

**Anxiety and Social Angst:  
Approaches to Manage Aging, Chronic Illness, and Disability**

**CASE STUDIES<sup>1</sup>**

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<sup>1</sup> From Giffords, E.D. & Garber, K.R. (2014). *New Perspectives on Poverty: Policies, Programs and Practice*. Lyceum Books Inc. Chicago, IL.

## Older Adults

### ***Micro Level***

After thirty-five years of working for a local utilities company, Sheila Vann, a 69-year-old African American woman, has decided to retire. This decision was prompted by a decline in her health. Diagnosed with chronic obstructive pulmonary disease about twenty years ago, Mrs. Vann now seems to be experiencing increased difficulty maintaining activities and breathing throughout the day. Mrs. Vann had worked up to a very stressful mid-level information technology assistant position at the time of her retirement. Her company provided a defined contribution pension plan, which she expected to help provide for a good retirement. However, her retirement fund was invested in stocks and major declines in the market caused these funds to drastically decrease. Not really worried, trusting that God would provide, Mrs. Vann still expected to be able to have a decent retirement, and had plans to visit her two daughters who lived out-of-state and enjoy her grandchildren.

Three years into her retirement, her husband, who been unemployed for about two years due to an injury from work in construction, suffered a major stroke, and needed extensive physical and speech therapy. After an initial short-term period in a local nursing home for rehabilitation, Mr. Vann came home to continue his recovery. Although the couple had Medicare coverage, due to coverage limitations and without supplemental insurance, they found themselves having to pay large out-of-pocket expenses to cover Mr. Vann's medical equipment costs and other fees. Additionally, Mrs. Vann needed help with primary care duties and initially hired a home health aide to assist her. However, she could not continue to pay for this help so she later took on all care duties herself despite her own health issues. Mrs. Vann was involved in a women's group at her local church prior to taking on her care-giving role and while she could no longer continue with this group, they did provide some assistance. The women occasionally brought over a meal or helped with light housekeeping, but many had care-giving responsibilities of their own and could only offer limited support.

Prior to Mr. Vann's original injury, the couple took out an equity line of credit on their home to make some necessary major repairs. As a result, they have struggled to maintain monthly payments in relation to the loan and fear they could eventually lose their home. They had some savings but these quickly diminished over the last few years. Mrs. Vann sought medical assistance through Medicaid but was denied. Overwhelmed by the escalating medical bills, she discussed the situation with her two daughters. However, they are both raising families with small children and have been unable to help their parents financially.

Socially isolated, unable to see her daughters, and burdened with care-giving, Mrs. Vann was diagnosed with depression. The financial insecurity and worry about being wiped out financially has begun to take a toll on Mrs. Vann's health. Approximately one year after his stroke, Mr. Vann died. The death of her husband only worsened Mrs. Vann's depression and her worry about her financial future. Her daughters suggested that their mother find some part-time work to both supplement her income and to give her something to do. However, Mrs. Vann has found it difficult to locate a job at her age. She recently heard from a neighbor about two local job-training programs for seniors through the Goodwill and the Urban League, but is not sure if it will be worth her time.

## Questions

1. Kim is the social worker assigned to Mrs. Vann case. What should she do first?
2. Should Kim set up a phone conference with her daughters and advise them of Mrs. Vann's health status and economic condition?
3. What values or beliefs does Mrs. Vann have that might relate to her needs?
4. Besides Mrs. Vann's needs, what might be the needs of her daughters?
5. How might sensitivity to gender and social roles be applicable in this case?
6. What financial information would you need to conduct a proper needs' assessment?
7. Does the couple qualify for any financial or medical support?
8. How would you begin to intervene to relieve the stresses associated with the depression?
9. What other professionals might contribute to a comprehensive assessment process?

## **People with Disabilities**

### **Micro Level**

Joseph is a 24-year-old African American man who was shot and paralyzed six months ago during a gang fight. He has lived all of his life in an inner-city neighborhood of Chicago and been involved in gang activities since he was eleven years old. As a result of his gang involvement, Joseph has been arrested several times for offenses ranging from drug trafficking to assault. This criminal record affects locations where Joseph can live. For example, many of the landlords in the city are hesitant to rent to someone with felony convictions. Furthermore, Joseph's Supplemental Security Income (SSI) only pays him \$674 per month for all of his living expenses and he is ineligible for other government benefits beyond Medicaid and Food Stamps. Therefore, Joseph moved from the rehabilitation facility back to his girlfriend's apartment, which is in a three-story walk-up without an elevator. In order to exit and enter the building, Joseph must rely on his brother or friends to carry him out of the apartment and down the steps, then he must wait for them to return so he can reenter the building.

Joseph recently reported that his girlfriend has been abusive to him since he has returned. He says that she believes he was abusive to her before he was paralyzed and now that he has to rely on her for some of his needs, she is taking revenge. For example, if she is mad at him, she will take away his wheelchair so he cannot get around as easily within the apartment. Joseph is getting more depressed by this situation and "feels less like a man" since the injury because he has to rely on people to help him leave, his girlfriend is abusive, and he cannot do things that he believes makes one a man. As a result of these living conditions, Joseph wants to find new housing. Unfortunately, no one in his immediate or extended family has the space or accessibility to provide housing for Joseph. One alternative to this living situation is for Joseph to move to a nursing home or a skilled care unit, which would be accessible and provide him with some of the medical care that he still needs given that his injury is still recent. However, he would be living with people who are in their later stages of life while he is still a very young man. This living arrangement would likely not provide him with developmentally appropriate situations for his life course stage.

## Questions

1. What are the issues confronting Joseph?
2. What systems might be targets for advocacy on Joseph's behalf?
3. What type of advocacy might benefit Joseph and other younger people with chronic disabilities?
4. What resources might you incorporate to advocate for Joseph?
5. What other concerns might you have about Joseph's current situation?
6. Can the girlfriend's conduct be considered abuse and what recourse is available to him?
7. How might the girlfriend perceive the situation and how would you determine if the situation is reconcilable?

## **Older Adults**

### **Mezzo Level**

Karen Moore is a social worker at Peace Haven Center, a local adult day care center. She was recently asked by Mrs. Adams, the center director, to organize an event for their “regular” family caregivers. Over the course of working at Peace Haven, Karen has overheard several caregivers discussing the difficulties in managing care responsibilities and finding assistive services. She thinks the caregivers could benefit from workshops or support group sessions designed to educate them about local services and programs available to assist them. After some thought, Karen asks Mrs. Adams if she could organize a monthly support group for the caregivers rather than a one-time social. Mrs. Adams agrees that a support group might be more useful for the center’s families.

At the suggestion of Mrs. Adams, Karen contacts a local university gerontology program to see if a student intern might be available to her assist with the new project. Mr. Jones, the program coordinator, agrees to assign a senior-level student intern to Peace Haven Center for the duration of the semester. He also offers to arrange a monthly reservation for one of the rooms at the university’s conference center as a location for the meeting. Since the campus is only ten minutes away from the center, Karen thinks meeting at the conference center might be a good idea but decides to check with Mrs. Adams first. Upon approval from Mrs. Adams, she agrees to use the conference center room for the monthly meetings.

Karen initiated informal conversations with the regular caregivers over the course of two weeks regarding the start of the support group and their potential interest. Based on caregiver schedules, Karen and the intern decide on a Saturday morning for the group meeting times. She schedules the meetings for every fourth Saturday of the month and decides on calling them Care 4 Those Who Care. Karen has the student intern help create an electronic memo, which she sends out to local agencies in the aging services network. As a follow-up to the memo, Karen has the intern phone each agency about a week later. She also creates a hard-copy flyer to post at local area community recreation centers, senior centers, and churches. Once agency representatives have been notified and flyers posted in the community, Karen creates an invitation to send out to each family on the center’s client list.

Several weeks before the initial meeting, in an effort to provide information on services useful to the caregivers, Karen places a suggestion box near the entrance of the center with a big sign indicating “Family Caregiver Support Group Starting, Your Suggestions Needed” and a short questionnaire asking for topics regarding services, workshops, and any other information caregivers might be interested in learning more about. Karen and her intern were happy to discover that a majority of the regular caregivers actually entered suggestions in the box. The topics of most interest related to free or low-cost services, respite care, and care management strategies. Karen made a list of local agencies that provided direct services related to the suggested topics. Representatives from these agencies were contacted and asked to conduct a short ten-minute presentation on information regarding their services at the support group meeting.

Fourteen regular caregivers attended the initial meeting and each attendee expressed enthusiasm about the meeting and indicated that they would be interested in attending the next one. The agency representatives also shared an enthusiasm about what they learned from hearing about caregivers concerns. After meeting with caregivers for four months, Karen organized a light reception event where she asked the support group members to share with other families at the center about community programs they had learned about during the monthly meetings and may have actually used. Most of the support group members talked about local low-fee or volunteer-based services they had used, strategies for care they had tried, and friendships they had made as a result of attending the group. Many of the caregivers who had not attended the monthly meetings joined after hearing about the benefits of attending.

## Questions

1. Why might caregivers using the center not attend the support group meetings?
2. What respite care services or programs might the caregivers benefit from learning about?
3. What local agencies other than those suggested might Karen engage to assist this group?
4. Based on the information provided, how might Karen more effectively work with the gerontology program to provide events for the caregivers?
5. What knowledge might Karen need to work with family caregivers caring for cognitively impaired older adults?
6. What might be the common concerns of the caregivers beyond the need for services?
7. What other professionals might be involved in identifying group members?
8. What types of interventions might be incorporated to help members cope with their emotional and spiritual challenges?



## **People with Disabilities**

### **Mezzo Level**

Tyler is a ten-year-old African American boy who was hit by a car while he was playing. The accident resulted in a traumatic brain injury and both his legs being crushed, leaving him unable to walk. Tyler returned home where he was being raised by his grandmother because his mother was battling substance abuse problems and his father was in prison. His grandmother had health concerns of her own with diabetes and a below-the-knee amputation as a result of poor management of the diabetes.

The hospital social worker met with Tyler before his release from the rehabilitation hospital and agreed to help the family navigate the public school system so that Tyler could receive a tutor while he continued to recover at home. Unfortunately, the social worker was unable to secure home-bound education from the public school system. The Office of Specialized Services at the school said that no one could go to the home because the neighborhood he lived in was dangerous. They suggested that Tyler would be fine to return to school; however, the school was not physically accessible. The grandmother did not know what to do to secure a public education for her grandson and the social worker felt stymied by the public school system as officials failed to return her phone calls, letters, and e-mails.

Concurrent with her own advocacy efforts, the social worker learned from many of her client families that “Tyler’s story” is common. Often, her families explained, coping with a child’s new disability while trying to navigate bureaucratic systems to obtain needed services is difficult. After speaking with her supervisor, the social worker began outreaching to the families on her caseload to explore the need to initiate a support group. After doing a needs assessment and determining that many families were interested in participating, the social worker developed a community-wide support group for family members of children with traumatic head injuries. She also arranged for a lending library, an Internet resource directory, and together with group members, planned several educational community forums.

## Questions

1. What other group services do you think families such as Tyler's might need?
2. What other avenues could the social worker and the support group members have pursued to resolve issues such as Tyler's?
3. How would one go about identifying community resources to assist this population?
4. What type of knowledge and skills are needed to facilitate this type of group?
5. How important is it for helping professionals to understand the Americans with Disabilities Act as it pertains to public education requirements when working with this type of group?
6. What are the spiritual and emotional issues facing the group members and what interventions might help them cope with these challenges?

## **People with Disabilities**

### **Macro Level**

Monica, a social worker and single mother of children with developmental disabilities, lives in a state that is transitioning its Medicaid program into a managed care model. The proposal will utilize a waiver to shift the state's medical services for low-income individuals and families to three for-profit companies. The state's governor and lieutenant governor claim that this shift will hold down long-term costs and streamline the system to be more effective. The proposal also includes services for people with developmental disabilities in the managed care plans. The new plan will focus on implementing a "medical model" that will leave all people with disabilities as individuals in need of a cure. Another concern with the program is that individuals will be randomly assigned into one of the three managed care organizations that are awarded the state's Medicaid contracts. With all of the managed care organizations being out of state, Medicaid recipients will likely need to be able to "meet" with representatives and case managers via telephone or a computer interface. Some people with developmental disabilities will struggle to navigate these technologies and may end up having their health compromised due to this barrier.

As a result of these changes Kathy is concerned. She is concerned not only for her own children, but also for the clients with disabilities that she serves. A small coalition of people with disabilities, their family members, and other advocates have started gathering to challenge these changes to the state Medicaid system. Many of the parents involved expressed great concern over the dissolution of support networks they spent years developing. Specifically, the parents have renewed concerns about what will happen to their child with a developmental disability, should they, the parents, be injured or die. Who will take care of their children? Several provider groups, including social workers, have made this a top legislative issue for the upcoming year.

## Questions

1. Why should people with disabilities and their allies be concerned with this change in the state's Medicaid plan?
2. Why would the new "medical model" be a problem for people with disabilities?
3. What strategies do you think the coalition should take to challenge the change in Medicaid provisions?
4. How might the state structure a Medicaid program that both controlled costs and considered the needs of people with disabilities?
5. What other professional groups might have a stake in promoting a more equitable plan?
6. How does the social worker engage these stakeholders?

## **Older Adults**

### **Macro Level**

Many caregivers caring for someone with Alzheimer's disease have difficulty managing care as the illness progresses. Caregivers often find that the responsibility of care demands most of their time and energy. This can often create hardships with regard to physical health, mental well-being, employment status, financial stability, and family relationships.

In an effort to celebrate caregivers during National Caregiver Month, professionals in North Carolina organize a Caregiver Support Fair. This fair is organized to highlight services and resources available for Alzheimer's caregivers and families throughout the state. The annual location rotates throughout several of the largest counties and is traditionally held at the local fairgrounds. The Caregiver Support Fair provides caregivers with information and services such as respite programs, meal preparation services, health screenings, and medication management products.

Representatives from a variety of agencies and organizations collaborate in the event. Federal, state and local government representatives as well as nonprofit and private service providers participate each year. Organization representatives share information about social insurance programs such as Medicaid, Medicare, Social Security, Supplemental Security Income, and other programs offered under the Older Americans Act that might assist Alzheimer's caregivers. An Alzheimer Association Representative staffs a booth that is set up to demonstrate an Alzheimer's Toolkit or the latest news regarding treatment and care for individuals living with cognitive impairment. Researchers from universities across North Carolina discuss local ongoing Alzheimer's-related research projects and hand out information on participation criteria. The event is usually closed with a panel presentation of North Carolina family caregivers who share information regarding care giving strategies, experiences, and concerns.

Volunteers provide activities and supervision for Alzheimer care recipients to allow caregivers an opportunity to freely explore the event. Caregivers are hosted at a "caregiver social hour" catered by local restaurants, which allows for some recreation and socialization with other caregivers. The annual event serves approximately 500 caregivers each year. The event connects caregivers to each other and engages them in the community.

## Questions

1. What community-based agencies or services may be important to involve in this type of event?
2. How could service providers engage state and federal officials to better assist Alzheimer's caregivers?
3. Should government provide benefits such as cash assistance, Social Security caregiver credit, or other discounts for Alzheimer's caregivers?
4. If you could design legislation to respond to the needs of caregivers, what might you include? Also, who are the stakeholders you need to engage in order to pass your legislation?