

John A. Hartford Geriatric Social Work Faculty Scholars Program: Scholar's Research Summaries

Cohort XI

Cohort XII

(Click the Scholar's name to jump directly to their research summary)

Leslie Hasche
University of Kansas

Eunjeong Ko
San Diego State University

Jung Kwak
University of Wisconsin, Milwaukee

Tina Maschi
Fordham University

Noell Rowan
University of Louisville

Fei Sun
Arizona State University

Robin Bonifas
Arizona State University

Lori Daniels
Portland Vet Center

Bryan Ford
Birmingham VA Medical Center

Joseph Hunter
Albany Stratton VA Hospital

Edna Naito-Chan
VA Greater Los Angeles Healthcare System

Juyoung Park
Florida Atlantic University

Nicole Ruggiano
Florida International University

Paul Sacco
University of Maryland, Baltimore

Lori Thomas
University of North Carolina, Charlotte

Karla Washington
University of Louisville

Amanda Woodward
Michigan State University

Scholar's Name: Leslie K. Hasche

School: University of Kansas

Institutional Sponsor: Rosemary Chapin

National Mentor: Susan Hughes

Title of Project: Measuring and Understanding Organizational Readiness to Adopt Healthy IDEAS

Summary of Research:

Problem: The gap between knowledge of effective interventions and usual care is a critical concern across health and social service systems, with innovative programs languishing almost two decades before they are incorporated into usual care. For older adults, this gap is evident in the limited reach of effective depression interventions. A decision-support tool may be a preparatory step to improving the implementation of effective interventions. Based on Rogers' diffusion of innovations theory, the National Council on Aging (NCOA) developed the Innovative Readiness Assessment (IRA). Tailored to each new intervention, the IRA examines organizational capacity and willingness to implement core components of the given intervention.

This study will focus on the IRA for the national evidence-based depression care intervention called Healthy IDEAS. Although the IRA tools for previous health enhancement and exercise programs were studied, the adapted IRA for Healthy IDEAS is relatively unexplored, and no previous research has tested for predictive validity. This study's aims include: (1) Describe the organizational factors associated with agency variation in organizational capacity and willingness to adopt Healthy IDEAS, and (2) Test the predictive validity of the organizational willingness and capacity constructs from the IRA in determining which agencies adopt Healthy IDEAS

Methodology:

Site of Study:

In collaboration with the NCOA and Healthy IDEAS developers this study will analyze the administrative data from the IRA for Healthy IDEAS. This data is collected via a web-based assessment tool and completed by representatives from any community-based social service agency caring for older adults throughout the United States.

Population:

Agency representatives (i.e., directors, managers, or other designees) from community-based social service agencies interested in Healthy IDEAS will complete the web-based IRA and be recruited to participate in the follow-up survey. The goal is to have 160 agency representatives participate in both the IRA and the follow-up survey.

Data Collection:

Along with the sharing of the de-identified administrative data from the IRA for Healthy IDEAS, new data will be gathered through follow-up web surveys on adoption activities, such as involvement in trainings, incorporation of new protocols, coaches, or administrative supports, and the eventual provision of Healthy IDEAS to clients.

Analysis Plan:

Analysis will begin with assessing the measurement properties of the IRA through reliability checks and structural equation modeling. Analysis will explore the relationships between agency willingness and capacity to adopt Healthy IDEAS and other organizational factors. Mixed effects regression models will examine the correlation between the IRA results of willingness and capacity and the adoption of Healthy IDEAS over time.

Significance of Study:

Systematic study of the IRA's measurement properties is the first step in fully utilizing this nationally-gathered data collected by NCOA for Healthy IDEAS. Findings will facilitate and accelerate the pace of the adoption of Health

IDEAS, and they will inform how the NCOA uses the IRA with other innovative programs to improve implementation efforts. Ultimately, this study has the potential to shorten the time between depression care research and adoption of evidence-based depression care by community-based agencies.

Scholar's Name: Eunjeong Ko

School: San Diego State University

Institutional Sponsor: Dr. Jong Won Min

National Mentor: Dr. Aloen Townsend

Title of Project: Advance Care Planning and Low-Income Older Adults: Consideration of Socio-Cultural Factors Among Racially Diverse Groups

Summary of Research:

Problem:

Since the passage of Patient Self Determination Act (PSDA) in 1991 only 36% of the US population has completed Advanced Directive (AD) documents. Notably, racial/ethnic differences in AD completion are significant such that Whites are more likely to complete AD than are ethnic minorities. Low-income older adults are a population that is vulnerable to multiple, complex problems such as limited literacy skills, lack of support systems, and poor quality medical care. This population is also at a greater risk of having poor health, chronic medical conditions, and high mortality rates. Thus, the need for quality end-of-life care is great, yet very little is known about the nature of AD completion with this population group.

Methodology:

Site of Study:

This Study will be conducted in two supportive housing facilities: Potiker and City Heights. These facilities are managed by Senior Community Centers (SCC) in San Diego. The SCC provides a wide range of services to promote aging in place for low-income seniors. Both facilities have racially diverse resident groups who came from different living placements such as homeless shelters, transitional housing, and community settings.

Population:

The population of interest for this study is racially diverse low-income older adults residing in supportive housing facilities. Racial/ethnic groups in this study include white, African Americans and Hispanics.

Data Collection:

A total of 240 participants (80 per each racial group) will be randomly selected from the two facilities. A face-to-face interview will be conducted by trained interviewers either at a private office at the selected study sites or at the participants' home. Hispanic residents who have a limited command of English will be interviewed by a Hispanic bilingual interviewer using a translated questionnaire.

Analysis Plan:

Structural Equation Modeling (SEM) analysis will be conducted to examine direct and indirect effects of race on the completion of AD via knowledge, attitudes, life-sustaining treatment preferences, and contextual factors.

Significance of Study:

Outcomes of this study will help the policy makers to understand the gaps and limitations of current advance care planning. Findings of this study will expand the current body of knowledge on advance care planning among low-income older adults, as well as the role of culture in end-of-life decision making; this will also assist health care professionals and researchers to develop culturally appropriate interventions.

Scholar's Name: Jung Kwak

School: University of Wisconsin-Milwaukee

Institutional Sponsor: Dr. Rhonda J.V. Montgomery

National Mentor: Dr. Deborah Waldrop

Title of Project:

Decisional Conflict at the End-of-Life: The Needs of Surrogates for Persons with Dementia

Summary of Research:**Problem:**

For persons with dementia (PWDs), family members must often make important end-of-life treatment decisions. In making these decisions, surrogates are often uncertain about their roles and responsibilities, uninformed about treatment options, and unsupported by professionals in their decision-making. Moreover, surrogates experience conflicts between patient's preferences, other family members and health care providers, treatment delays, and increased stress and caregiving burden. Yet, our current understanding about the process of surrogate decision-making is limited, especially about the process of translating values and preferences of patients into goals of care decisions, conflicts experienced in decision-making, and factors influencing the process. To effectively assist surrogates in their end-of-life care decisions, a better understanding of decision-making process by surrogates is needed. Guided by the Ottawa Decision Support Framework (ODSF) and building on current knowledge of the decision-making challenges faced by surrogates, the proposed study aims to identify potential sources of decisional conflict, and their remedies.

Methodology:Site of Study:

A minimum of two surrogates for cognitive interviews (total N=6), five for semi-structured interviews (total N = 15), and 50 to 75 surrogates for the structured telephone interviews (total N = 200) will be recruited from each of the three participating sites: (1) 75 surrogates from Community Care, Inc., a non-profit organization with three managed care programs in Wisconsin; (2) 75 surrogates from the Regional Parkinson Center/Aurora Sinai Medical Center in Milwaukee; and (3) 50 surrogates from the League of Experienced Family Caregiver (LEFC), a survey registry of informal family caregivers caring for frail elders.

Population:

The target population is family members of persons with dementia who make medical treatment decisions at the end of life as surrogates. To participate in the study, surrogates must be (1) a family member of the PWD; (2) English speaking adults aged 18 or over; (3) free of cognitive, speech, or hearing impairment; and (4) designated as health care surrogate for a person with confirmed diagnosis of dementia for at least two years and at least one significant impairment (unable to perform without help) with eating, toileting or transferring. A minimum of two surrogates for cognitive interviews (total N=6), five for semi-structured interviews (total N = 15), and 50 to 75 surrogates for the structured telephone interviews (total N = 200) will be recruited from each of the three participating sites.

Data Collection:

A two-stage process will be employed. Stage One will consist of a telephone survey conducted with approximately 200 surrogates recruited from three sites. Stage Two will consist of in-depth, semi-structured interviews with 20 surrogates to further elucidate on important determinants of decisional conflict. Cognitive Interviews: Research Director or staff at each site will identify at least two eligible surrogates, describe about the study and refer them to the PI. All cognitive interviews will be conducted in person. The purpose of cognitive interviews is to pre-test the structured questionnaire to be used for telephone interviews. Structured Telephone Interviews: Each research site will identify eligible surrogates and create a master list of dementia patients with known contact information of the surrogate. Signed recruitment letters from research director of each site along with study brochure and opt-out postcard will be mailed to eligible participants. Participants will be contacted by phone within 7-10 days following receipt of the letter. The main purpose of this structured telephone interview is to (1) examine the extent to which specific personal and clinical characteristics are associated with decisional needs and directly and indirectly influence decisional conflict; and (2) to assess the extent to which specific areas of decisional needs are associated with decisional conflict. The main dependent variables are decisions about future goals of care at the end of life (based on a hypothetical scenario about situation that is characterized with conditions likely to occur at the end stage of dementia) and decisional conflict experienced in choosing between three goals of care options based on the scenario. Independent variables include personal and clinical characteristics of the person with dementia and surrogates as well as decisional needs of surrogates. The interview will be based on previously tested and validated standardized measures (e.g., decisional conflict scale) and newly developed hypothetical scenario about situation.

Semi-structured Interview: A subset of the participants (n=15-20) who complete the initial telephone interview will be recontacted and invited to participate in an in-depth, semi-structured telephone interview (expected length, 45-60 minutes). In-depth qualitative interviews will be conducted to collect detailed data about individual experiences that can further illuminate participants' responses to the structured questionnaires. An open-ended set of questions will be developed based on information obtained from the structured questionnaires. Interviews will be conducted by phone and will be audiorecorded and transcribed for analysis.

Analysis Plan:

Qualitative data will be stored and organized with NVIVO, a qualitative data analysis software package. All face-to-face or semi-structured interviews will be audiotaped and transcribed verbatim into a word processor format. Analysis of qualitative data will be conducted following qualitative thematic analysis.

For quantitative data, Teleform, a forms-based software package (Verity, Inc), will be used as a cost-effective method for data collection and processing. The completed forms will be scanned within 24 hours of collection, the data reviewed and corrected, and copies of the cleaned data sets stored on a secure, RAID-enabled server accessible only by designated staff. Prior to analysis, data will be examined using exploratory data analytic techniques developed by Tukey and others to determine if the data meet the assumptions for statistical procedures that are to be applied to them, ensure that all data are within measurement bounds and to identify the need for normalizing transformations.

The study hypotheses will be tested using linear, logistic, or multinomial regression methods as is appropriate for the distributional characteristics of the criterion variable in each analysis. Separate analyses will be run for each hypothesized criterion (e.g., understanding of values of the PWD, decisional conflict). MPlus and SPSS software packages will be used.

Significance of Study:

Social workers play an important role in end-of-life care especially by assisting family members in decision-making and care coordination and provision for patients with life-threatening illnesses. To effectively support family members faced with difficult decisions, social work practice with surrogates needs to be grounded in theory and based on evidence. The findings from the study will (1) provide important knowledge about the relationship between variables believed to be important for surrogate decision-making about end-of-life goals of care, and (2) guide future research to develop a theoretically grounded, evidence based needs assessment instrument to identify decision-support needs of surrogates when choosing goals of care and subsequent treatment decisions. Evidence-based, clinically useful assessment tool will facilitate social workers in systematic identification of

decision-support needs, development of a support plan to address identified needs for support, and evaluating process and outcomes of the care plan and related intervention strategies.

Scholar's Name: Tina Maschi

School: Fordham University Graduate School of Social Service

Institutional Sponsor: Irene Gutheil, PhD

National Mentor: Jan Greenberg, PhD

Title of Project:

Exploring the Relationship between Trauma, Coping Resources, and Physical and Mental Well-Being among Older Adults in Prison

Summary of Research:

Problem:

America's overcrowded prison system is rapidly graying, and many older adult prisoners have serious physical and mental health problems and possible unaddressed trauma histories. As of 2007, prisoners aged 50 and older consisted of 9% of the 2.3 million prisoners in the general prison population. The population of older prisoners aged 50 and above has significantly grown over the past two decades and it is twice as large as it was in 2001 and five times as large as it was in 1990. The aging prison population presents a significant public health challenge and the adult correctional system is attempting to grapple with this rapidly aging prison population in need of specialized long-term care. More information is needed to improve services to this vulnerable population. This study attempts to fill the gap. The specific aims of the study are to describe the types and frequencies of reported lifetime traumatic experiences and other life event stressors, both outside and inside prison, their perceived coping resources, and their physical and mental well-being. The study also aims to examine the relationships of coping resources to trauma, life event stressors, and well-being (i.e., physical and mental well-being) and to explore the possible moderating and/or mediating effects of coping resources on the relationships between trauma and life event stressors and well-being. To date, these relationships have not been specifically examined among older adult offenders, particularly prisoners.

Methodology:

Site of Study:

This study will be conducted across the fourteen state prisons supervised by the New Jersey Department of Corrections (NJ DOC). The NJ DOC has a sizeable number of older adult prisoners aged 55 and older. Of approximately 24,500 male prisoners housed in the NJ DOC as of January 2010, approximately 5% are aged 55 and older.

Population:

The study population will consist of approximately 1200 older adult male prisoners aged 55 and older housed in one of the fourteen state prisons supervised by the NJ DOC as of September 2010. Information to create the sampling frame will include NJ DOC administrative records data for State Bureau of Identification (SBI) number, age (55 and above).

Data Collection:

Using a cross-sectional correlation research design, an anonymous self-administered survey will be mailed to potential participants. The use of mail survey methods has been shown to be a viable data collection method when conducting research with prisoners about sensitive topics, such as prior victimization, and minimizes social desirability bias. The use of an anonymous self-administered survey also makes it more feasible to gather data

from a large enough sample size of prisoners without disrupting the institution's daily prison management. The survey includes a battery of established instruments to measure the variables of central interest, such as trauma and life events (Life Events Stressors Checklist-Revised, LSC-R), coping resources (Coping Resources Inventory, CRI), and mental and physical well being (Brief Symptom Inventory, BSI; Post Traumatic Stress Checklist, PTS-C; and the Center for Disease Control and Prevention Health-Related Quality of Life; CDS HDQOL-14).

The Dillman et al. (2009) method for mailed surveys will be used to maximize response rates (with one modification). Specifically, potential participants will receive: (1) a letter of invitation about the survey; (2) a packet with cover letter, consent form, survey, and self-addressed envelope (SASE) three days later; (3) a reminder card post card about one week later. Although sending a replacement survey is recommended, in this study a second reminder will be sent two to four weeks later in order to reduce costs and because the replacement survey only has a slight effect on response rates. The reminder will include a SASE to the PI to request a replacement survey

Analysis Plan:

The analysis plan exists of testing the following exploratory hypotheses: (1) Greater cumulative traumatic experiences and life event stressors are independently and directly associated with decreased well-being (i.e., physical and mental). (2) Greater coping resources are significantly associated with greater well-being. (3) Traumatic experiences and life event stressors are negatively associated with coping resources (i.e., cognitive, emotional, physical, spiritual, and social). (4a) Coping resources mediate the relationships between traumatic experiences and life event stressors and well-being. (4b) Coping resources moderate the relationship between traumatic experiences and life event stressors and well-being.

Data analysis will consist of the following steps: For hypotheses 1-3, descriptive statistics will be computed for all study variables in order to describe the types and frequencies of reported lifetime traumatic experiences (trauma) and other life event stressors (stressors), both outside and inside prison; participants' well-being; and their coping resources. For hypothesis 4a, structural equation modeling will be used to examine the potential mediational effect of individual coping resources. Structural equation modeling (SEM) permits for the analysis of observed scores and latent (factor analytic) variables, which are general themes around which observed scores group. Coping resources is defined by the latent variable (cognitive, emotional, physical, and spiritual) and social support (observed measure) on the influence between trauma and stressors and overall well-being (also a latent variable). For hypothesis 4b, regression and/or ANCOVA modeling will be used to test for the potential moderating influence of coping resources.

Significance of Study:

Currently, the experiences of prisoners are generally viewed through a criminal justice "lens." Social work's emphasis on enhancing well-being, on people's strengths, and on social justice offers an important perspective. Despite the fact that these prisoners have committed crimes, some of them heinous, the core social work values of social justice, service, and respecting the inherent dignity and worth of the person, make it imperative to respond to the rapidly growing crisis of the 'aging-in' prisoner population (NASW, 1999). However, currently there are few social work scholars addressing the needs of the vulnerable and neglected population of older adult prisoners. Unfortunately, the correctional care system is not yet prepared to adequately address the specific needs of older adult prisoners, in part because of insufficient information about this population. Results of this proposed study can better help us understand their needs and may point to services to enhance these prisoners' well-being. The focus on coping resources is a particular innovation in this study because it includes a way to assess a prisoner's individual strengths, as well as social support in and outside of prison. Some of the measures modified and created for use in this study also may be useful for further research with this population. Social work interest in practice within the criminal justice system is re-emerging, and cross-fertilization with the aging field is critical to address the crisis of the aging prisoner population. This study can provide empirical information for improved social work practice in prisons that may help to increase the well-being of older prisoners, as well as providing a basis for further research.

Information from this study also can be used to inform initial and on-going assessments of adult older prisoners by helping to determine the questions that should be asked and to identify the types of services that these prisoners

need. For example, the study may find that enhancing a range of coping resources (e.g., prisoner peer support groups) may be an important avenue for increasing well-being among older adults in prison. Findings regarding the relationships between traumas, stressors, coping and well-being may also suggest age-specific mental health assessments and services, such as evidence-based trauma assessments and interventions effective with older adults. A final report also will be written for the Commissioner of the NJ DOC in collaboration with the research and evaluation unit of the NJ DOC, with practice and policy recommendations that are designed to further enhance the well-being of older adults in prison.

Scholar's Name: Noell L. Rowan

School: University of Louisville

Institutional Sponsor: Anna C. Faul

National Mentor: Sandra Butler, University of Maine

Title of Project: Resiliency and Quality of Life of Older Lesbian Adults with Alcoholism

Summary of Research:

Older adults with alcohol or other drug addiction are expected to create tremendous demands on the American health service delivery system by the year 2020 (Gfroerer, Han, Colliver, & Pen, 2008; Gfroerer, Penne, Pemberton, & Folsom, 2002; Korper & Rasken, 2003; Trunzo & Henderson, 2008). Moreover, alcohol addicted older adults who are lesbian are estimated to be at an even greater risk and vulnerability due to the increased needs for physical and mental health services in this special population (CSAT, 2001; Jones, 2001; Satre, 2006; Wilsnack, et al., 2008). There is a huge gap in the literature regarding older chemically dependent lesbians and their health and mental health needs (Satre, 2006; Shankle, Maxwell, Katzman, & Landers, 2003). The purpose of this study is to obtain pilot data necessary for the development of social work interventions for older adults with alcoholism who are lesbian. Drawing on resiliency theory and the narrative gerontology perspective, the proposed study is designed to obtain in-depth information using retrospective life history accounts about how older lesbian women with alcohol addiction experience their illness, their perceptions and use of formal and informal services, their quality of life, and how they attained and sustain sobriety. A qualitative, phenomenological approach will be utilized involving individual interviews to inquire about the multiple roles of dealing with being older, lesbian, and having alcohol addiction. The study will take place in the Louisville, Kentucky metropolitan area wherein there is a strong lesbian community. Data analyses will involve identification of themes from the interviews in order to highlight the depth and rich life experiences which relate pertinent issues that will need to be addressed when developing future interventions and further research. Results will be disseminated with local and national social work, gerontology, and substance abuse treatment conference and journal outlets. Findings will be articulated as they relate to enhancing social work education, practice, and advocacy, and as they specifically address ways in which the health and well-being of older persons and their loved ones can be improved.

Problem:

Little is known about the health and mental health related needs of older women with addiction to alcohol who are lesbian. Research on how this subpopulation has negotiated the aging and recovery from alcoholism process is virtually silent. There are many reasons why this relative paucity in the research literature should be remedied. First, demographers estimate that the number of older adults with alcohol and drug problems in the general population will reach 4.4 million by 2020 creating tremendous demands on the American health service delivery system (Gfroerer, et al., 2002; Korper & Rasken, 2003; Trunzo & Townsend, 2008). Research has shown that gay women and men have high rates of alcohol and other drug problems and prevalence appears to be higher than that of comparable heterosexual samples across all age groups (Hall, 1996; Hughes & Wilsnack, 1997; Matthews, Lorah, & Fenton, 2005; McKirnan & Peterson, 1989; Roberts, 2006; Satre, 2006; Wilsnack, et al., 2008). Second, within the lesbian aging population, researchers note an increased likelihood for negative physical and mental health risk factors associated with alcoholism and other drug addiction (i.e. chemical dependency) (CSAT, 2001; Gabbay & Wahler, 2002; Jones, 2001; Satre, 2006; Wilsnack, et al., 2008). Some examples of the risks that have

been linked with alcoholism include findings that older lesbian women may be vulnerable to homophobia, feelings of alienation, stress, depression, and may tend to be less open about their sexuality than their younger counterparts leading to a negative self-concept and shame (Gabbay & Wahler, 2002; McKirnan & Patterson, 1989; Kimmel, 2002; Satre, 2006). Third, empirical studies could inform social workers about how to help older lesbian adults and their families resolve alcoholism and increase well-being. Furthermore, considering the developmental tasks of older adults, a life review as it relates to recovery from alcoholism and the process of creating meaning of one's life in such a way that one integrates the past with the present, can lead to the discussion about resiliency and the attainment of integrity (Butler, 1963; Butler, Lewis & Sunderland, 1998; Cohen, Greene, Lee, Gonzalez, & Evans, 2006; Greene, 2002; Finnegan & McNally, 2000; Friend, 1991). Older lesbian women who are in recovery from alcoholism are reflecting on their lives and attempting to resolve old conflicts and create new meaning. For them, acknowledging the losses associated with addiction, and attaining and sustaining sobriety may prove vital to their well-being in older adulthood. This pilot study, which examines alcohol addiction recovery in one subset of older adults, will help to inform social workers and social work educators in an effort to improve the health and well-being of older adults and their loved ones.

Methodology:

Site of Study:

Metropolitan area of Louisville, Kentucky

Population:

Older lesbian adults (age 50 and above) with one or more years of continuous sobriety with alcoholism.

Data Collection:

The main sources of data for this study are the interviews used to capture the lived experiences of older lesbian women who are dealing with recovery from alcoholism. Using a semi-structured phenomenology approach, participants will be engaged in interviews with a specific focus on (a) life history, (b) details of experiences, and (c) reflection of the meaning given to life events and circumstances. Open ended questions will be asked with an open minded and non-judgmental attitude in an effort to encourage the interviewee to share honestly and openly about their experiences with aging, being lesbian and dealing with alcoholism.

Analysis Plan:

The researcher will have the recorded interviews with the participants transcribed verbatim and will derive the qualitative data in this project from the interviews. In accordance with guidelines on phenomenological research, the researcher will immerse in the data to become more fully aware of the experiences of the respondent (Padgett, 2008; Patton, 2002; Wertz, 2005) and repeatedly listen to the interviews and read and reread the transcripts numerous times (Seidman, 2006; Wertz, 2005). In the process of writing about the findings from this project, the identified themes and categories that emerge from the data will be described and examples from the actual interview transcript will be used to strengthen the phenomenon description.

Significance of Study:

Despite the increasing numbers and greater vulnerability of the older chemically dependent lesbian population, there is a dearth of scholarly literature related to the experiences and health and mental health needs of this subset of older adults. Also, older lesbian women remain virtually invisible even with estimates that there are between one and three million older lesbian, gay, bisexual, or transgendered adults age 65 and older in America today and are predicted to increase to two-seven million by 2030 (Shankle, et al., 2003). As previously stated, the multiple challenges facing this particular subset of older adults presents an urgency to address the health and mental health needs of this population in research to inform practice and policy (Butler, 2004; Zodikoff, 2006). The Substance Abuse and Mental Health Service Administration, Center for Substance Abuse Treatment (2001) has noted several areas in which further research is needed which includes the effects of aging, sexual identity, discrimination, and substance use and abuse with the older lesbian population. Much importance has been placed on future research to address services available and the practice strategies that may work best for older adults with problems with alcohol and other drugs who are lesbian (Satre, 2006). Based on the results of this study, the researcher plans to develop specific educational programs for social work practitioners (i.e. presenting the study findings and practice recommendations for local agencies). In addition, pilot data from this research will inform

applications for future proposals to expand research to develop intervention studies with foundations, state and federal funding mechanisms. This study will provide vital information that will enable me to develop into a leader in social work research for older chemically dependent lesbian persons, while simultaneously addressing an important social issue with substantial implications for health and aging issues.

Scholar's Name: Fei Sun

School: Arizona State University

Institutional Sponsor: Bonnie Carlson

National Mentor: Denise Burnette

Title of Project:

Coping with Behavioral Problems: A Longitudinal Qualitative Study of Chinese American Alzheimer's Family Caregivers

Summary of Research:

Problem:

Alzheimer's disease (AD) has become the sixth leading cause of death among older people (Alzheimer's Association, 2009). AD family caregivers have reported their care recipients' behavioral problems to be extremely stressful and burdensome, and the negative impacts of behavioral disturbances on caregiver mental health are shared among caregivers across ethnicities and cultures (e.g. Torti, et al., 2004).

The adverse effects of AD behavioral problems might be more salient for Chinese American family caregivers due to their limited knowledge of dementia, lack of initiative in seeking formal assistance, and the prevalent stigma toward AD in Chinese communities (Dilworth-Anderson & Gibson, 2002). However, coping, the way caregivers react to CRs' behavioral problems, is believed to be more important to caregiver psychosocial well-being than behavioral problems per se (Vugt, et al., 2007). Thus, this study attempts to address the applied issue of how Chinese American family caregivers cope with their AD relatives' behavioral problems as the disease progresses.

This study will explore over a one-year period the coping process of Chinese American family members who provide care to an AD relative. Specifically, this study aims to: 1) Describe coping strategies among Chinese American family caregivers in relation to their CRs' different behavioral problems; 2) Explore changes in caregiver coping strategies across time and dementia stages; and 3) Uncover cultural explanations of coping experiences based on caregivers' perspectives.

Methodology:

Site of Study

In order to capture the dynamic coping process experienced by Chinese American family caregivers, a qualitative phenomenological approach is proposed. Guided by a modified stress coping model, this qualitative study aims to explore how Chinese American family caregivers cope with specific behavioral problems of their AD relatives over time and across disease stages. Participants must come from the Phoenix metropolitan area that includes the city of Phoenix and seven of the largest surrounding cities/towns (i.e., Tempe, Scottsdale, Chandler, Glendale, Mesa, Peoria, Gilbert) that are within about one hour's drive.

Population:

In-depth interviews with 24 Chinese American family caregivers will be conducted over a one-year period. Caregivers will be classified into three groups (8 participants in each group) based upon their care recipients' disease stage: mild, moderate, or advanced. To be eligible for this study, participants must be a self-identified primary family caregiver who provides care for a relative with AD. Caregivers and CRs must be Chinese American or Chinese immigrants who have acquired permanent residency in the U.S. CRs must have a diagnosis of AD and live

in a non-institutional setting. Caregivers must be at least 21 or older, communicate well either in English or Chinese, and live in the Metropolitan Phoenix area.

Data Collection:

Recruiting strategies include: 1) soliciting referrals from service agencies (e.g., Chinese Senior Citizen Center); 2) placing advertisements in local bilingual newspapers (e.g., Arizona Chinese News); 3) posting recruitment messages on the Phoenix Chinese community website (www.arizonachinese.com); 4) requesting referrals from peer committee members on the Asian American Older Adults Council with the local Area Agency on Aging; 5) seeking referrals from Chinese churches or grocery stores; and 6) asking for referrals from participants in preliminary studies.

Each eligible participant will complete four interviews (i.e., baseline, three-month follow-up, six-month follow-up, and twelve-month follow-up). The interviews will be conducted in English or Chinese. Open-ended questions to prompt participants to talk about 1) their observations of CRs' behavioral problems and how they cope with these behavioral problems; 2) what coping strategies they use to deal with new behavioral problems across time; and 3) what cultural factors or meanings are behind their choices of such coping strategies. Participants will also be asked to fill out a short survey on their demographic information. Caregiver depressive symptoms will be assessed in the survey at baseline and at three follow-up interviews using the Center for Epidemiological Studies-Depression scale (CESD; Radloff, 1977).

Analysis Plan:

A qualitative statistical program NVivo will be used to store and analyze transcripts. The analyses will take place at three levels: individual case, within the dementia stage group, and across different stage groups. At level 1 analysis: a case study analysis of each person's coping strategies over the 12 months will be used. Within dementia stage group, the investigator compare and contrast the different coding and themes across cases, and attempt to identify the common themes for this stage group.

Significance of Study:

The significance of this study is that it 1) focuses on coping, an important concept that not only has heuristic meanings in theory, but also leads itself to cognitive-behavioral interventions; 2) allows for in-depth insights into the coping process of Chinese American caregivers; and 3) provides information that social workers can use in developing interventions to improve the health and well-being of AD family caregivers.

Scholar's Name: Robin P. Bonifas

School: Arizona State University

Institutional Sponsor: Mary Gillmore

National Mentor: Rosalie Kane

Title of Project: Resident-to-resident aggression in skilled nursing facilities: Relationships among contextual factors, interdisciplinary approaches, and positive resident outcomes

Summary of Research:

Problem:

Physical or psychological distress among individuals living in skilled nursing facilities (SNFs) is commonly associated with abuse perpetrated by facility staff, however, recent studies suggest resident-to-resident aggression (RRA) is a more predominant occurrence. RRA contributes to significant negative outcomes for both victims and aggressors, yet it remains an understudied phenomenon. Previous research indicates that the most common response to RRA is for staff members to make a referral to the facility social services provider, while direct care workers actually deliver most behavioral interventions. Facility social services providers have primary responsibility for mental

health care in SNFs and are thus logical candidates to receive RRA-related referrals, yet studies are non-existent regarding how they address them or how they collaborate with direct care workers, nurses, and other professionals in doing so. Consequently, there is an insufficient knowledge base of effective interdisciplinary behavioral management strategies that consider diverse contextual factors associated with RRA, such as the type of incident and the characteristics of the residents involved. The purpose of this study is to identify approaches SNF social service providers and their colleagues utilize to address RRA and to further illuminate relationships among contextual factors, effective behavioral management strategies, and resident outcomes associated with RRA incidents. Results will inform the development of an online educational resource that can guide facility staff in understanding and effectively responding to RRA.

Methodology:

Site of Study:

This study will take place in ten SNFs in Arizona purposely selected to represent diverse characteristics such as non-profit and for-profit, rural and urban, large and small, higher quality and lower quality, and behavior management specific and non-behavior management specific facilities.

Population:

The population of interest includes individuals living in SNFs that are involved in incidents of RRA as aggressors, victims, or witnesses. The majority of these individuals will have a dementia-related diagnosis or other mental health challenges. The population of interest also includes these individuals' family members and social workers, nurses, and other key facility employees involved in their psychosocial care.

Data Collection:

This study employs a mixed methods approach. The qualitative phase consists of individual interviews and focus groups with key facility staff members, residents, and family members to develop an understanding of the extent and impact of RRA and the facilities' strategies for managing it. The quantitative phase centers on RRA incident-specific measures: the characteristics of residents involved, the characteristics of the incident itself, assessment strategies used and interventions employed, and associated resident outcomes three and six months following the incident. Data will be derived from the federally-mandated Minimum Data Set 3.0 (a comprehensive assessment instrument completed by facility staff), facility-generated incident reports, and staff interviews.

Analysis Plan:

Content analysis will be utilized to identify themes in the qualitative data from the individual and focus group interviews. Binary logistic regression, multinomial logistic regression, and multiple regression will be utilized to determine relationships among resident characteristics, incident characteristics, assessment and intervention strategies, and resident outcomes following an RRA incident.

Significance of Study:

This study will expand the understanding of relationships among contextual factors, assessment and intervention strategies, and resident-outcomes related to RRA in SNFs. In addition, it will make significant steps toward isolating the types of interventions that appear most effective for diverse RRA situations. Finally, it will translate the knowledge gained into an accessible educational resource that can support facility staff in managing RRA.

Scholar's Name: Lori R. Daniels

VA facility: Portland Vet Center,
Readjustment Counseling Services, Dept. of Veterans Affairs
Portland, OR

Institutional Sponsor: James Boehnlein, M.D.

National Mentor: Phillip McCallion, Ph.D.

Title of Project: Aging Among Vietnam War veterans: A Pilot Study of Reminiscence, Life-Review, and Post Traumatic Stress Disorder

Summary of Research:

Problem:

For over 30 years, Vietnam veterans have been at the forefront of receiving posttraumatic stress disorder (PTSD) counseling through the Department of Veterans Affairs (VA) special programs and community-based Readjustment Counseling centers (Vet Centers). Now, these veterans face a new challenge in terms of developmental changes, which will likely include the natural inclination to reminisce and recall their past. With unresolved traumatic memories, this task can be daunting for those veterans diagnosed with PTSD. Often, war veterans will seek out VA or Vet Center counselors in order to assist with traumatic stress symptoms; however very few VA or Vet Center programs have prepared for an increase of treatment-seeking veterans and there currently are no protocols for treating older war veterans suffering from PTSD.

The proposed quasi-experimental pilot study seeks to identify aspects of problematic reminiscence that may be related to the stuck memories indicative of PTSD in an effort to bridge the gap between PTSD and gerontology interventions toward the goal of “successful aging” among older war veterans.

Methodology:

Design:

The study will be conducted “in the field” at a community-based, readjustment counseling center for traumatized veterans. The design will be quasi-experimental, with a combined intervention PTSD/Life review group and a comparison group of war veterans participating in a new cohort PTSD group.

Site of Study:

Portland Vet Center, 1505 NE 122nd Avenue, Portland, OR 97230

Population:

Vietnam War veterans, (aged 64 and older) within a community-based counseling program, seeking treatment for PTSD and other readjustment issues related to their military experiences will be eligible to participate. Presence of dementia, delusions, or other cognitive issues will exclude a veteran from participation.

Intervention:

The study aims to investigate the potential impact of reminiscence on PTSD treatment by adding structured life-review as a logical adjunct to existing PTSD offerings. A group intervention will be created that incorporates both structured life review and PTSD counseling, Group sessions will be scheduled for 1-2 times per week for 16-20 weeks, Control subjects will participate in a PTSD only group for the same period.

Data Collection:

There will be observation and measurement of changes in traumatic stress symptoms, depression, types of reminiscence, morale, and satisfaction with life.

The researcher will conduct pretest individual interviews with each veteran recruited for the study, including veterans in the comparison group, and have clients complete all measures for the study. The same measures will be administered as two post-tests, one two months after the end of the group-cycle, and another six months after the end of the group cycle. By providing data from more than one pre-test and multiple post-tests, any trends in the dependent variables will be observed throughout the study.

Analysis Plan:

Pre to post and pre to post-post repeated measures analysis will assess the significance of change over time in and between the two groups. In addition the effects sizes will be investigated.

Significance of Study:

The implications of this study are to illuminate the possible relationship of PTSD symptom effects on the natural reminiscing process for older veterans and to provide insight into methods of more age-appropriate treatment for trauma. By better understanding the relationship among reminiscence, life review, and PTSD, findings may contribute toward more effective services for older veterans participating in Vet Center and VA PTSD programs nation-wide.

Scholar's Name: Bryan K. Ford, PhD, MSW

VA Facility: Birmingham VA Medical Center & University of Alabama at Birmingham

Institutional Sponsor: VA Medical Center

National Mentor: Dr. Berit Ingersoll-Dayton

Title of Project: Examining the Care Transition Experiences of Veterans and their Caregivers: A Preliminary Qualitative and Quantitative Study at the Birmingham VA Medical Center (Also known as the THRIVE Study)

Summary of Research:**Objectives**

The purpose of this study is to examine the care transition experiences of Veterans and their caregivers as the Veteran is discharged from the Birmingham VA Medical Center (BVAMC), in order to identify their unmet needs and current gaps in care. The long-term goal is to use this information to design, test, and implement a Veteran-centered discharge planning intervention.

The study will be guided by the following questions:

1. What are the challenges of self-management that older Veterans with chronic illness and their families face during care transitions from the hospital to home?
2. What are the attitudes of older Veterans and their families towards transition care at the VA and using technology to facilitate care transitions in the future?

The ultimate goal of this research program will be to use the information gained by these measures to design, test, and implement a care transitions intervention that is responsive to the needs of older Veterans and tailored to the VA healthcare environment.

Research Design

This is an exploratory study that uses both quantitative and qualitative research methods.

Methodology

A total of 65 patients over the age of 65 and 15 caregivers will be recruited from the BVAMC. This study will employ both quantitative and qualitative research methods. In the quantitative portion of the research, 50 patients will complete the CTM-15TM questionnaire four weeks post discharge to characterize the quality of the discharge process. The qualitative portion of the study will use semistructured interviews with 15 patients and 15 caregivers within four weeks of discharge to examine their care transition experiences. Additionally, the 15 caregivers will be asked to complete the Caregiver Contribution Scale to understand each caregiver's role in relationship to the patient. The qualitative data analysis will use open coding and axial coding to build a conceptual model that indicates common underlying social processes at work during discharge.

Findings

The findings from this project are expected to explain the gaps in the care transition process, how it can be improved, and what forms of intervention might be acceptable to patients in the future, including use of existing technology.

Implications: Research suggests that patient-centered interventions show the most promise in optimizing care transitions. However, little is known about how Veterans experience the care transition process in our nation's largest single health organization. This proposal seeks to build a foundation for future work by first understanding older Veterans' and their caregivers' experiences with VA care transitions and how current and future technologies might facilitate the process. This research will produce Veteran centered interventions that empower Veterans to take an active role in their care and could lead to improvements in the discharge planning process that capitalize on the unique features of the VA healthcare environment and enhance the health and well-being of older Veterans.

Scholar's Name: Joseph Hunter, PhD, LCSW, ICDAC

School: State University at Albany, SUNY

Institutional Sponsor: Laurence Kaminsky, PhD

National Mentor: Zvi Gellis, PhD

Title of Project: Meaning and Purpose to Prevent Suicides: A Randomized Controlled Trial

Summary of Research:

Problem:

Suicide is the 11th leading cause of death in the United States (Center for Disease Control, 2010). Based on national survey data from 2008 and 2009, it is estimated that on an annual basis 8.7 million Americans seriously consider suicide and 1.1 million Americans attempt suicide (National Survey of Drug use and Health, 2010). Suicide among active duty as well as veteran military service men and women in has been of growing concern in recent years as evidenced by national forums such as Blue Ribbon Workgroup on Suicide Prevention in the Veteran Population and National Action Alliance for Suicide Prevention. One study found that veterans are twice as likely as civilians to die by suicide and veteran suicides represent about 20 percent of the American population of suicides (Kaplan, Huguet, Bentson, McFarland and Newsome, 2007). Based on age alone, our rapidly aging cohort of Vietnam, Korean War, and World War II era veterans may be the veterans at greatest risk for suicide. Older age (as compared to middle-age or younger) is considered a risk factor for suicide, meaning older adults are at higher risk for suicide. In 2004, 16 percent of the suicides within American population were among those ages 65 and older; this age group comprised only 12 percent of the overall population (National Institute on Mental Health, 2007). This increased risk in older age holds true for veterans as well, although there does not appear to be added risk based on veteran status, according to a recent large prospective study comparing middle age and older veterans to a same-age sample in the general population (Miller, Barber, Azrael, Calle, Lawler and Mukamal, 2009). According to recent national VA data, older veterans, specifically those in the 5th decade of life (ages 50-59), have the highest risk for suicide.

The Department of Veterans Affairs (VA) has undertaken a multi-tiered strategy to combat suicide among the veteran population. Bruce (2010) describes a number of these strategies. Two recent major undertakings include the development of a VA National Suicide Prevention Crisis Hotline (a selective intervention leading to indicated interventions) and the infusion of suicide prevention staff within all VA medical facilities. In addition, VA constantly strives to identify, improve upon, and develop effective interventions for veterans at risk for suicide (Bruce, 2010). It is in this vein, that the proposed study has emerged. Utilizing a prospective and experimental design, the proposed study will evaluate the effectiveness of an indicated intervention that targets veterans age 50 and older who are at significantly increased risk for suicide.

Methodology:

Site of Study:

The study will be conducted at the Samuel S. Stratton Veterans Affairs Medical Center located in Albany, New York.

Population:

The proposed study will include a sample of 80 or more veterans ages 50 and older receiving care who are admitted with suicide ideation to the Stratton VAMC inpatient psychiatric facility.

Data Collection:

The SIMPLE intervention specifically targets four dynamic risk factors – social isolation, hopelessness, depression, and a lack of a sense of meaning and purpose. Using validated tools including the Beck Hopelessness Scale, the Geriatric Suicide Ideation Scale, the PHQ9, the Social Provisions Scale, and the Satisfaction in Life Scale to measure outcomes, it is believed that the SIMPLE intervention, when compared to usual care (UC) will on a statistically significant level: decrease hopelessness, increase sense of meaning and purpose in life experiences, decrease levels of depression, decrease likelihood and severity of subsequent episodes of suicide crises, and increase social connectedness for veterans admitted to inpatient psychiatry with suicide ideation.

A classical experimental design using random assignment and longitudinal measures will be employed. The comparison group will include those who are receiving UC. Random assignment to each condition will be accomplished by utilizing a simple unrestricted randomization strategy. Table II provides a diagram of the design including the measures. The researchers conducting the scales will be blinded to the intervention to which the patient is assigned. To the extent possible, the clinical treatment providers on the inpatient psychiatry unit will be blinded to condition as well. To ensure fidelity of the intervention over time, with patient consent, the suicide prevention case manager providing the intervention and usual will be audio taped (x1/month for each condition).

Research Design

		BHS, GSIS, PHQ9, Social Provisions Scale, Satisfaction with Life Scale	Inpatient SIMPLE Interventio n (120 minutes over 3 visits)	BHS, GSIS, PHQ9, Social Provisions Scale - Week 3	SIMPLE Weekly Phone Calls	BHS, GSIS, PHQ9, Social Provisions Scale – Week 6	SIMPLE Weekly Phone Calls	BHS, GSIS, PHQ9, Social Provisions Scale, Satisfaction with Life Scale Week 12
R	E	O	X	O	X	O	X	O
	C	O	-	O	-	O	-	O

Analysis Plan:

In preparation for analyses of the outcome data, non-normally distributed variables are transformed usually using square root transformations. To test for the effects of Condition, Time, and Condition X Time interaction effects, outcome variables will be analyzed using random effects regression models (RERMs). Of primary interest in this study is the Condition X Time interactions for the baseline to three weeks, baseline to six weeks, and baseline to 12 week interactions. Additional latent variable approaches, such as the Cox Proportional Hazard Model and Structural Equation Modeling, may also be used to further clarify the effects of the interventions on the variables of interest over time.

Significance of Study:

The project seeks to improve treatment programming for older veterans, a cohort known to be at increased risk for suicide. If successful, multiple site trials could be implemented to further replicate the findings, verify SIMPLE’s external validity, and establish implementation protocols. Ultimately, if the SIMPLE intervention is proven effective, it could be implemented nationally to reduce the prevalence of self-directed violence and suicides among older veterans receiving care at VA. In addition, by introducing the first cognitive behavioral suicide prevention intervention designed for an older population that begins in the inpatient psychiatry setting, this line of research will generate publications that significantly add to the knowledge in the field of suicide prevention for older adults.

Scholar's Name: Edna Naito-Chan, Ph.D., M.S.W., L.C.S.W.

VA Facility: VA Greater Los Angeles Healthcare System-West Los Angeles Healthcare Center

Institutional Sponsor: Nancy Harada, Ph.D., P.T.

National Mentor: David E. Biegel, Ph.D.

Title of Project: Vocational Rehabilitation and Older Adults: Does Work Therapy Work?

Summary of Research:

Problem:

It is estimated that 20% of adults ages 55 and over experience mental disorders, the most common being anxiety disorders, cognitive impairment, mood disorders (e.g., depression and bipolar disorder), serious mental illness (SMI), and substance abuse. The number of older adults diagnosed with mental illnesses is expected to increase dramatically by 2030. At present, the majority of older adults with a mental disorder do not receive the services they need for a variety of reasons, including inadequate insurance coverage; a shortage of trained geriatric mental health providers; lack of coordination among primary care, mental health and aging service providers; stigma surrounding mental health and its treatment; denial of problems; and access barriers such as transportation. A small, but growing research literature on interventions suggests the effectiveness of vocational rehabilitation for individuals with serious mental and substance abuse disorders: Employment is being increasingly viewed as an important component in the recovery process. However, there is scant attention focused on the effectiveness of vocational rehabilitation on older adults with mental disorders.

The purpose of this study is to explore and examine the following: (1) Factors associated with, or predictive, of successful employment and recovery-related outcomes (e.g., improvement in problems related to mental health and use of alcohol and/or drugs; ability to get along with others; engagement in productive activities other than employment such as volunteering, school/training); (2) Differences between three different work therapy models (supported employment, transitional work, sheltered workshop) in terms of employment and recovery outcomes; (3) Extent to which older participants in the three work therapy programs are satisfied with their respective programs.

Methodology:

Site of Study:

The study will take place at VA Greater Los Angeles Healthcare System (VA GLAHS), West Los Angeles Healthcare Center in Los Angeles, California. VA GLAHS is part of the federal government's Veterans Health Administration. VA GLAHS provides medical and psychiatric services to qualified veterans through the Greater Los Angeles area.

Population:

The population under study is Veterans age 50 and older who enrolled in the Compensated Work Therapy (CWT) Program, a mental health vocational rehabilitation program administered by the Veterans Community Employee Development program. Veterans enrolled in the CWT Program have a psychiatric and/or substance abuse as their primary diagnosis; and they are assigned to either the sheltered workshop, transitional work, or supported employment program.

Data Collection:

The study will take a mixed methods approach. Quantitative data will come from the VHA national data archive collected and maintained by the VHA Northeast Program Evaluation Center (NEPEC). A subsample of the NEPEC dataset will be examined that pertains to Veterans age 50 and older who participated in the CWT Program and completed episodes of care, i.e., an episode for which an admission form was completed with a corresponding discharge. Qualitative data will be collected through focus groups organized according to the three respective VA

GLAHS CWT programs (sheltered workshop, transitional work, and supported employment). Twenty respondents will be recruited from each of the three CWT programs. Two focus groups for each program (total of six focus groups) will be conducted. During the focus groups, a semi-structured interview guide will address the level of satisfaction the respondents have experienced with their respective CWT program, and explore their opinions on the impact their CWT participation has had on their recovery from mental illness or substance abuse.

Analysis Plan:

For the quantitative data for this study, a secondary analysis of NEPEC data will be conducted using SPSS or SAS statistical software package as follows: univariate descriptive analyses of all variables will be conducted to examine the characteristics of the sample; bivariate analyses on admission characteristics will be conducted to examine unadjusted differences in the dependent variables; and finally a multivariate analyses (including multiple regressions) of the independent and dependent variables will be then examined. For the qualitative analysis, tape recorded focus group interviews will be transcribed verbatim and analyzed using a qualitative software package such as *Atlas/ti*. Should a qualitative data analysis software package not be available, the investigator will take an inductive approach to the transcripts and begin with line-by-line coding using an open-coding approach. The coding method known as constant comparative analysis, which is an iterative process involving both inductive and deductive approaches, will be used. As part of the analysis, key words and quotations will be coded; and use of metaphors, repetitive words or phrases, and other cues will be examined to determine patterns or themes related to participants' experiences with work therapy and the recovery process.

Significance of Study:

The results of this study can increase awareness among social workers, vocational rehabilitation counselors and other mental health providers of the potential of vocational rehabilitation as an effective intervention for older adults recovering from mental illness and substance abuse problems. The results of this study can also identify predictors of successful employment outcomes in older participants, which can help improve program design of vocational rehabilitation programs so that they better meet the needs of older participants. Moreover, unlike most previous research, this study is not limited to measuring successful employment outcomes alone as an indicator of therapeutic effectiveness; rather, it examines the impact of vocational rehabilitation on recovery-related outcomes, such as an improvement in mental health problems and engagement in productive activities. Thus, to some extent the results of this study can approximate testing of the recovery model, which is the predominant theoretical perspective in current mental health practice and policy.

Scholar's Name: Juyoung Park

School: Florida Atlantic University

Institutional Sponsor: Michele Hawkins

National Mentor: Nancy Hooyman

Title of Project: Utilization of Nonpharmacological Pain Management Among Ethnically Diverse Older Adults in South Florida

Problem

The prevalence of chronic pain increases steadily with age; 58% to 70% of community-dwelling older adults have long-term pain-related problems such as osteoarthritis, osteoporosis, and degenerative spine conditions. Chronic pain encompasses a complex perceptual and affective experience and persons with chronic pain suffer from physical symptoms (e.g., physical disability), psychological symptoms (e.g., depression, anxiety, other mood disorders), and decreased socialization. Although pharmacological therapies often used in older adults are aimed at reducing pain, older adults are at high risk for adverse events or side effects associated with medications, including gastrointestinal bleeding, worsening of heart failure, constipation, and medication abuse. Nonpharmacological therapies (e.g., yoga, massage therapy, exercise, meditation, acupuncture, chiropractic) may

enhance pain relief and comfort, decrease the need for higher doses of medications, minimize side effects, and minimize risks and complications. Although nonpharmacological pain management therapies have been increasingly utilized in the United States, studies of their effectiveness in treating older adults have been limited.

Methodology

Study Site

Study participants will be recruited in collaboration with the FAU Healthy Aging Initiative (HAI) from Palm Beach and Broward counties in south Florida, including the City of Miami Gardens Parks and Recreation Department, Hispanic Unity of Florida, the Volen Center, the YMCA of Broward County, Cen-Deer Communities, and the West Palm Beach Housing Authority.

Population

Participants will meet the following inclusion criteria: (a) age 65 years or older, (b) European American, Hispanic/Latino, African American, or Afro-Caribbean, (c) chronic noncancer pain for at least for 3 months that limits usual activities, and (d) pain level of at least 4 on a 10-point scale (1 = *no pain* to 10 = *excruciating pain*). Exclusion criterion will be (a) possible cognitive impairment determined by the screen procedures in the HAI, (b) diagnosis of cancer, and (c) primary language other than English or Spanish (African-Caribbeans who speak only Creole will be excluded). Persons who are currently diagnosed with cancer will be excluded.

Data Collection

Phase I. In the qualitative phase, 10 participants from each of the four ethnic groups ($N = 40$) will be interviewed using an in-depth, semistructured protocol of open-ended questions and probes to collect sociodemographic information and to engage participants in describing their experiences with management of their chronic pain and elaborating their perceived barriers and facilitators to use of nonpharmacological pain management approaches. Each interview (approximately 1 hour) will be audio tape recorded and transcribed.

Phase II. In the quantitative research phase, participants will respond to a survey designed to measure the extent to which they perceive four components of the HBM identified in the interviews to contribute to utilization of nonpharmacological pain management. A draft of the survey will be refined based on the results of the qualitative phase.

Analysis Plan

Phase I. Analysis of the interview data will proceed using a theme-based content analysis of individual interviews. Each interview will be coded using ATLAS.ti™ v6.0, a qualitative analysis software package designed to facilitate organization and coding of data. Transcriptions will be reviewed and entered into ATLAS in English. The translation/back-translation approach will be applied by a fully bilingual research assistant for Spanish-speaking participants to minimize interlanguage discrepancy in equivalence of meanings and cultural nuance. Each meaningful statement in the interview will be assigned a specific code that captures the meaning of the statement. Categories will be clustered into themes or theoretical concepts that compare ethnic differences in selection of type of pain management and identify barriers and facilitators to use of nonpharmacological therapies for chronic pain in each ethnic group.

Phase II. The quantitative data will be entered into PASW 18.0® and applied to AMOS™ software (SPSS Inc., Chicago, IL) for basic descriptive analysis and structural equation modeling (SEM). Three types of statistical analyses will be employed: (a) univariate, (b) bivariate, and (c) multivariate (SEM). SEM will be conducted to test the applicability of major components of the Health Belief Model in explaining use or non-use of nonpharmacological pain therapies in these groups.

Significance of the Study

The study will provide pilot data for intervention studies to test effectiveness of nonpharmacological pain therapies in these groups. The study has the potential to guide social workers and other health care providers in understanding patterns of pain management and perceived barriers and facilitators to use of nonpharmacological

pain therapies in ethnically diverse older adults and developing effective pain management by minimizing adverse events due to drugs and by decreasing health care utilization costs through reduction in admissions to hospitals and nursing homes.

Scholar's Name: Nicole Ruggiano

School: Florida International University

Institutional Sponsor: Richard Beaulaurier

National Mentor: Victoria H. Raveis

Title of Project: I Did it My Way: Decision Making of Older Adults in Consumer Directed Long Term Care

Summary of Research:

Problem:

Research has demonstrated that there are numerous benefits to providing home and community-based service (HCBS) recipients the option of consumer direction (CD), where care recipients maintain control of the selection, hiring, firing, and/or management of support services. Despite increased research on CD HCBS, little is known about the decision making and management behaviors of older adults who are participating in such programs. This has led to criticism of older adults' ability to self-direct and barriers to their full participation in CD HCBS (Foster et al., 2005; Schore, Foster & Phillips, 2007; NASUA & NCOA, 2005). Studies also suggest that participants of CD HCBS have unmet needs in program support including insufficient information to make informed decisions (Ottmann et al., 2009) and limitations in program support (Young & Sikma, 2003).

To expand the current understanding of CD HCBS, this study will explore the quality of decision making and management functions of older adults participating in CD. For recipients' decision making, this research will specifically explore older adults' perceived utility, their perception on how decisions accomplish their support goals, and the extent to which their decisions compare to standards established for agency-directed Medicaid HCBS. For management functions, this study will explore older adults' perceptions and activities related to managing support service workers (i.e. hiring, assessing, firing) and budgeting program benefits.

Methodology:

Site of Study:

This study will take place in Miami-Dade County, which currently has a population of older adults that is large in size and diversity.

Population:

The population to be studied through this project is adults ages 60 and older who are currently participating in a CD HCBS program.

Data Collection:

This study will interview a purposeful sample of 40 adults ages 60 and older who are currently participating in CD HCBS. Consultants working in CD HCBS programs will recruit potential subjects from their existing caseloads.

The PI or research assistant will conduct face-to-face interviews with research participants within the participants' homes or at an agreed-upon location in the community. The semi-structured interviews are expected to last between 60 and 75 minutes and will be conducted in either English or Spanish, depending on the language that the research participant is most comfortable using. If granted permission by the participant, the interviews will be digitally recorded. The interviewer will also take field notes during the interview. Digitally recorded interviews will

be transcribed verbatim by a transcriber trained by the PI. Interviews conducted in Spanish will be transcribed in Spanish and then translated to English.

Analysis Plan:

The data will undergo a multi-phased coding process with the assistance of Atlas ti. An open coding process will be used where codes are unrestrictedly assigned to data segments that reflect the concepts those data segments represent (Strauss, 1987). Then, a constant comparison method will be used where each segment of data is compared with previous data to assess for conceptual similarities and difference (Corbin & Strauss, 2008). Then, axial coding will be used to identify larger themes by assessing conceptual similarities between codes (Corbin & Strauss, 2008). Data analysis will also involve the creation of relationship maps, which graphically represent the major codes, key themes, and theoretical constructs derived from the data based on their relationship toward one another (Miles & Huberman, 1994).

Significance of Study:

Limited knowledge on the management and decision making behaviors of older adults participating in CD HCBS pose significant service limitations and barriers. By documenting the skills, knowledge, and resources that older adults utilize in their decision making and management, it may be possible to improve service delivery. Such improvements may include the development of: benchmarks to measure the quality of care recipients' decision making and management; support systems to assist in management processes; tools for quality control; and decision making aids that may improve care recipients' understanding of their health care and services.

Scholar's Name: Paul Sacco

School: University of Maryland

Institutional Sponsor: Donna Harrington

National Mentor: Charles Emlet

Title of Project: Older Adult Drinking Patterns: Exploring Social and Motivational Influences

Summary of Research

Problem

As our society ages, researchers need to understand health behaviors such as drinking that are often considered part of youth. In the past, alcohol consumption decreased as people aged, but future cohorts reaching old age may not show similar declines in alcohol consumption (Kerr, Greenfield, Bond, Ye, & Rehm, 2009; Moore et al., 2005). Even if rates of alcohol consumption and problem use remain constant, the number of older adults who drink will increase in coming years as the baby boom generation ages and substance use disorder treatment needs are forecasted to increase from 1.7 million in 2001 to 4.4 million in 2020 among older adults (Gfroerer, Penne, Pemberton, & Folsom, 2003).

Nonetheless, the relationship between alcohol consumption and health is complex. Alcohol consumption is not necessarily a sign of increased risk for older adults, and moderate alcohol use can be a part of healthy aging (Byles, Young, Furuya, & Parkinson, 2006). Nonetheless, older adults have risks associated with drinking because of age-related physiological changes that increase blood alcohol levels for a given dose, and increase in comorbid medical and psychiatric conditions and medication use (Moore, Whiteman, & Ward, 2007; Vestal et al., 1977). Heavy and problem alcohol consumption are significant barriers to successful aging and put older adults at risk for a myriad of health and mental health issues (Oslin, 2000; Sorock, Chen, Gonzalgo, & Baker, 2006). It is likely that benefits and risks of alcohol use may result from patterns of alcohol use taken in context rather than simply total consumption (Moore et al., 1999), making it crucial to consider the role of medication use, co-occurring medical and psychiatric disorders, and the social context (e.g., drinking to alleviate loneliness) (Oslin, 2000).

Therefore, this study seeks to explore alcohol consumption patterns among older adults to understand drinking motives and social correlates of drinking. By unpacking the relationship of alcohol to the life context of older adults, we can help to resolve the often-conflicting findings about the dangers and benefits of drinking for seniors.

Methodology

Site of Study:

The study will be conducted at a continuing care retirement community (CCRC) in Maryland. CCRC's provide a rich environment for exploring alcohol use patterns in older adults; these facilities are a relatively recent option for people seeking to age in place. Individuals who reside in CCRC's may be in better health than nursing home residents (Zimmerman et al., 2003). Nonetheless, residents of CCRC's may have some of the health-related problems/concerns (e.g., multiple medication use) that may make even moderate drinking risky. In addition, CCRC's may have structured activities that not only include but also may encourage drinking, such as "happy hours" and bars built within the facilities themselves.

Population:

Study participants will be drawn from a population of CCRC residents from a single facility.

Data Collection:

The proposed research will conduct face-to-face baseline interviews and daily telephone calls over a two-week period. During the initial interview, interviewers will collect information on sociodemographic background, general health, alcohol consumption, drinking motives, and depression. After the baseline interview, participants will be called daily for two weeks and asked about their consumption of alcohol the day before including information on consumption level, mood, sleep patterns, perceived stress, and loneliness during the day previous to the call.

Analysis Plan:

Descriptive statistics will describe patterns of drinking behavior including univariate analysis of drinking frequency and social context variables. Because this research will be collecting data that is measured on the same individual at repeated time points hierarchical linear regression models or multilevel models (Singer & Willett, 2003) will be used to test within-person and between-person relationships between drinking motives, social context of drinking and alcohol consumption. Using fixed effects models, this study will examine within-person relationships between alcohol use and social activity, perceived stress, sleep disturbance, and physical pain. Using random effects approaches, this research will analyze between-person relationships between alcohol consumption and health disability, history of alcohol help-seeking, drinking motives and depressed mood.

Significance of Study

By exploring the social benefits and risks of drinking, the proposed research may alter practice and policy relevant to alcohol and older adults by encouraging targeted screening and prevention services. Although not completely novel, the methods employed in this project expand an emerging approach to measuring alcohol use in older adults. By incorporating drinking motives, this study recognizes the diversity of experiences with alcohol that older adults bring into late life and the potential for benefits and risks of these daily drinking patterns. This research will fill a gap in the literature on drinking by learning about enhancement and coping motives for drinking and socialization. In so doing, it recognizes the potential for social benefits (increased social involvement) and risks (drinking to cope with pain) of drinking in older adults.

A preponderance of research has investigated negative and/or health effects of alcohol use rather than the potential beneficial psychosocial effects of drinking in senescence. In the field of aging, alcohol consumption among older adults has been conceptualized as a looming public health crisis, and as a healthy choice for longevity. The proposed study seeks to merge these worldviews by exploring alcohol use in the daily lives of older adults. In the long-term, the goal is to understand how these patterns of drinking affect health and well-being.

Knowledge of different alcohol consumption patterns will inform gerontological practice for social workers and other allied professions. This study will bring insights into the role of alcohol in problems such as sleep and loneliness; social workers can bring this knowledge to bear on assessment. Clinicians will have evidence of the drinking motives associated with

higher consumption and settings where older adults reside (such as CCRC's) that can be used to develop research informed policies on drinking for older adults.

Scholar's Name: M. Lori Thomas

School: University of North Carolina at Charlotte

Institutional Sponsor: Dr. Sarah Laditka & Dr. Jim Laditka

National Mentor: Dr. Michael Parker

Title of Project: Aging Without Place: The Experience of Cumulative Trauma and Adversity among Older Homeless Adults

Summary of Research:

Problem:

Researchers and service providers often overlook the specific needs of older, homeless adults. Though adults age 50 and over comprise one quarter to one third of the homeless population, they are rarely mentioned as a significant subpopulation of the 1.6 to 3.5 million people who are homeless each year (Burt, Aron, & Lee, 2001; US HUD, 2010). Older, homeless adults face vulnerabilities and disparities associated with age, race, socioeconomic, health, mental health, and residential statuses. An additional determinant of vulnerability is the experience and effects of cumulative trauma and adversity. Traumatic life experiences like assault, intimate partner violence, and combat overlap with non-violent adverse experiences such as housing instability, poverty, hunger, fractured support systems, and poor health to negative impact health and wellbeing as the homeless adult ages. This study examines the problem of cumulative trauma and adversity among older, homeless adults.

Methodology:

Site of Study:

The study will be conducted in the Greater Charlotte, North Carolina area. Seven specific research sites will participate – Charlotte Men's Shelter, Salvation Army Center of Hope, Urban Ministry Center, Mecklenburg County Homeless Support Services, Access Family Services, McCreesh Place, and the Charlotte Housing Authority.

Population:

The phase one study sample consists of older, homeless adults in the Greater Charlotte, North Carolina area who are 50 years and older and meet the federal definition of homelessness, i.e., living in an emergency shelter or in a place not meant for human habitation such as a car, tent camp, or on the street. The phase two sample will include homeless, health, and housing service providers that frequently interact with older homeless adults.

Data Collection:

Data in phase one will be conducted through in-depth, semi-structured life history interviews, life history calendars adapted for qualitative research, and field notes. In phase two, data will be collected using focus groups.

Analysis Plan:

Phase one will use grounded theory analysis of interview transcripts to create cross-case categories and subcategories, the creation of individual case summaries using all forms of data collected in the first phase of the research, and the use of memos to record and critically consider emerging findings. Grounded theory analysis will also be used to analyze the focus group transcripts from phase two of the research. Final categories from both research phases will be compared for convergent and divergent themes. Memos will also be used in this phase and will help to integrate individual and focus group findings.

Significance of Study:

This study addresses a gap in knowledge concerning a visible social problem and a vulnerable population that is expected to increase as Baby Boomers age. Homelessness among adults ages 62 and over is expected to increase 33% by 2020 and more than double between 2010 and 2050, when over 95,000 older adults are expected to be homeless (Sermons & Henry, 2010). Cohort studies in New York (Culhane, Metraux, & Bainbridge, 2010) and San Francisco (Hahn et al., 2006) suggest an aging homeless population and an increasing number of homeless adults ages 50-64. The number of older adults living at or below half of the poverty threshold is also expected to rise. In 2008, almost 970,000 older adults lived below this threshold (Sermons & Henry, 2010). With the continued decline of affordable housing, these older adults are particularly vulnerable to homelessness.

The effects of homelessness and trauma are particularly relevant in an era of escalating health care costs. Both homelessness and trauma are associated with poor mental and physical health outcomes as well as help-seeking behavior, all of which have economic implications (Krause, 1990; Krause, Shaw, & Cairney, 2004; O'Connell, 2005). Homeless adults are high users of medical care, often cycling in and out of emergency shelters and psychiatric hospitals (e.g., Culhane et al., 2007) and when hospitalized, staying longer than those who are housed (Kuno et al., 2000; Salit et al., 1998). In addition, undiagnosed or misdiagnosed trauma may result in inefficient use of physical and mental health resources by older homeless adults (Krause et al., 2004).

Scholar's Name: Karla T. Washington

School: Raymond A. Kent School of Social Work, University of Louisville

Institutional Sponsor: Annatjie Faul

National Mentor: Amy Horowitz

Title of Project: Examining Relationships among Patient Symptom Burden, Caregiver Coping Strategies, and Caregiver Psychological Distress at End-of-Life

Summary of Research:**Problem:**

Friends or family members providing care for a dying patient receiving hospice services have been identified as having unique risks for compromised psychological health due, in part, to the significant burden associated with managing pain and other symptoms accompanying terminal illness. A thorough review of relevant research suggests that utilization of coping strategies significantly impacts individuals' psychological well being in non-hospice populations, yet few studies have examined the effect of coping strategies on the emotional health of informal hospice caregivers involved in pain and symptom management. This lack of research severely limits the ability of hospice professionals to provide guidance and support to informal caregivers facing significant, life-altering stressors. By achieving the following aims, the proposed study will establish an evidence base for future social work interventions with informal hospice caregivers:

Specific Aim 1: Examine the relationships among patient symptom burden, caregiver coping strategies, and psychological distress for informal hospice caregivers.

Specific Aim 2: Determine how the relationships among patient symptom burden, caregiver coping strategies, and psychological distress may differ for informal hospice caregivers from diverse demographic groups.

Methodology:

Site of Study:

This study will be conducted in cooperation with Hosparus, Inc., a community-based, fully accredited, nonprofit hospice provider that serves over 5,000 patients and families each year throughout Kentucky and Southern Indiana.

Population:

The population of interest for this study is informal hospice caregivers, the friends and family members who provide care and support to individuals facing life-limiting illnesses. All individuals age 18 years or older who are designated as primary caregivers for a patient receiving services from Hosparus, Inc. will be given the opportunity to participate in the study. Power analysis calculations indicate that a sample of 150 will be required to achieve a power of 0.80, although a larger sample will be sought to allow for an increased number of comparisons among demographic groups.

Data Collection:

Data for this quantitative study will be collected via telephone interview by the Faculty Scholar or designee. Measures include the Memorial Symptom Assessment Scale – Short Form (physical patient symptom burden, psychological patient symptom burden), Ways of Coping Scale (caregiver coping responses), Generalized Anxiety Disorder – 7-item (caregiver anxiety), Patient Health Questionnaire – 9 (caregiver depression), in addition to a demographic information form.

Analysis Plan:

Structural equation modeling will be used to address the study's aims. First, confirmatory factor analyses (CFA) will be conducted to validate the basic structure of each construct being considered by the study. The fully hypothesized model will then be constructed and analyzed based on the results of the CFA analyses. An array of goodness of fit indices will be computed to provide supporting evidence for determining which model best represents the data. The chosen indices consist of at least one measure from each category of fit indices: the chi square statistic (χ^2), the Comparative Fit Index (CFI), the Goodness of Fit index (GFI), the Expected Cross Validation Index (ECVI), the Root Mean Square Error of Approximation (RMSEA), the Standardized Root Mean Residual (SRMR), and the parsimony-adjusted GFI and CFI (PGFI and PCFI). Once the best model for the data has been determined, the final model will be examined for invariance across demographic characteristics.

Significance of Study:

The psychosocial effects of hospice caregiving have been largely unexplored, leading the National Institutes of Health and leading social work experts to identify research in this area as imperative. Of the 1.56 million patients who received hospice care in 2009, 83% were age 65 or greater, making this a particularly important issue for older adults and their caregivers. Several innovative features of this study will advance research in this area. First, despite a clear recognition in the professional literature of the important role coping mechanisms play in determining psychological well being, studies investigating the dynamics of hospice caregiving often fail to account for them. The present study design measures coping strategies used by caregivers with an established instrument with validated psychometric properties. Second, while a small number of earlier studies sought to examine moderator effects of fixed demographic variables (e.g., gender, race) on caregiver outcomes, the present study uses structural equation modeling to examine the dynamics of psychological distress in caregivers while accounting for similarities and differences across diverse demographic characteristics. Third, this study also proposes to differentiate caregiver burden experienced as a result of physical and psychological symptoms of the patient for whom they provide care. Such differentiation is consistent with findings in literature, yet differentiating these symptom types as distinct stressors is a unique approach. Taken together, the characteristics of this study set it apart as distinctive. By addressing these issues, this study will investigate critical phenomena that have been relatively neglected in hospice and palliative care research to date.

Scholar's Name: Amanda T. Woodward

School: Michigan State University

Institutional Sponsor: Rena Harold

National Mentor: Ruth Dunkle

Title of Project: Understanding Patterns of Service use for Older Adults with Mental and Substance Disorders

Summary of Research:

Problem:

The *objectives of this study* are to examine the variables associated with the use of different types of professionals for a mental health or substance disorder and the relationships among groups of individuals who report similar profiles of service use. Particular attention will be paid to how patterns of service use vary between the baby boomers, those born between the years of 1946 and 1964, and those born prior to 1946. The *specific aims* of this project are:

Aim #1: Examine the prevalence of service use for mental or substance disorders and age differences in the variables associated with mental health service use. This study will compare the likelihood of seeking treatment for those born before 1946 with that of the baby boomers and examine the mechanisms contributing to differences between and within age groups.

Aim #2: Examine the prevalence of the use of different types of professionals and age differences in the variables associated with their use. The proposed study will examine age differences in the variables associated with where individuals initially seek help and the variables associated with the use of different types of professionals throughout treatment.

Aim #3: Examine the factors underlying the use of different types of professionals. The proposed study will use latent class analysis to explore the factors that underlie different patterns of service use, age differences in the composition of resulting classes of service use, and the relationship of class membership with respondents' actual behavior.

Methodology:

Site of Study:

Secondary data analysis.

Population:

CPES respondents aged 37 and older who met DSM-IV criteria for a lifetime mood disorder (major depression, major depressive episode, dysthymia, or bipolar I and II), anxiety (agoraphobia without panic, generalized anxiety disorder, panic disorder, post-traumatic stress disorder, or social phobia), or substance disorder (alcohol abuse, alcohol dependence, drug abuse, drug dependence).

Data Collection:

Analysis will be based on data from the Collaborative Psychiatric Epidemiology Surveys (CPES). The CPES consists of three interrelated surveys – the National Comorbidity Survey Replication (NCS-R), the National Survey of American Life (NSAL), and the National Latino and Asian American Survey (NLASS) - which focus on mental health and mental health service use.

Analysis Plan:

For Aim #1, logistic regression models will examine differences between age cohorts in the likelihood of using services both in their lifetime and in the 12 months preceding the interview. The moderating effect of age will be

examined by including interaction terms between age and the other covariates in the models. For Aim #2, logistic regression models will be used to examine the differences between age cohorts in the types of professionals visited for a mental health problem. Multinomial logistic regression analyses will be used to examine use of the general medical sector, the mental health sector, the non-health sector, two or more sectors, or no professional services used at all. The moderating effect of age will be examined by including interaction terms between age and the other covariates in the models. For Aim #3, latent class analysis will be used to explore the factors that underlie respondents' use of different types of professionals. Class membership will in turn be used in two exploratory manners. First, the effects of antecedents on the latent classes will be examined, particularly whether those born prior to 1946, compared to the baby boomers, may be more likely to fall into a certain class(es). Second, the effect of class membership on respondents' actual behavior, that is whether classification into a certain class will be associated with the actual use of different types of professionals, will be examined.

Significance of Study:

Available research suggests that where individuals receive help for a mental disorder can influence the adequacy of care and the prognosis of treatment. For this reason, it is important to understand where older adults seek help for a mental disorder. Much of the existing research in this area is based on small, specialized samples. Other studies that use nationally representative data do not focus specifically on older adults. This study will examine both those born before 1946 and the baby boomers, born between 1946 and 1964, who will be the majority of service users in the immediate future. Furthermore, the CPES data includes sufficient numbers of older adults and racial and ethnic minorities to allow for both between and within-group comparisons. This is important because while between-group comparisons can confirm significant differences in service use, within-group comparisons can shed light on the mechanisms that contribute to those differences.

This research will provide a more clear delineation of the types of professionals used by older adults and a more detailed understanding of the profiles of professionals used. The findings from this study will further refine our understanding of help-seeking among both current and future older adults suffering from mood, anxiety, or substance disorders. Given the aging population, the ability to more effectively target mental health services for older adults and ensure that those most in need are accessing those services is imperative. However, the service needs of older adults are complex and the use of particular types of professionals does not occur in isolation. This study will begin to identify what types of professionals are most likely to be used together and the characteristics of individuals with different profiles of service use. Future research can then examine how these different profiles influence treatment outcomes and inform the development of interventions to more effectively coordinate care across service sectors and evaluate the effectiveness of those efforts in increasing service use among older adults and improving mental health outcomes.