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Glenna Sue Klein How Clinicians' Use of Narrative Therapy Can Assist Elders in Late-Life Transition

ABSTRACT

This study was designed to explore the experiences of social workers and clinicians who provide counseling to elderly clients and their families as they face latelife transitions. The focus of the study was to reveal more information regarding the validity of Narrative Therapy as a productive means of therapeutic intervention with elders.

Nine participants from three different agencies, a Veterans Hospital, an Ecumenical Center and a Nursing Home were interviewed for this study. The interviews took place in San Antonio, Texas and all but one was done in person. The participants included six social workers, one geriatric nurse, one pastoral counselor and one geriatric psychiatrist. They were asked questions about their experiences, how they viewed their role as a counselor, the specific needs of the elderly, joys and challenges and their work with Narrative Therapy.

The findings of this study produced powerful insight into the world of clinicians working with elderly clients. The data confirmed that the lack of quality time in several settings and the actual cognitive ability of the clients make it a challenge to do in depth psychotherapy. All participants found that they did use some form of a narrative style in the assessment with their clients and feel it to be helpful in their work of addressing the specific needs of their elderly clients.

HOW CLINICIANS' USE OF NARRATIVE THERAPY CAN ASSIST ELDERS IN

LATE-LIFE TRANSITION

A project based upon an independent investigation, submitted in partial fulfillment of the requirements for the degree of Master or Social Work.

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CHAPTER I

INTRODUCTION

As our population is growing older and living longer, elders in our communities have much to share about living and dying. As noted in the Journal of Contemporary Social Services, by the year 2025, one in five Americans will be over the age of 65 (Berkman, Gardner, Zodikoff, & Harootyan, 2005). How clinicians use narrative therapy to assist elders in their life reviews and late-life transitions is the focus of this research project. Through this collection of data from interviews with social workers and clinicians who are in the field already doing this work, arises the opportunity to explore this therapeutic modality and provide new insights into the late-life care of the elderly. These clinicians are already supporting clients and their families face transition and the inevitability of death. The social workers and clinicians who are fortunate enough to already be working with the elderly are carrying the torch and can facilitate the discovery of new ways to help clients with late-life transitions. They can also contribute to and help create a body of knowledge to share with other professionals. This gained knowledge will provide for the possibility of helping to pave a more peaceful and manageable path for others as they approach late-life. Through this study my purpose is to facilitate a better late-life transition for everyone and I feel this research will contribute immensely to the field of social work and to the countless families we clinicians will meet over the span of our careers.

The research continues to point to the need for a different kind of approach to the end of life care. Research revealed that even medical school curriculums are now requiring classes in empathy, palliative care and relationship building for future doctors, nurses and physicians assistants. One hope for this research study is to be able to bring new information to caregivers, family members, and clinicians who are working with clients as they navigate late-life. Another hope for this research is to give power and respect back to the client. Clients are the best experts on their own life. Late-life transitions and dying escapes no one and if there is a better way to help our clients and their families through these difficult transitions, then we need to be well equipped to help hold the space.

There is much to read on late-life care for the elderly; however most is focused on the medical and physical needs of the elderly. This study is an inquiry into the thoughts and practices of social workers and clinicians on the psychological and emotional impact of latelife transitions. This qualitative study consists of interviews with nine clinicians who were working predominantly with elderly clients and their families in and around San Antonio, Texas. The information gathered in these interviews will be reviewed and reflected on in the findings and discussions that follow.

CHAPTER II

LITERATURE REVIEW

The purpose of this qualitative study is to explore the skills and techniques that therapists have used in their work with older persons. This study is designed to gather beneficial information from professionals in the field, who are currently using therapy to help elders navigate late-life. As the population ages, the need for more effective interventions with elders, and their increasing late-life issues arise. The focus of this section is to review literature that explores the theory, history, and outcomes of therapeutic interventions with older clients as they face late-life transitions. To that end, the first section will present information on the aging population, late-life transitions and multiple losses, the second section will describe several useful and varied approaches related to the late-life review process and the third topic addressed will be narrative therapy, its history and theory and how it might be utilized in working with elderly clients and their families.

Our Aging Population

The total population of older persons in the United States numbered 34.5 million in 1999, representing 1 in every 8 persons-an 11-fold increase during the twentieth century (AARP, 2000). Life expectancy increased from 47 years in 1900 to 76.7 years in 1998. The total older population is expected to increase to 20% of the population by 2030, with significant increases in older minority populations (AARP, 2000). Although age is sometimes called the great equalizer, today's older persons are a highly diverse group. Differences in income, health, and social supports significantly affect their quality of life. An important source of diversity is ethnicity. Ethnic minorities represented 16.1% of the older population in 1999 and will increase by 81% to over 25% of the older population by 2030 (AARP, 2000).

The status and resources of many minority older persons reflect social and economic discrimination experienced earlier in life and especially those who have migrated to the U.S. face cultural and language differences as well. Consequently, minority groups in the U.S. have increased risks of poor education, substandard housing, poverty, malnutrition, and generally poor health. Approximately 14% of the total white population in 1990 were age 65 or over, while 8% of the black population, 6% of Asian/Pacific Islanders, and 6% of Native Americans were 65 or older. Also, 5% of persons of Hispanic origin were 65 or older (AARP Minority Affairs, 1995).

Health care assistance is a special concern of minority older persons. Cultural and language differences, along with physical isolation and lower incomes, often make health care services difficult. Most white and minority older persons remain in the community and are cared for by family, friends, and relatives. But as the number of older persons experiencing late-life transitions continues to grow, so does the burden placed on those who care for them.

It is important to note that, although traditional, stereotypical views of aging present a negative perspective dominated by poor health, disability, functional limitations, and increasing mental illness, recent research on later life reveals that older

persons typically age well (Myers, 2003); are resilient in responding to stress, transitions, and change (Myers & Schwiebert, 1996); and experience a lower incidence of mental illness than do persons of younger ages (Smyer & Qualls, 1999). Although persons over the age of 60 make up almost 13% of the total United States population (AARP, 2000), they represent only 6% to 8% of persons seen in community mental health clinics and outpatient mental health settings and an even smaller percentage of clients seen by private counseling practitioners (Smyer & Qualls, 1999).

Can Treatment Work with Older Persons?

Roth and Fonagy (1996) cited several studies that substantiated the efficacy of interventions with older adults. These studies found evidence to suggest that, although older adults respond to counseling as well as or better than younger adults, older adults might require more sessions and a longer involvement in therapy. The studies pointed to the possibility that the increased length of treatment is related to the more numerous life experiences of older adults and the frequent comorbidity requiring a complex array of interventions for the older client and his or her family.

In contrast, Kennedy and Tanenbaum (2000) reviewed the literature for evidence of the efficacy of psychosocial interventions with older adults. They noted that although most studies had limitations (such as being conducted in academic settings with selfselected participants who were relatively independent), results from the studies indicated that age-related adaptations of interventions might be necessary with older adults to optimize outcomes. Kennedy and Tanenbaum concluded that short-term, focused psychotherapy interventions directed at clinical problems and treatment goals are especially suited for work with older adults. Research studies on both options reveals

almost universal support for their efficacy in helping older persons to develop successful coping mechanisms for a variety of life problems and also to achieve life satisfaction despite unwanted change.

Late-Life Transitions

Aging is a part of the life span. All persons who age, experience common life transitions and developmental challenges, notably the search for ego integrity identified by Erikson (Santrock, 2002). Older persons constitute an increasingly larger population with significant mental health challenges. Common life experiences and transitions in later life often create specific needs for counseling. Older persons are more likely than persons of any other age to experience multiple losses simultaneously, and their capacity to cope with these losses can be significantly compromised, resulting in the need for counseling interventions (Smyer & Qualls, 1999). These late-life transitions include, but are not limited to, (1) loss of strength and physical ability, (2) loss of youthful beauty, (3) loss of friends and affiliations, (4) loss of intimacy and sexual opportunities, (5) loss of power and prestige, (6) loss of recognition, and (7) loss of a sense of possibility. The role of loss in late life is frequently emphasized in discussions of depression in this older population. Undoubtedly, there are many forms of loss to contend with at this time of life. These losses explain some of the anxiety, depression, and restlessness seen in the elderly. Psychogenic stress can lead to physical health problems, and the reverse can also occur, creating significant comorbidity and complexity of issues in later life (Nordhus & VandenBos, 1998)

The norm for older adults is to experience loss but not to become paralyzed by it. You do not reach late life without mastering many losses. If the elderly experience of

such losses is not critically examined, with a therapist, the lessons learned from a lifetime of losses will not be fully understood. Therapy is an opportunity to be reminded of ones past mastery and the impact on ones skills to negotiate, endure, survive, and change.

Erikson (1963), in describing the stages of the natural life cycle, referred to late life as that period of "integrity versus despair." This period follows a stage when generating a life was the primary focus. Integrity implies a time of acceptance of the traumas and disappointments of living. "It is the acceptance of one's one and only life cycle ... death loses its sting."

For some elderly individuals, this time can be a period of disillusionment, especially if they relied on those illusions to provide sustenance. It is here that therapy can begin the process of helping to find the positives in this life stage. If the focus is on loss as part of a continuum, then there could be room for further maturation. Treatment that prematurely rushes to medication also closes down discussion of some of these transition issues, resulting in failure or partial relief and no insight into the importance of facing and negotiating these late-life challenges. With an understanding of how the later stages of life can include growth and development, we can provide invaluable help to those suffering and struggling to master these later-life years.

Life Review

The designs of interventions to help older persons cope with these normative changes have focused on two primary and overlapping strategies: group counseling and life review therapy. Because life review is "normal" in later life and necessary for the achievement of ego integrity, life review has emerged as the treatment of choice in

virtually all settings in which older adults congregate for voluntary reasons or through institutional or group-living placements (Schwiebert & Myers, 1994)

The life review is a systemic and structured process of recalling past events and memories to find meaning and resolution of one's life. Robert Butler (2002) stated that one of his aims was to demonstrate that life review in older people is a normal developmental task in the later years. Life reviews are extremely complex, nuanced, unguided and frequently filled with irony, comedy and tragedy. Butler added that not all outcomes of a life review are favorable. In his research, Butler found that in some cases life review contributed to the occurrence of certain late-life disorders, particularly depression.

Rebecca Caldwell (2005) wrote about the importance of the client's family and caregivers in terms of participating in the collaborative process of deconstructing problem stories and constructing unique outcomes in their place. Caldwell identified expressive techniques such as bibliotherapy, journaling, life maps, memory boxes, and videography as a way to tap into an ongoing creative meaning-making process, necessary for life review.

Life review as a therapeutic tool with the elderly can be highly effective in helping a client re-examine and re-frame life experiences from a new perspective. In therapy with the elderly, life-review usually becomes the core of the work in therapy. Birren and Cochran (2001) reported successful results from 25 years of research using autobiography groups as a form of structured life review, noting that the sharing of stories in group settings has positive therapeutic benefits for older adults. Wrye and Churilla (1977) noted that since a tendency to reminisce seems to be related to good

mental health in aging, its absence may be a clue that something is amiss. The content of a client's reminiscences provide important information about the client's functioning in areas such as self-concept, quality of interpersonal relationships and adaptability.

As clients look inward and backward over their lives, clinicians and social workers also benefit from listening to and taking end-of-life-reviews with the elderly. The review of one person's life may later be shared with the intent of helping others, and as this occurs our understanding of the life cycle is enhanced. Wrye and Churilla closed their article with a line from Homer's *Odyssey*, which brings the idea of narrative sharing into perspective, "It is through the process of sharing tales of deeds done and lives lived, that culture is transmitted from one generation to the next."

Life review is evaluative and involves self-evaluation and judgment of a lifetime of actions. Some outcomes are positive, including the resolution of past conflicts and issues, atonement for past acts or inaction, and reconciliation with family members and friends. In many ways, life review is similar to the psychotherapeutic process. It is argued that notwithstanding the importance of life review and its acceptance today as a normal developmental process, health care professionals who care for older persons depend far too much on drugs to quiet psychic pain. We must facilitate the opportunity for a person to achieve resolution and celebration, affirmation and hope, reconciliation and personal growth in the final years (Butler 2002).

There is little research evaluating the long-term effectiveness of life review therapy. One notable exception is a study by Haight, Michel, and Hendrix (2000), who followed 52 participants, ages 70 to 88, over a 3-year period to evaluate a structured life review process as a holistic nursing intervention. They assigned participants to two

groups to receive either a friendly visit or a life review intervention. The results indicated significant improvement in life satisfaction and self-esteem with decreased incidence of depression in nursing home residents tested at 1, 2, and 3 years post- intervention for those who received life review therapy.

Most available research, documents treatment for diagnosable disorders with relatively few outcome studies supporting preventive and developmental interventions for common late-life transitions. Outcome research studies with older persons reveal a lack of available services, but when mental health services are provided they produce positive and productive results.

Narrative Therapy

One possible approach for helping older persons and their families as they deal with late-life transitions is with the use of narrative therapy. Narrative therapy is a clinical model that is informed by postmodernism, a broad intellectual movement developed in various disciplines that rejects modernist conceptions of truth, certainty, and objectivity. Post-modernist thought asserts that our social reality is constructed. "Postmodernists believe that there are limits on the ability of human beings to measure and describe the universe in any precise, absolute and universally applicable way" (Freedman & Combs, 1996). Language, or the narrative of people, is seen as central to social construction. In particular, narrative therapy has been influenced by social constructionism, a strand of postmodernism that holds that knowledge is constitutive, intersubjective, and language-based (Foucault, 1987). Narrative therapy is unique by way of its application of Foucault's sociocultural philosophy. Foucault has suggested that individuals internalize oppressive ideas in cultural, political, and social contexts.

Thus, in narrative therapy clinical problems are conceptualized as restraining narratives that are influenced by one's culture and society (White & Epston, 1990). These restraining narratives are referred to in narrative therapy as dominant stories. In narrative therapy, the change process involves helping clients replace their dominant stories with more empowering stories about their lives (White, 2000; White & Epston).

Narrative therapy usually involves four stages; 1) mapping the influence of the problem, 2) identifying unique outcomes, 3) restorying and 4) tasks, interventions, letter writing, and other narrative exercises (Guterman & Rudes, 2005; White, 2000, 2004; White & Epston, 1990).

Mapping the influences of the problem is a questioning process designed to begin externalizing the problem (White, 2004; White & Epston, 1990). According to White and Epston, externalizing the problem is "an approach . . . that encourages a person to objectify and, at times, to personify the problems that they experience as oppressive". An example of such questioning might include, "How is the problem affecting the picture you have of yourself?" By identifying the many ways the problem has affected the client's life across different domains (e.g., work, relationships, daily functioning), clients are encouraged to view themselves as separate from the problem. In effect, clients are encouraged to see that they are not the problem, to identify times when they have overcome the problem (i.e., unique outcomes), and to begin challenging or restorying the dominant story that has thus far oppressed them. Another purpose of mapping the influences of the problem is to increase a sense of agency for the client by recognizing opportunities for identifying unique outcomes later during the clinical process. After the client has identified various influences through the mapping process, the clinician can go

back to these influences and inquire about unique exceptions later. In the case of the problem of anger, for example, the clinician might inquire about unique exceptions to the client's angry responses at work, in the client's relationships with family members, and with regard to his or her health. After mapping the influence of the problem, clients are helped to identify unique outcomes.

A unique outcome refers to any thought, behavior, feeling, or an event, anything that contradicts or is at odds with the dominant story (White & Epston, 1990). Mental health providers use interventive questions to help clients identify unique outcomes; for example, "How were you able to not let the problem influence you in this situation?" or "What did you do to overcome the problem in this situation?"

After identifying unique outcomes, clients are helped to create new and significant meaning to these instances through *restorying*, a therapeutic process designed to help clients create a sense of empowerment, self-efficacy, and hope (Guterman & Rudes, 2005; White, 2000). Restorying might, for example, involve the counselor asking the client," What does this (i.e., the unique outcome) say about you and your ability to have influence over this problem?" or "What qualities in a person does it require to deal with this problem?" Narrative therapy also frequently employs tasks, interventions, letter writing, and other narrative exercises.

Clients might be encouraged to put a name to their problem (e.g., a client's anger might be named the 'angry monster'). In such a case, the client might be asked to write a letter to the angry monster. The letter might take the form of the client's expression of determination to not allow the angry monster to become overpowering and oppressive (Guterman & Rudes, 2005).

Besley (2002) looks at the history of narrative therapy and how it evolved in the family therapy arena in the late 1980's in Australia and New Zealand. The pioneering narrative model was developed by Michael White and David Epston at the Dulwich Therapy Center in Australia.

The change process in narrative therapy involves helping clients replace their restraining narratives with more preferred stories about their problems and lives (White, 2000; White & Epston). A narrative therapist is interested in helping others fully describe their rich stories, modes of living and possibilities associated with them. At the same time, a narrative therapist is interested in co-investigating a problem's many influences, including on the person him/herself and on his/her primary relationships. The term "narrative" reflects the multi-storied nature of our identities and related meanings. In particular, re-authoring conversations about values and re-membering conversations about key influential people are powerful ways for people to reclaim their lives from problems. As elders approach the end of life and begin to review, what better way to assist than to witness their stories and help to reflect and reframe.

The life story interview provides a practical and holistic approach for the sensitive collection of personal narratives that reveal how a specific human life is constructed and reconstructed in representing that life as a story (Atkinson, 2007). The narrative process brings forth the voice and spirit within a life-as-a-whole personal narrative. Narrative therapy has captured the attention of many therapists who work with families. The use of narrative therapy as a therapeutic modality with families facing late-life transitions can be a benefit not only to the older person but also to anyone in the patients extended community (Etchison & Kleist, 2000). The important role of family

members and caregivers and the need to involve members of family systems in treatment are important considerations with older adult clients. All members of a client's family will be affected by the changes and transitions. The client may choose to involve their closest family members in the review process, providing there is extended support and available outlets for difficult feeling and emotions.

Narrative therapy provides an effective framework to treat older clients in late-life transitions. An increasing number of counseling, family therapy, and psychotherapy models have emphasized a narrative approach to conceptualizing problems and change. Narrative therapy is an empowering, focused, and strength-based model and, therefore, holds promise as a potentially effective approach for working with older clients who are facing multiple losses and navigating late-life transitions. This therapeutic approach speaks to the sociocultural factors that are presumed to influence older persons and how they experience late-life.

White (2004) states:

This thick or rich description of lives and relationships is generative of a wide range of possibilities for action in the world that were not previously visible. It is in these re-authoring conversations that people step into other experiences of their identity. These re-authoring conversations are actually shaping of, or constituting of, life and identity.

To date, however, the literature on narrative therapy application specific to latelife transition is scarce. Life review, a normal developmental task of the later years, is characterized by the return of memories and past conflicts. Life review can result in resolution, reconciliation, atonement, integration, and serenity. It can occur spontaneously, or it can be structured (Butler, 2002). As stated above narrative therapy a more structured approach can assist in helping the client to restory their past and recreate a new meaning for the story. Life-review becomes very useful with elderly clients and is an opportunity for the client to reflect and express feelings but doesn't necessarily need to lead to an in-depth psychoanalytic approach such as narrative therapy. Life review becomes more of a storytelling opportunity for an elderly client to remember certain strengths and encounters that have long been forgotten. Both restorying and storytelling approaches are useful and helpful with the elderly client, however the intention for the reflection and the cognitive ability of the client become factors in the selection of the appropriate treatment.

Conclusion

Late-life transitions are a complex and narrowly researched topic. It became apparent early on in the research that, information and studies on late-life transitions, life review and narrative therapy, are limited and that alternative and promising treatment modalities should be researched and utilized in order to ease the transitions of late-life and to determine their efficacy with elderly clients.

The collection and dissemination of the thesis findings will continue to provide social workers and mental health professionals with new tools for working with elders and their families. Narrative therapy can provide a beneficial approach toward a positive and enriching outcome, an opportunity to restory strengths, weaknesses, or failures.

Through this research study I planned to gather knowledge and insight from the clinicians I interviewed as to the ways in which they find best to support families as they go through this late-life review process. In gathering my research data, I wanted to find out what has worked, what hasn't worked and what the clinicians have found is missing in support of their work with elders and late-life transitions

I continue to look for research and articles that support my interest in the research question: How clinicians' use of narrative therapy can assist elders in their late-life transitions? My continued commitment to make a difference for patients and their families at this most difficult and challenging time in the life cycle was the driving force behind this research.

CHAPTER III

METHODOLOGY

This qualitative study was designed to explore the personal experiences and theoretical approaches that clinicians use when working with elderly clients and their families. As the literature review revealed, our large baby-boomer population is aging and the need for more effective interventions with elders and their increasing late-life issues are also growing. For clinicians who are just beginning careers in the field of social work, there continues to be a gap in the education and literature regarding specific techniques used by clinicians to engage with the elderly and their families as they face late life transitions. This chapter will present the methods of research used for this study and describe the sample selection, data collection, and data analysis procedures.

Sample

For feasibility reasons in conducting this study, a combination of snowball and purposive sampling was used to obtain a sample of participants who are experts in the field. Certain characteristics were required for participation in this research project. Participation was limited to clinicians (BSW's, MSW's, LCSW''s) and nurses (LVN's, RN's, MD's) who met the following criteria: 1) participants must have a minimum of three years clinical experience; 2) participants must work with elderly adult clients and their families in individual or group settings; 3) participants must identify as utilizing some narrative therapy in their practice. There was an attempt made to recruit a diverse group of clinicians in terms of race, ethnicity, gender, and years of experience in order to include a variety of perspectives.

The recruitment process consisted of recruiting clinicians from in and around the San Antonio, Texas area. The researcher's current field assignment at the Audie L. Murphy Veteran's Hospital provided daily contact with professionals working in and around the community with elders and their families. This large network of V.A. clinicians provided several participants who were recruited through verbal invitation. The staff of local rehabilitation facilities, assisted living communities, list serves of local narrative therapy associations and contacts through networking provided another pool of participants. The online recruitment posting, used on list serves and blogs is attached (see Appendix A).

All of the nine subjects when interviewed were employed full-time, either in an agency providing care or in a private practice. The subjects ranged in age from 35 to 62 years of age. The subjects included three (3) Caucasian female social workers, one (1) Hispanic female geriatric social worker, one (1) Hispanic male geriatric nurse, three (3) Caucasian male clinicians, and one (1) Caucasian male geriatric psychiatrist. These subjects provided a wide range of experience with their long and rewarding careers. Years of experience working with elders ranged from three years to thirty years. Their fields of practice were diverse and ranged from clinical social work in geriatrics to geriatric nursing, mental health, psychotherapy, pastoral counseling, and hospice.

Data Collection

Data collection was gathered via semi-structured interviews conducted face to face at mutually convenient and private locations with the exception of one interview that was conducted over the phone. Procedures to protect the rights and privacy of participants were outlined in a proposal of this study and presented to the Human Subject Review Board (HSRB) at Smith College School for Social Work before data collection began. Approval of the proposal indicated that the study was in concordance with the NASW Code of Ethics and the Federal Regulations for the Protection of Human Research Subjects (see Appendix B). Prior to each interview participants were given an informed consent document describing their participation in the study and their rights as human subjects, as well as any potential risks or benefits of participation (see Appendix C). Once the consent form was reviewed, consent was received and both copies were signed the interview would begin. The participant and researcher each kept a signed copy of the informed consent document, and the researcher will keep these documents in a secured environment separate from the data for three years after the conclusion of the study as mandated by Federal regulations.

In order to assure participant confidentiality, demographic information, researcher notes, transcripts, and audio tapes are kept separate from informed consent documents and are identified by number codes rather than names or other identifiable information. Any names or other identifiable information from participants or clients that were recorded during the interviews was removed or disguised during transcription for use in the final thesis project.

Participants were first asked to complete a short demographic questionnaire. Once this was done twenty interview questions were asked sequentially with the intention of bringing forth the participants' knowledge and rich experiences regarding specific models when working on late life transitions with elders and their families (see Appendix D). Each interview was audio taped. Handwritten notes were also taken during the interview to allow for the observation of body language, nonverbal communications, and affect. After each interview the researcher's thoughts and reflections were recorded. The interviews ranged in length from 45 to 60 minutes. All interviews took place between February 15th and April 15th, 2008.

Data Analysis

Data collected from the demographic questionnaires were analyzed manually, while data collected during the taped interviews was coded into categories using content and theme analysis. In this constant comparative method the researcher analyzed data for similarities and differences throughout the processes of data collection and data analysis.

During data collection the researcher took notes on relevant information and highlighted particular common themes or unusual responses. This data was then transcribed and reread again for commonalities or themes. Finally a process of data reduction was undertaken by way of coding the content of the interviews. First the transcripts were compartmentalized by question, and then into discrete categories based on occurrence of similar words, phrases, and themes across the responses of the study participants.

Throughout my entire data collection and analysis process, steps were taken to ensure valid and reliable responses. An attempt in the findings chapter is made, by

including the subjects' own words to allow the reader to judge the reliability of the inferences.

CHAPTER IV

FINDINGS

The nature of this study was to interview social workers and clinicians to gain insight from their experiences working with elderly clients and their families through some of the later-life transitions. The study focuses only on the information and experiences of the subjects interviewed. I will focus on four themes that emerged in the data from the interviews: 1) counseling needs of the elderly; 2) joys and challenges of working with elders; 3) life review vs. narrative therapy and the importance of family involvement; 4) education and training of future geriatric social workers. First the subjects will be introduced.

Subjects

The subjects interviewed represent only a small fraction of the clinicians that work with elders in their daily practice. I recruited social workers and clinicians from several agencies in the San Antonio, Texas area. All nine of the subjects have reported a heavy caseload of elderly clients.

All nine subjects interviewed are employed full-time, providing care either in an agency or in a private practice. The subjects interviewed ranged in age from 35 years old to 62 years old. The group of nine subjects included three Caucasian female social workers, one Hispanic female social worker, one Hispanic male geriatric nurse, three Caucasian male clinicians, and one Caucasian male geriatric physician. These nine

subjects each provided a wide range of experiences from their long and rewarding careers. The participant's fields of practice were diverse and included expertise in areas, but not limited to clinical social work in geriatrics, geriatric nursing, mental health, psychotherapy, pastoral counseling and hospice. In the group of participants the years of experience working with elders ranged from two years to thirty years.

Counseling Need of the Elderly

The counseling needs of the elderly will be the first theme that will be explored. All nine of the subjects agreed that the psychological counseling needs of the elderly are "the same as anyone else" however; the supportive needs for late-life issues are an area that is somewhat exclusive to the aging populations. Throughout the interviews the same late-life issues were brought up over and over again. It became evident that the subjects had similar experiences with their elderly patients. The issues that were common in all of the interviews are listed here, however this is far from a complete list and each patient presents with a different set of circumstances: grief, loss, helplessness, loneliness, chronic illness and end of life. These issues keep the subjects in this research study extremely busy in their daily work with elderly clients and their families.

Grief is the issue that can encompass almost all of the issues stated above. It was reported in the data in relation to "loss of spouse, loss of independence, chronic illness, and facing death." Several of the subjects interviewed spoke directly about using Elizabeth Kubler-Ross' books to help patients and their families as they navigate the latelife transitions and the various stages of grief. Grief and depression can show up as partners during this time of transition and four of the subject's felt that the depression can sometimes be more of a "reactive depression due to loss and illness".

There are many losses that elders experience as they age. The loss of self-identity as elders retire, their social position as elders become more isolated and are not known in the community as they once were, the loss of financial income, the loss of spouses, driver's licenses and the freedom they provide, socialization, sight and hearing and ultimately health and well being. Two subjects reported the guilt their clients experienced regarding "the burden they place on their families" with extra care giving needs. Helplessness was brought up in seven of the interviews. This response speaks to the feelings of helplessness. "Our clients struggle with multiple issues as they feel helpless in their situations. They have trouble with managing their own medications, they become isolated with limited mobility and transportation issues and depressed as they lose spouses. Many have to be relocated to assisted living situations and have to give up their primary residence." Two subjects commented that one of the most difficult issues is isolation. "Elders don't like to ask for or take help…a different generation."

Chronic illness and end of life issues were discussed in all nine interviews. Many of the elderly suffer from medical problems that are chronic and add to the co-morbidity of any psychological needs. Many of the subjects reported discussing death and dying issues with their patients. One subject reported discussions with some of his clients about advanced medical directives and funeral arrangements. He also said, "I sometimes make use of photographs, the lighting of candles and aroma scents in some of my sessions with hospice patients it helps facilitate a comfortable environment. It is extremely powerful to witness and support a person in the process of passing on."

Being empathetic and the use of empathy were expressed in all nine of the

interviews. "It is a must in working with elderly clients and their families." "Empathy is needed for the patients, the family caregivers, and for the process of dealing with late-life issues" and "Elderly clients need to feel safe, respected and cared for."

Joys and Challenges of working with Elders

One of the questions asked addressed the joys and challenges of working with elderly clients. The responses from all nine subjects to the first part of the question addressing *joys* overlapped in many ways, but were also unique to their settings; "...problems amenable to solutions." "...learning about different cultures and family systems.", "...generally more of a supportive system of care." A participant who works with hospice patients shared one of his joys as "... preparing the patient and the family for death and dying and I consider it an honor to be in the presence of emotional healing." Several participants answered the question with the response "I love it [working with elders]!" Similar underlying themes were evident and seemed to exude an overwhelming sense of satisfaction from all nine participants, in working with the elderly, including the joys and challenges they have experienced.

Joys:

...long life history

- ...a lot to offer in life experience and stories
- ...appreciative/thankful
- ...softened and need support
- ...humor and laughter
- ... generally pleasant people

The second half of the question was regarding the challenges faced by the subjects as

they work with the elderly and their families. The answers again varied, but were able to shine a light into their world and their experiences with elderly patients "They don't want to ask for anything." "The elderly as a whole, present with a lack of desire to change." "As a younger social worker I have the issues of the generation gap." "Here in Texas there are often language and cultural barriers to treatment."

When reviewing the data the results produced similar themes around the challenges of working with elderly patients in late life transition.

Challenges:

... crabby and prideful

- ...hard of hearing/sight
- ...lack of resources

...chronic illness w/co-morbidity, pain, mobility

...mental status, cognition, memory problems

... transportation, isolation, loneliness

Life-Review vs. Narrative Therapy

All nine participants reported using some form of narrative therapy as a component of their work with their elderly clients. All nine agreed that the "…narrative forms of assessment provide extremely rich information." One therapeutic mantra in the field of social work is 'meet the client where they are' and all nine reported that the narrative sessions allowed them to discover directly from the patient, information about their life history, the good and the bad and discern the issues they are currently facing in this late-life stage. Seven of the participants reported that, due to their heavy caseload dealing with psychodynamic needs becomes less of a priority and the focus is placed on

the issues that are front and foremost for the patient. The cognitive impairment of many of the elderly clients makes insight-oriented therapy quite difficult. Two of the clinicians interviewed have more of an opportunity to deal with psychodynamic concerns in-depth, however their work can become challenging "...dependent on the patient's cognitive ability to do the work." All nine participants reported using, at one time or another "...a gentle supportive approach to help them with adjustment issues" as a secondary approach. This supportive stance allows for a safe, non-threatening space for patients to explore and examine their life-review. The supportive therapy stance can provide validation of the patient and support them in "...making peace with the past, all of it...preparing for death." Solution focused, problem solving can also be helpful in latelife transitions when it comes to immediate needs such as financial issues, accommodations, transportation, and mobility. Reminding patients of their strengths is also important, as they reflect on their lived life and lean toward questioning its validity and importance. One clinician extremely committed to strengths based approach in dealing with her population shared "...an important area is helping the elderly recognize their strengths and that there are many other individuals that are experiencing similar situations."

As mentioned above all participants stated using some form of narrative in their work with elderly clients, whether it be life-review, reminiscence, storytelling, or narrative therapy. However, for the purpose of this study the focus was on the concept of narrative therapy as developed by Michael White and David Epson from Adelaide, Australia. Alice Morgan from the Dulwich Centre in Australia, where narrative therapists are trained writes about "What is Narrative Therapy" on the center website:

Narrative therapy seeks to be a respectful, non-blaming approach to counseling and community work, which centres people as the experts in their own lives. It views problems as separate from people and assumes people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to reduce the influence of problems in their lives. (www.dulwichcentre.com.au)

Another quote from the Dulwich Centre website provides more perspective about

the therapy as Jill Freedman and Gene Combs describe:

Narrative therapists are interested in working with people to bring forth and thicken stories that do not support or sustain problems. As people begin to inhabit and live out the alternative stories, the results are beyond solving problems. Within the new stories, people live out new self images, new possibilities for relationships and new futures. (1996, p.16)

None of the participants actually were using or understood narrative therapy as

explained above, a therapeutic stance, which was the focus at the time the study was developed. This finding may have been a result of these particular participants' educational backgrounds, ages and length of time in practice or possible lack of interest in the narrative model as constructed by Michael White. In addition, all nine participants reported contact with the families of their elderly clients and outlined difficulties the whole family might face during these times of transition. Michael White's narrative therapy approach was actually born out of his work with roots in the field of marriage and family counseling. The results of the study showed that the clinicians interviewed were unable to provide this type of in-depth process with their actual patients but, more longterm work with extended family might provide a useful tool in informing and preparing the family for the tasks of transition and in turn helping the patient transition.

Education and Training

All nine participants reported a gap in the educational opportunities available during their professional schooling for specifically working with aging and elderly populations. Five participants reported that their employer's were continually providing classes and lectures to inform and train staff on new information in the field. One subject stated her disappointment in "...the lack of classes that would have provided age specific information.", and another was "...disappointed with the curriculum and the missing geriatric materials." The research provided themes that the entire group of participants felt would have been useful in their professional education. The participants reported the need for more information about "...dementia and Alzheimer's, a serious need and there is a lot to know. Several other themes that reoccurred throughout the interviews were, "... assessing family dynamics and the impact of care giving ... regarding support or possible abuse." Four participants expressed a desire to have more education on "...religious and spiritual practice for those over 70." The last theme to be addressed in this section is the need for pharmaceutical knowledge. With the extremely vast amount of medications available today, "...there could be a whole semester of classes..." one psychiatrist stated "...our job becomes more difficult when the medications have an effect on a patients cognitive and psychological abilities."

In the collection of data regarding the education and training for future social work professionals there is much to be learned from the participants in this research project. Each of the subjects shared their 'best advice' for working with elders and their families as they face late-life transitions. Since the educational curriculums are limited the message was you need to continue to seek out your own resources for further

education. One subject highlighted this point by sharing "The desire to work with elders is paramount, slow down, be patient, learn from others (on the job), get all you can and find your own way." With the aging population and the influx of the 'baby-boomer' generation the need for geriatric social work is rapidly increasing. There will be a lot of money directed toward the field of geriatrics for research and implementation of new practices. The research from this study supports the idea that the elderly have a lot to share. As social workers we can listen, learn and teach.

CHAPTER V

DISCUSSION

The purpose of this study was to explore the ways in which social work professionals can help elders and their families as they face late-life transitions. The literature review focused on the aging population, late-life transitions, and the complex problems that the elderly face, specific counseling needs and narrative therapy as a viable therapeutic intervention. Individual interviews with nine professionals were used to gather data for this study. All nine participants stated their caseloads consisted of primarily the aging-elderly population. All clinicians interviewed were working in San Antonio, Texas at the time the interviews took place.

Qualitative information was gathered through eight in person interviews and one over the phone interview. The interviews ranged in length from forty-five minutes to an hour and twenty minutes. Two interviews took place in the clinicians' homes, six interviews took place in the clinicians' offices, and one interview took place over the phone. All participants were gracious with their responses to the questions asked and in the telling of their own experiences of working with elderly clients. The questionnaire consisted of twenty questions directed at such topics as; the joys and challenges of working with elders, different modalities of therapeutic intervention and guidance for new social workers that are considering working with the fast growing geriatric population and the late-life transitions they are facing.

The intention of this study was to determine if the use of narrative therapy would work with elders in late-life transitions. As presented in the findings section of this study, all nine of the participants reported using some form of narrative means in their work with patients. They reported using narrative, reminiscence, life review, and storytelling. The data did not support the intention of the study. All nine of the participants thought that they were using narrative therapy; however, they were using 'narrative' loosely and thought it was more of the 'storytelling' or 'reporting' type of one's life review. This made gathering data about the actual therapeutic practice of narrative therapy with elders difficult. It became evident that the first four clinicians were not clear about narrative therapy and unfamiliar with Michael White, the clinician from Adelaide, Australia who co-created a narrative therapy process with David Epson in the early 1980's. Their process was born out of their work with marriage and family clients. After the fourth interview, each of the next five participants were provided with a brief description of "What is Narrative Therapy?" from the Dulwich Centre where Michael White's works are used to train professionals and ground them in the narrative therapy process. Much to the disappointment of this researcher, the sharing of the description did not produce much of an impact on the data collected from the next five clinicians. The intention when the research started was to recruit from only narrative therapists but it quickly became evident that it was going to be difficult to find clinicians that only used narrative therapy in their work with patients. The participants recruited, reported using some narrative approach as stated above. The impact on the research became apparent as the participants had difficulty answering the questions designed for the study specifically related to their use of narrative therapy. After the completion of

this study it became clear that much stricter screening was needed to successfully qualify the participants for this particular study. The information gathered was not valid enough to answer the question asked from the study. However the data did support the lifereview or reminiscence work done by the participants and that it was not only useful but extremely important for elders to be able to review their lives, including the ups and downs and to begin to make peace with the past, so as to be ready to heal and move forward.

The research provided an opportunity to learn from social workers and clinicians who are already in the trenches with their elderly clients and their families. The results of the research provide a close-up and personal look at the joys and challenges of working with the elderly population. The overwhelming sense of joy and fulfillment they gain from their work was present in all nine of the participant interviews. The literature researched points to the growing need for more social workers and clinicians as our communities' age. As a new social worker entering the field at this time in history, the information gathered in the interviews helped to shed light on the field of gerontology and what the day to day job duties might entail. The combination of rewards might entice social workers, new and seasoned, to inquire if the field is right for them.

Our aging population continues to grow, as the 'baby boomers' enter the realm of the elderly. We must begin to pay closer attention to the specific needs of the elderly and how we can attend to meeting those needs. Statistics show that the elderly are the biggest consumers of health care services. It has also been reported that the 'boomers' have money and will be looking to purchase extra services as they age. The gerontology field is full of exciting opportunities. There are many new areas of study and lots of funding

available to implement new opportunities for social workers, elders, and their extended families as they face late-life transitions. The participants shared their heart-felt appreciation for their elderly patients and all nine said they love the work they do.

The results gathered from the participants about educational opportunities, or lacks there of, for up and coming social workers who are interested in working with older patients were quite a surprise to this researcher. The findings section goes into more detail of the struggle the participants faced, as they had to gather most of the education and skills for doing their work with the elderly on their own. All of the participants reported a large gap in the education they received around working with elderly clients. This researcher also experienced this reality of limited options for study of the aging and elderly in her curriculum as she worked toward her MSW. There needs to be better training in the educational setting. Further research might provide aide in curriculum development that will lead to more informed training. There is information out there and available for clinicians, but the onus falls on the clinician to find lectures, classes, and books on the topics they are interested in studying.

The interviews also revealed the frustration and disappointment that clinicians feel around the time constraint on doing any in-depth work with clients. The caseloads are getting heavier as the population ages and the need for more clinicians increases. The need for further study is necessary to assess the impact and affect in-depth social work intervention will provide for elders and their families. The elderly patient may not be able to participate in any in-depth psychoanalytic work but, it would be a bonus to be able to provide the time if requested. The elderly patients bring with them, a world of knowledge, personal experience, and a life, hopefully long lived. Our culture as a whole

does not honor the elderly as valuable entities, keepers of knowledge or as teachers of lessons learned. The loss will be ours if we fail to study the impact of the cultural conversation and attitudes toward the elderly and what they have to offer.

This study provided information collected from nine clinicians in and around San Antonio, Texas. There were limitations of this study due to the small, specifically recruited population and is far from representative of the social work field as a whole. After the incredible interviews with the clinicians in this study and gathering their heartfelt information and insights one hope for this study is to keep the conversation alive regarding the need for further education and investigation into the specific counseling needs of the elderly. A second hope is that students and social workers alike will be more interested and inspired to pursue work with the aging and elderly. As stated in the findings, all nine participants made it clear to the researcher that they loved their work with the elderly and their families facing late-life transitions.

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Appendix A

Human Subjects Review Approval Letter

RESEARCH STUDY PARTICIPANTS WANTED FOR STUDY OF YOUR EXPERIENCE WORKING WITH ELDERS AND THEIR FAMILIES AS THEY FACE LATE-LIFE TRANSITIONS

I am a graduate student writing my thesis on how the use of Narrative Therapy can possibly assist families tackle difficult issues and make tough decisions

If you:

- Are a BSW/MSW/LCSW or an LVN/RN/MD
- Have at least three years experience working with elders and their families and have implemented or experimented with the principles of Narrative Therapy
- Are interested in taking part in a research study and sharing your experience
- Would be willing to discuss your experience in a 45- 60 minute confidential interview with me

Please Contact: Glenna XXXXX Tel. XXX-XXX-XXXX gklein@xxxx.xxx

Appendix B

Human Subjects Review Approval Letter

December 27, 2007

Dear Glenna,

Your amended materials have been reviewed. You have done a fine job with your revisions and all is now in order. We are therefore glad to give final approval to your study.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain signed consent documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your very interesting study. It will be interesting to see how many come forth and identify themselves as having tried out some narrative ideas in therapy.

Sincerely,

Ann Hartman, D.S.W. Chair, Human Subjects Review Committee

CC: Colette Duciaume-Wright, Research Advisor

Appendix C

Informed Consent Form

December 15, 2007

Dear Research Participant,

My name is Glenna XXXXX, and I am a graduate student at XXXXX College School for Social Work. I am conducting a research study to gather information on the use and effect of narrative therapy on late-life transitions and life review process of elderly clients. Data obtained in this study will be used for my masters thesis and for possible presentations and publications.

Your participation is requested because you are a clinician who uses some narrative therapy in your practice and have stated that you have done work with elders and their families. If you are interested in participating in this study, you must hold any of the following the BSW, MSW or LCSW degree or be an LVN/RN/MD; have been in practice for at least three years; use some narrative therapy and work with elders. If you choose to participate, I will interview you about your processes, strategies, experiences, and thoughts regarding working with elderly clients, their families and life review. In addition, I will ask you to provide demographic information about yourself. The interview will be conducted in person, will be tape-recorded, and will last approximately 45 minutes to one hour. If after completion of all the interviews I find that I need further clarification and/or elaboration I may telephone you after the interview if necessary. If needed this follow-up call will be no more than five minutes in length.

Risks of study participation are minimal. There is the possibility that some interview questions could elicit disturbing thoughts, feelings, or memories. Participation in this study will be confidential, not anonymous due to the type of face-to-face interview.

The benefits of participating in this study are that you have the opportunity to contribute to an ongoing conversation regarding the impact of narrative therapy and life review in support of smooth late-life transition experiences for patients and their families. It is my hope that this study will provide social workers and caregivers an insight and understanding of the power surrounding the life review and reconstructing how the next phase of life proceeds. You may also benefit from being able to tell your insights and have your perspective be heard. Unfortunately, I am not able to offer financial compensation for your participation.

Your participation in this study is confidential. I will numerically code the audio tapes and interview notes instead of using your real name. If there is need for quoted comments, "participant/s" will be used and identifying information will be disguised so as to protect confidentiality. In addition, I will lock consent forms, audio tapes, interview notes, and demographic forms in a file drawer during the thesis process and for three

years thereafter, in accordance with federal regulations. After such time, I will destroy the above-mentioned materials. I request that you also keep a copy of the signed consent forms for your records. In the written thesis, I will not use demographic information to describe each individual; rather I will combine the demographic data to reflect the subject pool in the aggregate. In this way, participants will not be identifiable in the written work. Finally, if an additional data handler, transcriber, or analyst is used in this study, I will require her/him to sign a confidentiality agreement.

Participation in this study is completely voluntary. You may refuse to answer any interview question(s), and you may withdraw from the study at any time, by indicating in writing that you are no longer interested in participating. You have until March 31, 2008 to withdraw from the study; after this date, I will begin writing the Results and Discussion sections of my thesis.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Signature of Participant	Date	

Signature of Interviewer

If you have any further questions about this study, participation, rights of participants, or this consent form, please feel free to contact me at the information below. You can also contact the Chair of the XXXXX College School for Social Work Human Subjects Review Committee at XXX-XXX-XXXX.

Date

Thank you for your time, your participation and your commitment.

Sincerely,

Glenna XXXXX 7400 Merton Minter Blvd. San Antonio, TX 78229 (210) XXX-XXXX

gklein@xxxxx.xxx

Appendix D

Interview Guide

For a description of "Narrative Therapy" please visit the link below: http://www.dulwichcenter.com/alicearticle.html

Age: Race: Gender: Field of practice:

How long have you worked with elders?

How much do you enjoy working with elders?

Joys in working with elders? Challenges?

Do you work with the family as well? Which family members are typically involved?

Can you describe how you incorporate Narrative Therapy in these sessions with either

client and/or family?

Do you find it beneficial?

Do you use other models? Describe your preferences and why.

How do you/they start the life review process?

What kinds of issues do clients bring to the sessions?

What is your primary theoretical orientation or model when working with elders?

Do you incorporate various methods in creating life reviews? (art, photography, poetry,

dance, etc)

Do you belong to any support/peer groups around this topic?

Article or magazines you recommend?

What would you propose as curriculum around death/dying and late-life transitions to help train professionals being educated now?

If you had the power to change and lessen the struggles being faced by the so called

"Sandwich Generation," what are some things you would change or implement?

What do you see as the counseling needs of the elderly?

What specific issues do you think the elderly face that are unique from other

populations?

What if any are the limitations to the level of counseling that you are able to provide? What techniques or methods do you find especially helpful in dealing with the counseling needs of elders?

What are three ideas you feel would be important to pass on to future social workers that might be considering a career in working with elders?

Any training that was helpful?

Anything missing?