it says mental I would shy away from it" (Elder Participant #10, personal interview, February, 2013).

Table 3. Domain of Social Work Interventions (cont)

"Narrative therapy and reframing, validating that they are very normal to be frustrated and angry… That's usually the direction I go is kind of hand holding walking them through but mostly affirming and validating that they have legitimate reason to be angry or hurt or afraid" (Social Work Participant #15, personal interview, February, 2013).
"And you know they have a lot more experience than I do, and looking at them as the expert in their life. A lot of times people as clinicians, make the assumptions of what to do and how we can resolve the issue. But I like them to give me the direction in how I can hopefully assist them" (Social Work Participant #14, personal interview, February, 2013).
"I think the top would be reflective listening being able to provide that support to listen to what their needs are" (Social Work Participant #4, personal interview, February, 2013).
"Listening, just asking open-ended questions. I find that writing things out, like a diagram, a list, helps them a lot. Validating them, letter writing I suggest maybe writing out whatever their issue is and a lot of seniors find that helpful" (Social Work Participant #16, personal interview, February, 2013).
"CBT is very effective depending upon what kinds of problems they are dealing with. Guided imagery, relaxation especially to deal with pain that caused by physical limitations and other challenges" (Social Work Participant #17, personal interview, February, 2013).
"A lot of the times for elderly individuals I refer them to group work. A lot of the times they like to speak to other individuals that are the same age as them dealing with similar issues. Also I like to recommend that they get mental health treatment in the sense that they may feel more comfortable doing individual therapy, talking about issues. A lot of them have issues with their family or friends so it's nice to have that mental health piece" (Social Work Participant #18, personal interview, February, 2013).
"Cognitive behavioral is what I usually use" (Social Work Participant #19, personal interview, February, 2013).

Table 4. Domain of Relationships

"Increasing their social support is always a good thing. If a senior is willing to go to a senior center or attend a class I've always found that it helps their treatment but I've found that a lot of them aren't willing to branch out" (Social Work Participant #16, personal interview, February, 2013).
"My three boys and their wives and children are here every weekend. Sometimes they stay overnight and we squeeze in this house. Back home in the Philippines we were like that" (Elder Participant #6, personal interview, February, 2013).
"I did belong to a quilt guild. Within that there are small groups and for a long time we met out at the castle in wine country. Great group of friends." (Elder Participant #2, personal interview, February, 2013).
"We do have a lot of support in the neighborhood here, so people come over and find out how we are" (Elder Participant #2, personal interview, February, 2013).
"We have some very enduring friendships that have lasted a long time and we have some new friendships that are very rewarding" (Elder Participant #2, personal interview, February, 2013).
"I had such a happy family and we always laugh because the British are weird and they laughed a lot and I was always laughing and happy... Because of the joy and happiness we had together it got us through everything" (Elder Participant #5, personal interview, February, 2013).
"I like to have music on, we have the 2 televisions going on the easy listening, brings back all of those memories and it fills in our day so we don't feel alone" (Elder Participant #4, personal interview, February, 2013).
"Well I think that a lot of our emotional stuff comes from getting along with each other which we don't argue or fuss or fight which I've been through before and it is not any fun" (Elder Participant #8, personal interview, February, 2013).

Table 4. Domain of Relationships (cont)

"And I told myself. He'll always be in my heart and I will see him in everything. In the good and the bad, when the sun goes up, when I hear the birds" (Elder Participant #10, personal interview, February, 2013).
"When I married my husband it was the happiest day of my life" (Elder Participant #10, personal interview, February, 2013).
"It's hard for a senior to get excited about making new friends when they've lost friends or neighbors and to be excited to make new ones, it's rare" (Elder Participant #16, personal interview, February, 2013).
"I see people who have horrible limitations and isolation and no family support somehow are still able to maintain that well-being" (Social Work Participant #17, personal interview, February, 2013).
"Ability to keep social contacts, friendships, functional children/grandchildren, loving caregivers" (Social Work Participant #11, personal interview, February, 2013).
"If elder has people living with them that provide positive emotional support and help with personal ADLs" (Social Work Participant #12, personal interview, February, 2013).
"If they are unable to be out socializing it will impair them." (Social Work Participant #13, personal interview, February, 2013)
"Family and a sense of nurturing they receive and socializing I think are the things that make them happy" (Social Work Participant #13, personal interview, February, 2013).
"If they live in an environment where they're isolated from other individuals and supports I think that definitely impacts their wellbeing" (Social Work Participant #14, personal interview, February, 2013).
"Someone that's supportive and cares about that person is important. Even if it hasn't been positive, they're still striving to maintain that contact and hope that it can be a positive situation" (Social Work Participant #14, personal interview, February, 2013).
"Often I think it's the relationships that impact their well-being"(Social Work Participant #15, personal interview, February, 2013).

Table 5. Domain of Religion

"I know that organized religion gives me tools to work with" (Elder Participant #2, personal interview, February, 2013).
"I think it helps me clarify my goals and ambitions" (Elder Participant #2, personal interview, February, 2013).
"I'm Catholic. It's very important; it gets me through challenging times" (Elder Participant #5, personal interview, February, 2013).
"Seek the Lord. I find him inside. He is inside, not out there some place. Stay close to the Lord" (Elder Participant #5, personal interview, February, 2013).
"Comfort… security" (Elder Participant #7, personal interview, February, 2013).
"I have faith and I believe that when I die I will go to a better place that is for sure" (Elder Participant #8, personal interview, February, 2013).
"The spiritual level is stronger than it has been a few years ago cause you have more time to think about what's right and what's wrong and going on and what the worlds situation is all about and where your brain needs to be going forward" (Elder Participant #8, personal interview, February, 2013).
"It helps me get through the week. Having faith, and praying" (Elder Participant #9, personal interview, February, 2013).
"It's very important. If it wasn't that I believe that I couldn't enter Heaven if I took my life… I will not enter heaven. But my faith has been keeping me going in many ways" (Elder Participant #10, personal interview, February, 2013).

Table 5. Domain of Religion (cont)

"It's most important because God is so willing and loves us so much and we are getting close to seeing Him and hoping He will be there with open arms for us. And every time I think of Him I want to cry because I love Him so much. And the blessed mother too is so important to us, she is so helpful and every time we have a problem we run to the rosary or our lord. I don't know what we would do without Him we love to talk to Him every day. He tells us don't worry because before we wake up every day He had our day planned... But I didn't know Jesus or the Lord or how much he meant until a few years ago very recently I really found him and what a difference. He is so real now. It is such a joy when you find Him because you have somebody to talk to. That is how important religion is to us" (Elder Participant #4, personal interview, February, 2013).
"We are Catholic. We have great faith with God, and even my children have been close to God and go to church every Sunday ever since they were young. They went to bed praying and thanking God for what they have. I don't know if I could make it in life without my faith in God... But because of my great faith to God I made it... I was new here in America, I was an immigrant. Because I came here to join my husband. This was in my passport. I can't even work so I pray pray pray. I depend on God when I go through a difficult time. And it wasn't easy during those times. And I pray, as I say I made it because of my faith in God" (Elder Participant #6, personal interview, February, 2013).
"Wisdom of God equips us to handle life as it really is. It is so important for people to have faith in Him. Because it's hard to live in this world" (Elder Participant #6, personal interview, February, 2013).
"If they have a sense of faith then there is less fear regarding death" (Social Work Participant #12, personal interview, February, 2013).
"So I think that's important because they have something to hold on to. Because a lot of other things aren't constant in their life that they no longer have any more. It helps them work through challenges" (Social Work Participant #14, personal interview, February, 2013).

Table 5. Domain of Religion (cont)

"I would say 75% of my clients use faith as a coping skill... And I don't know if it has to do with finding faith later in life, or the generation they grew up in."
"When family moves, or friends pass away, or they have to move, faith is something they can always go back to. It keeps them stable and steady and gives them a grounding point where they can redirect themselves. I find that they are more willing to change if they are faith based because they see the bigger picture sometimes" (Social Work Participant #16, personal interview, February, 2013).
"Religious or church community or religious beliefs tend to cope better with the challenges that come with aging and it gives them kind of an anchor. People with anxiety rely on prayer a lot to provide some ways to manage anxiety. I think it helps to navigate issues regarding losses of spouse or friends so if they have a strong belief system about what happens to that person after they die. It provides some comfort" (Social Work Participant #17, personal interview, February, 2013).
"People that are very spiritual tend to cope with things far better than those who are not. In the hospital when I worked in transplant, individuals who went through surgery tend to recover faster and had less concerns with problems post-surgery than those who didn't. Couldn't prove it was religion, but you couldn't prove it wasn't" (Social Work Participant #19, personal interview, February, 2013).
"It provides them support" (Social Work Participant #20, personal interview, February, 2013).
"It's provided many wonderful friendships throughout every place we live" (Elder Participant #2, personal interview, February, 2013).
"But nonetheless, many of our friends are church friends" (Elder Participant #2, personal interview, February, 2013).
"Fellowship... knowing that you have people there you can rely on when you need them and the hereafter. Security" (Elder Participant #7, personal interview, February, 2013).

Table 5. Domain of Religion (cont)

"In the mean time I have friends that are Christian friends and Christian family brothers and sisters too that through phone calls we support each other we are not just alone. We've got a support group around us that even our church friends even if something happened they would be here in a minute" (Elder Participant #7, personal interview, February, 2013).
"It provides a support system" (Social Work Participant #11, personal interview, February, 2013).
"But faith is very important, those that do use it they have that constant support system" (Social Work Participant #16, personal interview, February, 2013).
"Having that aspect of their life for socialization is beneficial" (Social Work Participant #20, personal interview, February, 2013).

Table 6. Domain of Finances

"My older son has helped me out once or twice financially paying the rent" (Elder Participant #10, personal interview, February, 2013).
"I had a problem because I was married and my husband was Medi/Medi and when I tried to apply for anything and an application had to be filled out my husband's income, they would put me onto his package, therefore it was too much income. But I'm paying so much to the hospital and they don't care about that. They just look at the income, so I wasn't able to get any kind of help." (Elder Participant #10, personal interview, February, 2013).
"I was trying to juggle wanting to die with bill collectors, financial things" (Elder Participant #10, personal interview, February, 2013).

Table 6. Domain of Finances (cont)

"I don't think of it really. Financial counseling we just had recently because after being more than 25 years retired without a pension, we're running out of funds, since this last recession. So we have spoken to a counselor about that subject" (Elder Participant #1, personal interview, February, 2013).
"…even come to the point of hiring someone to do things for us that we would do for ourselves. Which is gonna cost us some money cause people charge a lot of money to do things… Cause you have to call a plumber or roofer all the time to fix things all the time it can get real expensive for a senior person" (Elder Participant #8, personal interview, February, 2013).
"So it would probably be financial. Steering a person to the right financial advisor or the right institution, that would be the best. People are living longer than they used to, and retirement funds are running out as they have in our case. It's really a touch and go situation" (Elder Participant #2, personal interview, February, 2013).
"Advocate to get funds to meet client's needs" (Social Work Participant #11, personal interview, February, 2013).
"It's really expensive to become a citizen and she has no income but her pension from her husband and so I advocated for her to get a fee-waiver" (Social Work Participant #16, personal interview, February, 2013).
"Some challenges working with elders would be their family's lack of knowledge and society's lack of knowledge regarding the needs and barriers that can make them vulnerable for example, financially." (Social Work Participant #12, personal interview, February, 2013).
"I've learned from them not to put off important things. Don't carry grudges, prepare finances ahead of time" (Social Work Participant #12, personal interview, February, 2013).

Table 6. Domain of Finances (cont)

"I think financially sometimes it limits individuals from achieving because their income or they have a lack of entitlement, a lack of access to resources. I think that can impact their well-being" (Social Work Participant #14, personal interview, February, 2013).
"Don't have money to financially afford to take care of place. They may have leaded paint" (Social Work Participant #15, personal interview, February, 2013).
"They have life experiences they can share with you. And you can learn from their mistakes. You can see how you can financially plan your life and learn from seniors. You know you can learn from a senior on how they managed their finances and make sure you don't repeat errors they made" (Social Work Participant #20, personal interview, February, 2013).
"If they're physically well and financially well they're doing okay" (Social Work Participant #20, personal interview, February, 2013).

Table 7. Domain of Mental and Physical Health

Mental Health- Subcategory of Mental and Physical Health Domain
"I like to take a nap. My wife teases me all the time. I'm very easily able to fall asleep before the lights go out" (Elder Participant #5, personal interview, February, 2013).
"Yucky. Umm I don't feel good about things if that's the case. I don't really know what that is. If my mental state is down, if I'm feeling down that day and I bark at Bob and I'm in that state of mind. So, it just doesn't feel good" (Elder Participant #2, personal interview, February 2013)
"SometimesI get depressed. I'm more positive and keep a positive attitude" (Elder Participant #4, personal interview, February, 2013).
"I feel when I'm not my best, like when I broke my ankle, I had other people do things that I would like to be doing. It hurts to have to someone to clean your house, but you don't mind cleaning their house so you have to be humble and accept the gift of service as well as give it" (Elder Participant #7, personal interview, February, 2013).
"I don't like the word mental because my culture, my age, when you mention mental talking about someone crazy. I don't know. And that's not me. I'm finding if it says mental I would shy away from it"(Elder Participant #10, personal interview, February, 2013).
"Well-being is multi-faceted: physical, mental, emotional, social and balancing those needs. If one is lacking then there is a dramatic impact" (Social Work Participant #12, personal interview, February, 2013).
"If they have mental health issue then it makes them more fragile and susceptible to memory loss, depression, anxiety and fear" (Social Work Participant #12, personal interview, February, 2013).

Table 7. Domain of Mental and Physical Health (cont)

"First if you don't have a sense of well-being you will worry a lot more and often lose hope. Those two things go very hand in hand" (Social Work Participant #17, personal interview, February, 2013).
"So If they feel that they are not well like they aren't at the point where they thought they'd be in life, if they have depression stemming from guilt or shame or regret or if they're predisposed to have a mental health issue and then they don't feel they're well, then those predispositions will come to surface" (Social Work Participant #16, personal interview, February, 2013.)
"They want to feel less depressed, they don't want to be as angry" (Social Work Participant #16, personal interview, February, 2013).
"If an individual is depressed or has anxiety or PTSD you can just see even physically their face looks more tired or stressed out, they have more problems, they tend to see life more negatively and that impacts them in a bad way when it comes to work or friend or family. When an individual is happy, when their mental health is good, they're bright they have a bright affect" (Social Work Participant #18, personal interview, February, 2013).
"I mean if a person is not feeling well, is unhappy one of the first things that comes on the plate is depression. What does depression do to the human body? It compromises the immune system. What comes next? Illness, well-being is everything" (Social Work Participant #19, personal interview, February, 2013).
"If they're doing good mentally then they start to do good physically. It's like cognition theory you know, you can change the way you think and change the way you feel. If a senior is depressed because they're going to get a toe amputated due to diabetes, then they get depressed and their body starts to shut down too. It goes hand in hand" (Social Work Participant #20, personal interview, February, 2013).
Physical Health- Subcategory of Mental and Physical Health Domain

Table 7. Domain of Mental and Physical Health (cont)

"I have some limitations with walking and standing, so it's best that I do things here at home." (Elder Participant #2, personal interview, February, 2013).
"I go to the doctor about once a week lately, but usually once every three to four months. I go regularly for a pace maker check. Other than that I'm still pretty healthy" (Elder Participant #2, personal interview, February, 2013).
"I see a doctor about once a year. We have a physical, but we see a doctor any time we need to. I have neuropathy. I've been to three doctors for this and each one of them has a different opinion of what I should do. But as long as I don't have any pain I don't worry about it. I hang on to her or to the cart. We do okay" (Elder Participant #5, personal interview, February, 2013).
"The only thing she found was that I have high blood pressure. She was gonna see if she could give me help. I have fibromyalgia, spinal stenosis, and osteo arthritis. And then depression and anxiety. Other than that I'm good" (Elder Participant #10, personal interview, February, 2013).
"I have IBS. And it's horrible so I have to see him oh and the gas gets into my irritable bowel. By night time I can't breathe very well. But anyway I try to work out 20 minutes on the treadmill every day. That would help with the irritable bowel and the breathing. And I haven't had much of an appetite but I gonna start eating whether it hurts me or not. I have no appetite and I've lost weight. He was worried about me loosing so much weight. But if I start working out and eating whether I eat or not, nothing really sets good" (Elder Participant #4, personal interview, February, 2013).
"I go to the doctor about every three months. They're watching my cancer; although it's not there anymore they want to make sure it will not come back" (Elder Participant #6, personal interview, February, 2013).

Table 7. Domain of Mental and Physical Health (cont)

"I think I go to the doctors three to four times a year. Most of it is chiropractic for my lower back, I've got back problems. I do a physical. Right now I've been going, this year's changed a lot I've got four appointments for therapy on my shoulder this last year. Then we've got four or more coming and not telling what else after that cause they haven't told me what we're doing next. Things have changed since this time last year" (Elder Participant #8, personal interview, February, 2013).
"When you go to an assisted living home, even though they know they can't perform the tasks of showering or cooking, losing all forms of independence is hard" (Social Work Participant #16, personal interview, February, 2013).
"...medical conditions that keep piling on and they feel they can't continue to live life at the quality they want to" (Social Work Participant #16, personal interview, February, 2013).
"We usually have to advocate on a regular basis especially with those seniors who have the more physical limitations or are more socially isolated" (Social Work Participant #17, personal interview, February, 2013).
"When an individual is happy, when their mental health is good, they're bright they have a bright affect. They're cooperative with everyone and they want to have a good time. They tend to have less medical diseases, less stress, better relationships" (Social Work Participant #18, personal interview, February, 2013).
"Disability such as if they fall and hurt themselves that incapacitates them. You'll see their health and functioning drastically change" (Social Work Participant #19, personal interview, February, 2013).

Data Interpretation

Five themes were found when analyzing the core data, which included: social work interventions, relationships, religion, finances, and health. The data will be interpreted based on the perceptions of the two populations interviewed, elders age 65 and above and social workers who have obtained their Master of Social Work degree or a Licensed Clinical Social Worker. The first domain discussed is social work interventions.

For social work interventions, the researchers found two categories within this theme. The categories that make up social work interventions are case management and therapy. One of the questions posed to both populations was regarding what types of interventions would be most beneficial to elders. It was found that all of the elders preferred case management interventions above all others. Social workers provided mixed responses whereby both case management and therapy interventions were beneficial. It is believed by the researchers, based on their experience and the data collected, that the perception of society in general has limited knowledge about the profession of social work and the services provided by social workers. Although the researchers defined the responsibilities and

roles of social workers, which included counseling services, these findings suggest that not only is case management preferred, but also that there is a perception that social workers do not provide counseling services. This finding suggests that case management services are the preferred type of intervention by elders even if they had an understanding that social workers provided therapeutic services as well. It was found that elders desire practical assistance to meet their individual needs. For example, one elder participant reported a social worker could assist, "By giving me resources of how I could get around or get things done" (Elder Participant #9, personal interview, February, 2013).

One explanation for this finding could be that the elders may have chosen not to disclose the desire for counseling services due to the stigmatization of mental illness in society. One participant gave an example of this stigmatization and stated, "I don't like to use the word mental because my culture, my age, when you mention mental talking about someone crazy. I don't know. And that's not me. I'm finding if it says mental I would shy away from it" (Elder Participant #10, personal interview, February, 2013). Although not all participants relayed

this view of mental illness, it is thought by the researchers that society as a whole shares a similar outlook.

The theme of relationships was apparent throughout the data for both the elders and social worker participants, which is indicative of the literature review findings. Relationships were found to provide a source of social support and stability for the elders. The socialization elders get from relationships is fundamental to their well-being as it prevents isolation and promotes mental and physical health. The importance of relationships came up as a prominent theme throughout the interviews and was found to be an essential aspect in the lives of elders. One elder participant stated, "We do have a lot of support in the neighborhood here, so people come over and find out how we are" (Elder Participant #2, personal interview, February, 2013). This example demonstrates the necessity of relationships and how they impact well-being of the elders. In this case the neighbors of the participant visit the individual to make sure they are okay.

Religion was found to be a significant theme with the majority of the elders and social workers

interviewed. It was found to be a useful coping skill among the elders and provided them with additional social support. The review of the literature also supports this finding. This finding suggests that religion is a source of stability and provides a sense of hope during challenging times. One elder participant indicated, "I depend on God when I go through a difficult time. And it wasn't easy during those times. And I pray, as I say I made it because of my faith in God" (Elder Participant #6, personal interview, February, 2013). This example is in congruence with the responses from the social work participants.

> People that are very spiritual tend to cope with things far better than those who are not. In the hospital when I worked in transplant, individuals who went through surgery tend to recover faster and had less concerns with problems post-surgery than those who didn't. (Social Work Participant #19, personal interview, February, 2013)

These examples support the findings in the literature and suggest that religion is a powerful coping skill that assists elders in various situations including socialization.

The theme of finances was found to be more significant among the elder participants than the social work participants. The majority of the elders discussed current financial hardships or a perceived negative economic outlook based upon future expenses related to aging. If the elder participant did not express a current financial struggle, it was found that they were concerned with the cost associated with future health care and the upkeep of their homes. One example of this was an elder participant who was currently maintaining their yard, however, expressed anxiety regarding the cost of hiring a professional in the future when they no longer had the physical capability to do so. Another example of finances was mentioned by an elder who reported, "People are living longer than they used to, and retirement funds are running out as they have in our case. It's really a touch and go situation" (Elder Participant #2, personal interview, February, 2013). The theme of finances was found to be important in different contexts, whether it was losing physical capability and having to hire outside help, or living longer and fearing that finances would soon be depleted.

The theme of health was found to be another noteworthy contributor to the well-being of elders. Both the social work and elder participants discussed physical and mental health issues. It was found that mental health is a factor that contributes to the elder's physical health, which was indicated in the review of the literature as well. An example of this was from an interview with a social work participant, who stated,

> If they're doing good mentally then they start to do good physically. It's like cognition theory you know, you can change the way you think and change the way you feel. If a senior is depressed because they're going to get a toe amputated due to diabetes, then they get depressed and their body starts to shut down too. It goes hand in hand. (Social Work Participant #20, personal interview, February, 2013)

This represents the indication that mental and physical health is closely related. An example of how health impacts well-being was described by an elder participant who declared, "I feel when I'm not my best, like when I broke my ankle, I had other people do things that I would like to be doing. It hurts to have to someone to clean

your house..." (Elder Participant #7, personal interview, February, 2013). In this case the elder was suffering from a physical condition, which impacted her mentally.

Limitations

Although there were many findings from this study, some limitations are to be considered. These limitations include the demographics related to the elder participants such as their ethnicity, socioeconomic status, and experience with mental health services. This makes the study less generalizable and less culturally diverse, and therefore, would have an impact on the findings of the research study: Eighty percent of the elder participants were Caucasian and ninety percent were middle class. Only ten percent had mental health treatment from West End Family Counseling Services, and twenty percent of other participants disclosed they had previously utilized counseling services. The small number of elder participants who discussed mental health treatment could be a factor of stigmatization. As such, there may have been a lack of disclosure about using mental health services from elder participants.

Another limitation includes the sample size of the study. Due to time constraints the researchers were unable to interview a large number of participants. Ten social work participants and ten elder participants were included in the study, which restricted the demographics. Snowball sampling was used in obtaining some of the elder participants, which can be seen as a limitation. Some of the participants were acquaintances and thus lived in the same type of neighborhoods, indicating similar socioeconomic status.

The sample of social work participants was not seen as a limitation as there was significant cultural and professional diversity. The professional diversity indicates that the social workers were employed in various settings including mental health agencies, home health care, hospice, hospital settings, and adult day care center and had vastly diverse professional experience. The limitations suggest it would be beneficial for further research to be conducted with a much larger sample size of the elder participants that includes a variety of ethnicities, socioeconomic classes, and experience with mental health treatment.

Implications of Findings for Micro and Macro Practice

The findings suggest that although social workers may provide counseling services to their elder clients, case management which is seen as a practical service is an essential component to treatment. In some instances this appears to be overlooked by those in the profession. Case management services can make an immense difference in the lives of elders, given they are provided services uniquely tailored to fit their needs. If social workers can implement case management interventions more frequently, then the overall well-being of elders will be enhanced.

A micro and macro implication could consist of educating community agencies and private practice clinicians the importance of case management interventions for elders. Within this education the significance of providing thorough assessments can be stressed. Within the assessment phase of treatment social workers should adequately assess for the practical needs of the particular elder they are working with. Once the needs of the elder are identified then the appropriate resources can be distributed. If additional assistance is

warranted, the social worker can help the elder in completing the action necessary to meet their need.

Although stigmatization is not a specific identified theme, it was referenced by elder participants located under the social work interventions domain and the health domain. It is the researchers' belief that the stigma of mental illness contributed to the data collected. For example, a married elder couple who were interviewed separately disclosed different information regarding the use of counseling services. The husband denied any past use of counseling while the wife reported that on two separate occasions, counseling services were utilized. This demonstrates that the stigma of mental illness could be a reason why some individuals choose not to disclose pertinent information. This same finding can potentially be contributed to gender differences as well. Males could be less willing than females to disclose information related to mental health challenges, and also less willing to utilize those same services. However, more research would be needed to verify this.

On a macro level, social workers could help in reducing stigmatization by holding seminars and events within the community to educate and bring awareness about

mental health, which would help in normalizing mental illness. Community members can contribute by speaking to the attendees about their personal experiences with mental illness and how it has impacted their lives and the lives of their family members. Overall education about the topic can potentially decrease stigma in society.

Summary

Chapter four included the raw data, and the domains, which identify the main themes in this research study. The data was interpreted, and themes of social work interventions, relationships, religion, finances, and health were discussed. Limitations were explored along with implications for micro and macro practice.

CHAPTER FIVE

TERMINATION AND FOLLOW UP

Introduction

In this chapter the termination of the study will be explored. The process in which the researchers will communicate the findings to the study site and the study participants will be revealed. Lastly, the ongoing relationship with the participants will be discussed.

Termination of Study

Now that the data has been collected, this research study has been terminated. In order to abide by ethical guidelines, it was crucial to terminate the relationships that were formed between the researchers and the participants. Boundaries were established from the beginning and participants knew the duration of the interview and therefore, were prepared for the termination process from the start. After the interviews were concluded, the research participants were provided with a debriefing and were thanked for their time. If participants had any questions or additional feedback for the researchers this was addressed.

Communicating Findings to Study Site and Study Participants

The findings will be distributed to the study participants and the gatekeepers through an email if they were interested in the outcomes. To communicate the findings to social workers in the field, a poster will be presented at California State University, San Bernardino's Poster Days in June of 2013. This research project will be made available in the Thesis Room of the Pfau Library.

At West End Family Counseling Services an optional PowerPoint presentation will be given to the staff and clinicians. This will provide them with an opportunity to hear about the outcomes of the study along with possible new interventions that may be useful to their agency.

The findings will be presented in terms that are easy to understand and follow. The length of time for the meetings and presentations will be taken into consideration, along with the time of day, which will be based on the target audience.

Ongoing Relationship with Study Participants

The sole form of follow up contact from the researchers to the participants will be through email,

provided they expressed an interest in the outcome of the study. This email will provide them with the findings of the study. There will be no further ongoing relationships with the participants.

Summary

Chapter five discussed the termination of the study and why there will be no further contact with the study participants. The communication of the findings to the study site and the participants was also included.

APPENDIX A

QUESTIONNAIRE

Elder Participant Questions

1. What is your age?
2. What is your ethnicity?
3. What is your marital status?
4. What type of residence do you live in?
5. How many children do you have, if any?
6. If you need help, who helps you?
7. What kinds of things do they help you with?
8. Define social worker: Someone who helps people by assisting them with services for housing, clothing food, medical care, therapy, or applying for programs. How could a social worker help you if you are going through a difficult time?
9. Is religion important in your life?
10. If so, how?
11. What kinds of things do you do you like to do when feeling down?
12. How often do you see a doctor?
13. How have the services you've been receiving at this agency (WEFCS) been helpful to you?
14. In the past have you ever reached out for professional support during a difficult time? If so can you explain how it helped you?
15. How do you feel about turning _____?
16. What does it mean to you at age to be at your best?
17. What does it mean to you at age to be less than your best?
18. What words of wisdom would you give to others at this point in your life?

Developed by Denise Miller & Kristynne Simmons

Social Worker Participant Questions

1. What is your age?
2. What is your ethnicity?
3. Are you an MSW or LCSW?
4. How many years of experience do you have working with elders?
5. What challenges have you encountered when working with elders?
6. What do you think a sense of well-being means for an older adult?
7. What interventions do you find most useful when working with elders?
8. What aspects of the older adult's home environment help or hinder their well-being?
9. What are some things that you believe impair or enhance their sense of well-being?
10. In what ways have you seen religion or spirituality impact the lives of the elders?
11. Can you give an example of a time when you had to advocate for a client?
12. How does well-being impact their mental health?
13. What brings your client's enjoyment?
14. What changes do your clients want to make in their lives?
15. What insights, if any, have you received from working with your older clients?

Developed by Denise Miller & Kristynne Simmons

APPENDIX B

INFORMED CONSENT

INFORMED CONSENT

The study in which you are being asked to participate is designed to investigate the well-being of elders. This study is being conducted by Kristynne Simmons and Denise Miller under the supervision of Dr. Thomas Davis, Master of Social Work Professor, California State University, San Bernardino. This study has been approved by the Institutional Review Board, California State University, San Bernardino.

PURPOSE: To examine what social workers can do to promote the well-being of elders.

DESCRIPTION: Personal interviews will be conducted with the researchers. An audio recorder is the preferred method of gathering the information.

PARTICIPATION: Participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the participant (you) is otherwise entitled, and the participant may discontinue participation at any time without penalty or loss of benefits, to which the participant is otherwise entitled.

CONFIDENTIALITY: The information provided at the time of the interview is to remain confidential. The audio recording device containing the interview material will be stored in a locked filing cabinet. Once the digital file is transcribed, it will promptly be erased. The transcription documents will be saved in a password protected computer. Once the data is analyzed the file on the computer will be deleted. Confidentiality about the participant amongst the two researchers will be maintained at all times.

DURATION: The interview process will last approximately 30 minutes. After the interview is concluded the involvement of the participant will be complete.

RISKS: There are no foreseeable risks associated with participation in this research study.

BENEFITS: There are no foreseeable associated with participation in this research study.

VIDEO/AUDIO/PHOTOGRAPH: I understand this research will be audio recorded. Initials_____

CONTACT: For answers to pertinent questions about the research and participants' rights, and in the event of a research-related injury to the participant, please contact: Dr. Thomas Davis, Master of Social Work Professor, California State University San Bernardino at (909) 537-3839 or email at tomdavis@csusb.edu.

RESULTS: The results of the study can be found in the thesis room at the Pfau Library at California State

University San Bernardino, located at:

5500 University Parkway, San Bernardino, CA 92407

If the participant desires they may leave the researchers their email address and the results will be distributed through an email in June 2013.

SIGNATURE: _____ Date: _____

APPENDIX C

DEBRIEFING STATEMENT

Study of Services Social Workers Can Provide to Promote the Well-being of Elders

Debriefing Statement

This study you have just completed was designed to investigate services social workers can provide to promote the well-being of elders. In this study you have been asked questions regarding the well-being of elders to determine what services best assist this population.

Thank you for your participation. If you have any questions about the study, please feel free to contact Dr. Thomas Davis, Master of Social Work Professor, California State University San Bernardino at (909) 537-3839 or email at tomdavis@csusb.edu.If you would like to be advised of the results of the study you may provide your email address to the researcher. Otherwise, you may find a copy in the thesis room after September 2013 at the Pfau Library at California State University San Bernardino, located at: 5500 University Parkway, San Bernardino, CA 92407.

If you have any concerns about the participation in this study, below is a list of local resources to contact.

RESOURCES

Mission Trail Wellness and Recovery Clinic for Mature Adults
31946 Mission Trails, Suite B
Lake Elsinore, CA 92530
(951) 245-7791

Perris Older Adult Services
1688 N Perris Blvd, L7-L11
Perris, CA 92571
(951) 443-2200

West End Family Counseling Services
855 North Euclid Ave
Ontario, CA 91762
(909) 983-2020

APPENDIX D

RAW DATA

Table A. Raw Data of Elder Participant Responses-People

People
"I know that organized religion gives me tools to work with and it's provided many wonderful friendships throughout every place we live" (Elder Participant #2, personal interview, February, 2013).
"We had a couple of trips to Uruguay and the people we stayed with have come to visit us a few times. We've built some wonderful relationships. They became members of our family for that time" (Elder Participant #2, personal interview, February, 2013).
"We support each other, always. No matter our walks of life and our stages of life. We all need that support" (Elder Participant #2, personal interview, February, 2013).
"Two children provide us with quite a bit of assistance. They come out and help us with the cleaning of the house. On holidays they precook the meals ahead of time" (Elder Participant #3, personal interview, February, 2013).
"We do have a lot of support in the neighborhood here, so people come over and find out how we are" (Elder Participant #3, personal interview, February, 2013).
"I did break my back once but you see we have each other. What I can't do Doyle can do. And that's what God put him here for. If we do need a caregiver we could come to you and you could refer us one" (Elder Participant #4, personal interview, February, 2013).
"The kids are so good to us. They call and Mary helps with driving" (Elder Participant #4, personal interview, February, 2013).
"My three boys and their wives and children are here every weekend. Sometimes they stay overnight and we squeeze in this house. Back home in the Philippines we were like that" (Elder Participant #6, personal interview, February, 2013)
"Well I can only count on one son, the youngest. I have family but I have a problem asking. Well he helped me with his dad's cremation, with paying for the cremation for the service. He has helped me out once or twice financially paying the rent" (Elder Participant #10, personal interview, February, 2013).

Table B. Raw Data of Elder Participant Responses-Places

Places
"I went to counseling a couple different times. One was when my son was getting into trouble in high school. It was very difficult to know how to handle it, so we worked with a psychologist. The second was when our daughter told us she was gay. It was hard to get my husband involved with that. But with persistence we did and I think it helped us. He was more accepting at a later stage than I was but it was badly an attitude of male ego" (Elder Participant #2, personal interview, February, 2013).
"I go to the doctor's about every 3 months to check on my pace maker" (Elder Participant #3, personal interview, February, 2013).
"I see a doctor about once a year. We have a physical, but we see a doctor any time we need to. I have neuropathy. I've been to three doctors for this and each one of them has a different opinion of what I should do. But as long as I don't have any pain I don't worry about it" (Elder Participant #5, personal interview, February, 2013).
"I go to the doctor once every three months. Now it's about every two months. It's just they like for me to check in, it's just preventive" (Elder Participant #9, personal interview, February, 2013).
"The doctor found that I have high blood pressure, fibromyalgia, spinal stenosis, and osteo arthritis. And then depression and anxiety. Other than that I'm good. Then I see the psychiatrist here once a month" (Elder Participant #10, personal interview, February, 2013).
"Coming to the agency has helped a lot. I'm learning to live with what I have. I learned that you bring on your own anxiety by sitting there and going over things you have no control over" (Elder Participant #10, personal interview, February, 2013).

Table C. Raw Data of Elder Participant Responses-Things

Things
"When I feel down I garden, I sew, and I read. I do quilting" (Elder Participant #2, personal interview, February, 2013).
"I do gardening work, I like digging in the dirt. I do most of the manual work" (Elder Participant #3, personal interview, February, 2013).
"When I'm blue I like to cry. I like to eat. I like to have music on, we have have the 2 televisions going on the easy listening, brings back all of those memories and it fills in our day so we don't feel alone" (Elder Participant #4, personal interview, February, 2013).
"When I'm down I like to take a nap" (Elder Participant #5, personal interview, February, 2013).
"Sometimes when I feel down I bake cookies and take things to other people to share with them, service is really my heart. Shopping takes your mind off of your grief. Maybe just visiting with a girlfriend" (Elder Participant #7, personal interview, February, 2013).
"I was blue about 30 years ago but haven't been blue since. There is always something you can do sometimes when you're down just reading something on line or researching something you like to do" (Elder Participant #8, personal interview, February, 2013).
"When I'm sad I like to get out and walk that makes me feel good" (Elder Participant #9, personal interview, February, 2013).
"When I'm down I've learned to step away and go outside, think about the good times. I enjoy reading. I read until my eyes get tired. I say my prayers, lay there" (Elder Participant #10, personal interview, February, 2013).

Table D. Raw Data of Elder Participant Responses-Ideas

Ideas
"Social workers can mostly refer us to the people, whatever ailment or emotional problem or financial problem. Being able to relate to us for financial advice" (Elder Participant #1, personal interview, February, 2013).
"There are other times that I'm grateful for my age and experiences I've had. The maturity level I have at my age" (Elder Participant #2, personal interview, February, 2013).
"And I'm not looking forward to getting older" (Elder Participant #3, personal interview, February, 2013).
"Despite our health problems I'm grateful we can take care of ourselves. I keep a positive attitude" (Elder Participant #4, personal interview, February, 2013).
"To be how it was about 20 years ago I guess. We would dance. Dancing is what I miss" (Elder Participant #5, personal interview, February, 2013).
"Seek the Lord. Stay close to the Lord" (Elder Participant #5, personal interview, February, 2013).
"Wonderful. Oh my gosh, I don't feel like 65. Because when I get up I pray, I eat breakfast, and then I walk because I have my treadmill and I face the day with whatever I can do" (Elder Participant #6, personal interview, February, 2013).
"Social workers could tell me information I need as I probably toward insurance and death and liability coverage. Resources mainly" (Elder Participant #7, personal interview, February, 2013).
"When someone passes away we could use a social worker to make sure we have all the paper work right and making sure you don't get stabbed in the back" (Elder Participant #8, personal interview, February, 2013).
"Had counseling thirty years ago when I had my divorce, my pastor at the church counseled me about once a week at 4:00 in the morning before I went to work. So that was good. I've been through that before" (Elder Participant #8, personal interview, February, 2013).
"By giving me resources of how I could get around or get things done. Right now I don't have that problem. Thank goodness" (Elder Participant #9, personal interview, February, 2013).
"Yes, it helps me get through the week. Having faith, and praying. I read the Bible when, I try to do it every morning but I don't always get it in" (Elder Participant #9, personal interview, February, 2013).
"No I don't think I've been to counseling. No. Sometimes I talk with a friend that I

knew" (Elder Participant #9, personal interview, February, 2013).
"I think my age is a good place to be" (Elder Participant #9, personal interview, February, 2013).
"I guess so I can help other people. I don't know" (Elder Participant #9, personal interview, February, 2013).
"Then that's not a good thing. I don't get down very often. And then when I do, like I said, I get out and walk to get my head clear" (Elder Participant #9, personal interview, February, 2013).
"A social worker introduced me to how to apply to low income housing, they helped me emotionally, to do things that I didn't think I was capable of doing. Referred me to grief groups" (Elder Participant #10, personal interview, February, 2013).
"I don't like to use the word mental because my culture, my age, when you mention mental talking about someone crazy. I don't know. And that's not me. I'm finding if it says mental I would shy away from it" (Elder Participant #10, personal interview, February, 2013).
"Religion is very important. If it wasn't that I believe that I couldn't enter Heaven if I took my life... I will not enter heaven" (Elder Participant #10, personal interview, February, 2013).
"To have a place to live that's presentable, that I'm not embarrassed of. To be able to pay my bills" (Elder Participant #10, personal interview, February, 2013).

Table E. Raw Data of Elder Participant Responses-Themes

Themes
"Financial counseling we just had recently because after being more than 25 years retired without a pension, we're running out of funds. So we have spoken to a counselor about that subject" (Elder Participant #1, personal interview, February, 2013).
"Social workers could steer us to a financial advisor or the right institution. People are living longer than they used to, and retirement funds are running out as they have in our case. It's really a touch and go situation" (Elder Participant #2, personal interview, February, 2013).
"Then I got involved in the garden club when we lived in Fallbrook. When we lived in Illinois I was active with the league of women voters... We had foreign exchange students when my daughter was in high school. Three different times, so that was an outreach I enjoyed very very much. And then I served as the area representative and um I had a position on the New England board in opening new schools that would accept our exchange program" (Elder Participant #2, personal interview, February, 2013).
"God is so willing and loves us so much and we are getting close to seeing him and hoping he will be there with open arms for us. He tells us don't worry" (Elder Participant #4, personal interview, February, 2013).
"I don't know if I could make it in life without my faith in God. I depend on God when I go through a difficult time" (Elder Participant #6, personal interview, February, 2013).
"I try not to be negative. And I always think of other people who can be worse than myself. Even when I had cancer, my chemo was so hard, very hard, and I made it" (Elder Participant #6, personal interview, February, 2013).
"As time goes along we are gonna have to start depending on young grandchildren or somebody to help us do things or even come to the point of hiring someone to do things for us that we would do for ourselves. Which is gonna cost us some money cause people charge a lot of money to do things. It can get real expensive for a senior person" (Elder Participant #8, personal interview, February, 2013).
"Losing my husband of 42 years. When I married my husband it was the happiest day of my life. So having faith to me is what keeps me above the ground" (Elder Participant #10, personal interview, February, 2013).
"I didn't have a perfect marriage, no one does. He would say, 'don't be negative be positive. If you can't be positive just don't be negative'. He taught me that friends, if you have friends work hard to keep them because they're friends" (Elder Participant #10, personal interview, February, 2013).

"I was trying to juggle wanting to die with bill collectors, financial things. She told me you have no control over that. Someone told me 'put those bills to the side, you can't pay them anyway, concentrate on your husband he comes first' that's what I did. He's passed away and now they call me" (Elder Participant #10, personal interview, February, 2013).

Table F. Raw Data of Social Work Participant Responses –Places

Places
"It all depends I guess but when they're at home, and research will support this, it's better when they're at home because it's familiar and it belongs to them. Even if they're all alone in their home, keeping them in their home as long as possible as long as it's safe. So if they're at home it can help because it's familiar, as long as they're safe there. But they might isolate themselves or fall, those kinds of things, but it's a community. Some people have been living in their home for 50 years and you think it's better to move them to a senior home but they don't know anything there and so you see a rapid decline in a lot of adults when you do that. Independent living centers that I've been to, I think it helps that their socialization- there's events to go to, there's neighbors. But it hinders if they aren't familiar but you don't get to choose who your residents are so sometimes the senior feels that they don't belong there, they can't connect with anyone. And I feel like family members forget about seniors that move to senior homes because in their minds their being taken care of, where as if they're in their personal homes family members are there. And then assisted living homes, it depends on how nice the place is. Honestly I don't see a lot of help in those other than safety. They're getting taken care of medically but unless you have money to pay for the really good ones, it's hard for their social and spiritual, just those well-beings; I don't think it helps very much. It's hard for a senior to get excited about making new friends when they've lost friends or neighbors and to be excited to make new ones, it's rare. They want things to be the way it was and it's too much change for them" (Social Work Participant #16, personal interview, February, 2013).

Table G. Raw Data of Social Work Participant Responses –Things

Things
"When on hospice this is a vulnerable population, therefore advocating to help get their needs met. Working with their community, support systems and the agency. If client is in the healthcare system and they choose to remain in their home, social worker will advocate for client to remain in their home even if it is difficult for medical profession to provide medical care due to needing more medical equipment and care" (Social Work Participant #112, personal interview, February, 2013).
"The only way I could get some help for her was to hospitalize her because she was gravely disabled. She was being put at risk to be robbed again so I had to advocate to get her hospitalized which provided her access to services and allowed her to stay in her home. It was hard, and prior to that she was living a life she wanted to live" (Social Work Participant #14, personal interview, February, 2013).
"When I was working in the emergency room and client and spouse and the hospital staff had the misconception that if a person is terminally ill that a hospice level of service or off the hospice service a gross misperception that there is nothing they can do for them but send them home. They don't try to do anything the minimal so I was able to intervene and able to get that family a greater level of care and then track this individual for the whole weekend and make sure they had the equipment and medication they needed at home even to the point of having to go to a pharmacy 40 miles away from their home to get the kind of medication they needed so they wouldn't have to wait another 24 hours for it to be delivered. I was just adamant that you know that this person shouldn't have to wait. We intervene in systems in people's lives" (Social Work Participant #15, personal interview, February, 2013).
"One was in her 60's from Costa Rica and she wanted to be a US citizen so we were working on grief and loss issues, depression, and wanting to move forward in her life while trying to apply for citizenship but she couldn't afford it. I advocated for her to get a fee-waiver" (Social Work Participant #16, personal interview, February, 2013).
"I advocated for a 93 year old man. He was in his own home but the family decided to move him to an assisted living center. He was just really confused on what was going on in the housing complex and how things worked and he felt like he was being taken advantage of so I empowered him. So we sat down with the housing manager talked about some issues and fixed it. We did find out his roommates really were taking advantage of him so we got fair housing involved and the mediation board and it ended up helping him. He was able to advocate for himself after that because he knew where to go and what to do" (Social Work Participant #16, personal interview, February, 2013).
"Especially with seniors who have the more physical limitations or are more socially isolated. Helping them contact social security or health care or contacting the department of aging and adult services to get them the services that they need. And

navigate the phone system and computers" (Social Work Participant #17, personal interview, February, 2013).
"If you don't have a sense of well-being you will worry a lot more and often lose hope. I see people who have horrible limitations and isolation and no family support somehow are still able to maintain that well-being. I think it comes from within and something that can be cultivated" (Social Work Participant #17, personal interview, February, 2013).
"We had a little Mexican lady she was probably 63 or 64. She was it in for stem cell transplant. She had cancer and needed MediCal and MediCare because without that you don't get the transplant because you have to have good care afterwards. And it being a pilot program at the time, you had to prove who you were and what you were. And we had Chartiable Dollars that went along with it so it supports the program. But before you could put that into play you had to have MediCal so it would support the fact that after the transplant they would be able to get the meds and whatnot to keep themselves stable. So about three weeks later I had full scope MediCal MediCare for the lady and she got her transplant" (Social Work Participant #19, personal interview, February, 2013).
"I could call a family or caregiver to go check on a member if they're not picking up the phone or returning my calls to see how they're doing. Calling community resources for them. Also encouraging them when they need it. Tell them they've done a good job when they've taken care of their needs" (Social Work Participant #20, personal interview, February, 2013).

Table H. Raw Data of Social Work Participant Responses –Ideas

Ideas
"Completely different valuing system in self-identification. They believe that what role they were given in life, is what they must be. They never question it or go against it. Younger generations are taught acceptance and we can identify with what we want to be. But for seniors their identity has been forced on them" (Social Work Participant #11, personal interview, February, 2013).
"Their well-being it is multi-faceted – physical, mental, emotional, social and balancing those needs. If one is lacking then there is a dramatic impact" (Social Work Participant #12, personal interview, February, 2013).
"Things that enhance their well-being are a sense of control over choices or environment. What impairs their well-being is if things are decided for them and there is a lack of consideration or empathy without enough input from the elder" (Social Work Participant #12, personal interview, February, 2013).
"Enjoyment for elders is having people around them that create positive relationships. Having care providers and a support system" (Social Work Participant #12, personal interview, February, 2013).
"An unconditional positive nurturing relationship is the best intervention" (Social Work Participant #13, personal interview, February, 2013).
"Family and a sense of nurturing they receive and socializing brings them enjoyment" (Social Work Participant #13, personal interview, February, 2013).
"Also, the stigmatizing of them and the associated behaviors are their primary challenges. It is changing now; unfortunately a lot of people as they've become older are not able to benefit from that because the changes are slow" (Social Work Participant #14, personal interview, February, 2013).
"So I think the term well-being has to be different for every individual" (Social Work Participant #14, personal interview, February, 2013).
"I think the top intervention would be reflective listening being able to provide that support to listen to what their needs are. And you know they have a lot more experience than I do, and looking at them as the expert in their life" (Social Work Participant #14, personal interview, February, 2013).
"If they live in an environment where they're isolated from other individuals and supports I think that definitely impacts their wellbeing" (Social Work Participant #14, personal interview, February, 2013).
"I think what is really important, especially if they've received a loss, is family that is the key" (Social Work Participant #14, personal interview, February, 2013).
"The biggest challenge is the gaps in services" (Social Work Participant #15, personal

interview, February, 2013).
"Don't have money to financially afford to take care of place it can be hazardous because for example it may have leaded paint" (Social Work Participant #15, personal interview, February, 2013).
"We don't honor the elders for the wisdom they have or give them the time to share their experiences" (Social Work Participant #15, personal interview, February, 2013).
"I think that they males and females have a different perception of what well-being means" (Social Work Participant #15, personal interview, February, 2013).
"If I describe it like that, medical conditions, finances, all those things are a part of their context. It doesn't change what happened to them before or what will happen to them so they can work with what they have and still be in a state of well-being" (Social Work Participant #16, personal interview, February, 2013).
"And increasing their social support is always a good thing" (Social Work Participant #16, personal interview, February, 2013).
"Involved family that lets them be as independent as they can in areas that they can is the best thing for them. Then just friends and a social support system. So just having family and people around are really impactful" (Social Work Participant #16, personal interview, February, 2013).
"But faith is very important, those that do use it they have that constant support system. It keeps them stable and steady and gives them a grounding point where they can redirect themselves. And I think they're teachable, because I think part of faith is going to a religious place where you're learning from someone. So they appear to be more teachable" (Social Work Participant #16, personal interview, February, 2013).
"A lot of older adults want help with problem solving" (Social Work Participant #16, personal interview, February, 2013).
"They have a lot of wisdom to give you and they're willing to give it to you too. One of my clients said "I'm always a student, the moment you stop learning is the moment you stop living" (Social Work Participant #16, personal interview, February, 2013).
"Case management is a big intervention, getting them needed resources. CBT is very effective depending upon what kinds of problems they are dealing with. Guided imagery, relaxation especially to deal with pain that caused by physical limitations and other challenges" (Social Work Participant #17, personal interview, February, 2013).
"Those who are religious or involved church communities or religious beliefs tend to cope better with the challenges that come with aging and it gives them kinda an anchor. People with anxiety rely on prayer a lot to provide some ways to manage anxiety. I think it help to navigate issues regarding losses of spouse or friends so if they have a strong belief system about what happens to that person after they die. It provides some comfort" (Social Work Participant #17, personal interview, February,

2013).
"A lot also want to repair relationships. They want to come to a place where their life has meaning and want to wrap things up in term of the stages of integrity to reflect on their life and feel some satisfaction" (Social Work Participant #17, personal interview, February, 2013).
"A sense of well-being for an elderly individual is being happy where they live, being surrounded by people they trust, and feeling that they have just enough income to live off of in order to live a happy life in their eyes" (Social Work Participant #18, personal interview, February, 2013).
"Things that can impair is definitely loneliness. It's nice to socialize with people that are the same as them or understand them" (Social Work Participant #18, personal interview, February, 2013).
"It's best when an individual is happy, when their mental health is good. Especially with an elderly individual it's almost better if you have a positive attitude in regards to your health" (Social Work Participant #18, personal interview, February, 2013).
"Financial security and being connected to someone. Meaning a spouse, family member, something to that nature" (Social Work Participant #19, personal interview, February, 2013).
"You'll diminish their capacity to function dramatically by changing their home environment" (Social Work Participant #19, personal interview, February, 2013).
"People that are very spiritual tend to cope with things far better than those who are not" (Social Work Participant #19, personal interview, February, 2013).
"So I see a lot of them they have health problems and they don't know how to navigate the system" (Social Work Participant #20, personal interview, February, 2013).
"I think spiritually church provides them with support and socialization. It helps for example, if they need food or something they can go to their church. If they're grieving the church is a great support system for them. They have visitors, so it really plays an important part in meeting their needs" (Social Work Participant #20, personal interview, February, 2013).
"So you want to make sure the senior is basically happy that way their body follows suit. I make sure my clients are mentally doing okay so their body doesn't start to shut down" (Social Work Participant #20, personal interview, February, 2013).
"They have life experiences they can share with you. And you can learn from their mistakes" (Social Work Participant #20, personal interview, February, 2013).

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ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

   Team Effort: Denise Miller & Kristynne Simmons

2. Data Entry and Analysis:

   Team Effort: Denise Miller & Kristynne Simmons

3. Writing Report and Presentation of Findings:

   a. Introduction and Literature

      Team Effort: Denise Miller & Kristynne Simmons

   b. Methods

      Team Effort: Denise Miller & Kristynne Simmons

   c. Results

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   d. Discussion

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