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Preface

Dementia is one of the most devastating illnesses, as it involves a progressive decline in mental functioning leading to eventual total incapacity. Thus, it affects all aspects of diagnosed individuals—eventually robbing them of their very identities. There are many types of dementia, but the most common form is Alzheimer’s disease, which affects over 4 million Americans, the majority of whom are age 65 or older. However, although associated with aging, the illness is also found in persons in midlife, where the impact can be particularly severe, as it affects employment, income, and the expected life course.

The toll associated with dementia is not restricted to the individual with the diagnosis. Families who provide the majority of care become increasingly burdened throughout the course of the illness. Additionally, many insurance plans do not cover services such as day care, respite, and home care, forcing caregivers to use their own funds for these supports. The toll is also transmitted to society through the financial costs of care as well as the lost productivity, absenteeism, and reduced employment of caregivers.

Social workers, whose focus and skills relate to the individual, the environment, and the interactions between them, are perhaps the most appropriate professionals to serve the growing population of persons with dementia and their caregivers. But, in order to do so, social workers themselves must be knowledgeable about the illness, its course, and its myriad effects on the individual, the family, and society. Unfortunately, education on dementia is noticeably absent in graduate schools of social work, where gerontology courses tend to be very limited and those that do exist spend perhaps one or two sessions focusing on the illness.

This book seeks to fill a major gap in the education and development of gerontological social workers whose skills are sorely needed by persons with dementia and their caregivers. But beyond specific gerontological courses, this book should also be a valuable resource to practitioners working with diverse populations in a variety of settings, ranging from the home to the institution.
As all members of a family are affected by dementia, the problems associated with the illness are intergenerational. Practitioners dealing with adults and children will find that this book offers valuable insights regarding interventions that can help clients cope with the complex issues related to the disease. From the time of initial diagnosis to the final stages of dementia, families must make transitions and decisions that can truly be helped by a social worker’s skills, understanding, knowledge, and empathy.

The theme of this book underscores the many factors associated with dementia and its care and the ways in which social work involvement can be most valuable. The chapters, written by leaders in the field of dementia care, examine the development and impact of dementia and the many ways in which social work expertise can be most effectively utilized by clinicians, researchers, and advocates.

Throughout the 21 chapters of this book, the social and psychological ramifications of the illness are stressed. Within each chapter are implications and suggestions for social work involvement. The book begins with a chapter that describes Alzheimer’s disease and other dementias, then continues to chapters that focus on the early stages of the illness and particular services, and concludes with models of care in other countries and challenges to the profession.

Dementia is an all-encompassing illness that affects many spheres of the affected individual, his or her family, and society. This book is divided into five sections, each of which deals with one of these spheres.

Part One, “Setting the Stage for Social Work,” includes an overview of dementia, assessment instruments, and its association with other chronic illnesses. As discussed earlier, Alzheimer’s disease is not the only cause of dementia; Darby Morhardt’s chapter describes the many different types of dementias and their manifestations. It underscores the importance of how understanding these differences is crucial for effective practice.

Many instruments are available for the assessments of dementia. The chapter by Victoria Cotrell describes these instruments, the differences between screening and diagnosis, and the roles that social workers must play in multidimensional assessments of persons with dementia to ensure the identification of all of their complex needs.

Persons with dementia are not immune from other chronic conditions that cause them increased debilitation and suffering—while also placing further demands on the health care system. Katie Maslow’s chapter discusses the increased burden and complexity associated with chronic illness and dementia and their management.

Part Two, “The Early Stage and Interventions With Families,” is devoted to understanding the impact of a dementia diagnosis on both the individual and his or her family. The chapter by Lisa Snyder introduces
social workers to the emotional, physical, and social issues that persons face in the early stage of the illness. The chapter by Dan Kuhn explores the challenges faced by caregiving families and the important roles that social workers can play in assisting them.

Carol Whitlatch and Lynn Feinberg discuss the impact of caregiving on the family, the types of decisions families must confront throughout the illness, and the importance of developing interventions targeted to their specific needs. Cynthia Epstein describes the research and clinical interventions with families developed at New York University’s Aging and Dementia Research Center. Her findings have vast implications for improving the caregiving relationship and the care that is provided.

Part Three, “Diversity and Dementia,” consists of five chapters that examine dementia with regard to culture and ethnicity and model programs from other countries that may offer suggestions for replication in the United States. My chapter is an overview of the ways in which cultural diversity often impacts the illness, from the recognition of symptoms to the use of services. It emphasizes the knowledge and understanding that social workers must have in working with diverse populations while also stressing the importance of guarding against stereotypes.

María Aranda and Carmen Morano offer considerations and suggestions for social workers in adapting psychosocial interventions for Latino caregivers. Nancy Emerson Lombardo describes a service model created for Chinese caregivers that can be replicated for use with other populations. The chapter by Jill Manthorpe and Jo Moriarty discusses the tasks and roles of social workers in the developing world, Europe, and Japan. Teorrah Kontos focuses on dementia care and programs in Australia. These last two chapters offer ideas from other countries that could be incorporated into our own systems of care.

Part Four, “Community Care,” includes chapters on the primary community services that can assist both afflicted individuals and their caregivers. As caregivers struggle to understand and cope with dementia, they are often overwhelmed by the demands of the illness, their lack of understanding, and their need for additional resources.

Skilled care management, as discussed in the chapter by Liz Baxter, can help to strengthen caregivers by offering them support and resources. Nina Silverstein and Lisa Peters-Beumer examine the important subject of community mobility and dementia and how social workers can help clients transition from being in the “driver’s seat” to accepting the “passenger seat.”

The role that social work can play in adult day services for persons with dementia is described in the chapter by Jed Johnson and Marilyn Hartle. Edna Ballard’s chapter uses examples from her work at the Duke University Family Support Program to discuss the roles that support
groups can play in meeting caregiver needs. Finally, the chapter by Montgomery and Rowe describes the roles of social workers in respite care programs, which can offer immense relief to caregiving families.

Part Five, “Residential Care and Other Models,” is composed of two chapters that focus on institutional care for the person with dementia. The chapter by Sheryl Zimmerman examines research on the factors related to the quality of care of persons in residential settings. The following chapter by Jeanne Heid-Grubman discusses how research on quality can be translated into effective social work practice in the institution.

The final chapter of the book concludes with challenges to the profession that must be met if social work is to be truly effective in meeting the myriad needs faced by persons with dementia and their caregivers.

It is hoped that this book will encourage and stimulate social workers to not only increase their involvement with persons with dementia and their families but also educate those currently working with this population. As the number of persons with dementia multiplies in the coming decades, there is an urgent and immediate need for the profession’s commitment to strengthen and improve the quality of the systems affecting these persons.
Foreword

Alzheimer’s disease and related disorders have been called “equal opportunity destroyers” because they cut a swath not only through persons with progressive losses (and, notably in this book, retained capacities) but also entire families whose lives are forever changed by their effects. Actor David Hyde Pierce aptly labeled as “collateral damage” the often silent but insidious health and relationship losses faced by multigenerational families who must deal with dementia. Carole Cox and her contributors, all leaders in social work and dementia research and practice, provide a cohesive and definitive roadmap that addresses the direct and collateral damage of progressive memory disorders.

These seasoned clinicians and researchers offer practical strategies for enhancing quality of life and relationships as well as quality of services for affected persons and their concerned families. Readers will be convinced of the centrality of the recognition of cognitive decline through long-term care to the future of adult development and aging. This is the first volume of its kind to demonstrate how the profession of social work must be poised to meet the immediate, long-term, and future needs, preferences, and values of persons and families coping with memory disorders from recognition through bereavement.

In this era of “translational medicine” there is an equally great need to translate well-designed and rigorously evaluated social work interventions for broad community application. Cox and her colleagues offer an authoritative, theoretically sound, dementia-friendly, practice-feasible and policy-relevant systems perspective. The effects of Alzheimer’s disease and other dementias on individuals and communities demand a collaborative interdisciplinary approach, and nowhere are the social work leadership and communication strengths requisite to this approach more evident than in the carefully woven chapters of this tightly edited compendium.

From early-stage programs through bereavement and from clinical to support groups to community respite and advanced dementia care programs, this single volume offers practical, tested, and meaningful
person-centered and family-friendly strategies. Even better, all authors incorporate culturally sensitive suggestions for adaptation to diverse ethnic, cultural, and regional strengths, preferences, and needs.

To adapt a wise quote from Rosalynn Carter about family caregivers: in the future there will be only four kinds of social workers—those who work with Alzheimer’s families, those who are part of Alzheimer’s families, those who will work Alzheimer’s families, or those who will face Alzheimer’s in their immediate personal circles. That future is now, and this book should be required reading for all student and practicing social workers in all specialties and settings.

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PART I

Setting the Stage for Social Work
INTRODUCTION

It is common knowledge that the population of the United States is aging. In 2004, 12.4% of the population was 65 years or older, and this proportion is expected to increase to 20% by 2030 (National Institute on Aging, 2006). An aging population has ramifications throughout society, and one of particular concern is the impact it will have on the social work profession. Accordingly, the Council on Social Work Education (2001) estimates that between 60,000 and 70,000 gerontological social workers will be needed by 2030 to meet the needs of the elderly. These professionals will require specific knowledge, competency, and skills, particularly the ability to work with those coping with dementia.

Dementia is not a necessary part of aging, but its prevalence increases with age. Dementia refers to a loss of mental functions in two or more areas (such as language, memory, visual and spatial abilities, and judgment) to the extent that the person’s daily life is affected. Alzheimer’s disease, which affects more than 4.5 million persons in the United States, is the most common source of dementia. The risk of developing Alzheimer’s doubles every 5 years after age 65, affecting approximately 2% of the population aged 65 to 74, 19% of those aged 75 to 84, and 47% of those 85 and older (Evans, Funkenstein, & Albert, 1989). By
2050, between 11 million and 16 million persons may be diagnosed with the illness.

There is probably no greater cause of anxiety and stress than receiving the diagnosis of dementia. A recent survey of Americans found that, next to cancer, Alzheimer’s is the most feared disease among all age-groups; after age 55, the fear of Alzheimer’s supersedes that of cancer. In addition, three out of five persons worry that they will be responsible for the care of someone with the illness (MetLife Foundation, 2006).

The impact of dementia is pervasive as its effects are felt throughout society. A recent reevaluation of Alzheimer’s annual cost to business (from $33.1 billion in 1998 to $61.1 billion in 2002) underscores the economic impact of the illness, mostly due to the caregivers’ loss of productivity, absenteeism, and eventual job replacement (Koppel, 2002). In addition, persons with the illness place large burdens on the medical care and long-term care systems, where their many demands have been linked to increases in staff burnout and turnover (Weinberg, 2003).

The impact of the illness is particularly great on the informal caregiver, the family member who continues to provide the bulk of care throughout the course of the illness. These caregivers have been termed “the hidden victims” (Zarit, Orr, & Zarit, 1985). In comparison to other caregivers, they spend more time per week providing care and also report greater strain and impact on employment, mental and physical health, and leisure time (Alzheimer’s Association and National Alliance for Caregiving, 2004). The needs of persons with the dementia and their families have direct implications for the social work profession because social work knowledge, skills, and roles can be critical throughout the course of the illness.

UNDERSTANDING DEMENTIA

Dementia is not a disease; it is a group of symptoms that are so severe that they interfere with an individual’s ability to function normally in everyday life. Dementia affects intellectual abilities so that functions such as thinking, remembering, and reasoning are impaired to the extent that the individual has difficulty carrying out normal activities. The symptoms also frequently cause changes in mood, behavior, and personality.

It is important to recognize that although some slowing in cognitive functions and memory loss often accompanies aging, these conditions do not constitute dementia. They are usually mild and do not interfere with daily functioning (although they can be troubling and cause anxiety about developing dementia). It is most important for social workers to recognize that although dementia is more prevalent in older persons, it is not a normal part of aging.
Many conditions—such as depression, delirium, alcohol or drug use, malnutrition, vitamin use, hormone imbalance, and infections—can cause dementia-like symptoms. In such cases, once the cause is discovered and treated, the symptoms may disappear. Dementia is considered irreversible in that there is no existing cure for the condition. Consequently, it is critical that any diagnosis of dementia exclude conditions whose symptoms could mimic those of dementia.

Medications are a particularly notable cause of reversible dementia, particularly since older people may not be able to process medications effectively or may suffer from multiple drug interactions. Other causes of reversible dementia include metabolic abnormalities that affect the thyroid, hypoglycemia, pernicious anemia, nutritional deficiencies including dehydration, emotional problems, and infections such as meningitis and encephalitis.

**ALZHEIMER’S DISEASE**

The exact cause of Alzheimer’s disease, the most common form of dementia in older persons, is still not known, although the greatest risk factors are increasing age and a family history of the illness. Other possible risk factors are high cholesterol, hypertension, diabetes, and low levels of the vitamin folate. Although there are no clear preventive measures against Alzheimer’s disease, research is examining the roles that mental, physical, and social activities may play in protecting against it (National Institute on Aging, 2006).

Memory loss is the most notable symptom, but Alzheimer’s disease also affects language, object recognition, and functioning. Common behavioral symptoms include psychosis, depression, agitation, and wandering. Unfortunately, early symptoms of the disease may be frequently ignored by family members who perceive them as a normal part of the aging process. A study of more than 800 families who eventually sought help found that the mean time from the onset of symptoms to seeking assistance was 36 months (Cox & Albisu, 2003). Such delayed responses mean that early-stage interventions and therapies, which could delay the progression of the illness or reduce symptoms, are frequently not used.

According to the Alzheimer’s Association (2006), the 10 warning signs that indicate Alzheimer’s include the following:

- Memory loss
- Difficulty performing familiar tasks
- Problems with language
• Disorientation of time and place
• Poor or decreased judgment
• Problems with abstract thinking
• Misplacing things
• Changes in mood and behavior
• Personality changes

Although these changes become frequent as people age, they are more extreme and progressive in persons with Alzheimer’s disease.

As the disease progresses, symptoms become so severe that they prohibit normal functioning. Eventually, persons with Alzheimer’s disease are unable to recognize familiar people or places, forget how to do simple tasks, and have difficulty speaking, reading, and writing. Often they have pronounced personality changes, becoming aggressive or paranoid. Eventually, they will require total care. The progressive nature of the illness makes early diagnosis critical because it is in the early stages that the person will be most able to decide his or her own course of care and participate in important decisions.

In addition, during the early stages, medications are most effective in controlling symptoms. *Cholinesterase inhibitors* prevent the breakdown of *acetylcholine*, a chemical in the brain that affects memory. People taking these drugs may experience improvement in their cognitive symptoms. *Memantine* is a drug that regulates *glutamate*, a brain chemical that affects learning and memory. It may also have benefits on cognitive and psychomotor functioning in tune with mild to moderate Alzheimer’s disease.

Given that persons with dementia are often desperate for cures and effective therapies, they are vulnerable to claims of unsubstantiated treatments. Moreover, certain supplements including herbal and natural medicines may have uncertain quality and potency and may also have harmful interactions with prescribed medications. Social workers can help to educate persons about managing the illness, the risks of alternative treatments, and the need for compliance with prescribed medication.

**SOCIAL WORKERS AND DEMENTIA**

Given the vast dimensions of life that dementia impacts, social workers—with their micro- and macroperspectives of the helping process—can assume a major role in care. As the illness affects entire families and reverberates throughout the community, social workers can directly assist individuals with dementia while also ensuring that the systems with which they interact are supportive and responsive to their needs.
Social work skills in assessment and counseling can help persons with dementia meet the challenges of the illness throughout its devastating course. At the microlevel, social workers can enable persons with dementia to explore their feelings, fears, and concerns associated with the diagnosis. Their ability to understand individuals and to develop trusting relationships can be vital in helping clients cope with the challenges that dementia entails.

Stress is a major component of dementia, as it robs individuals of their identity and ability to function; it also robs their families of the person they loved. Stress further ensues as the illness progresses; relationships alter, and demands increase. Social work interventions can reduce this stress as they help clients understand the problems they face, develop new responses, and formulate goals and care plans that can increase their capacity to adjust.

In addition, social workers’ knowledge of service delivery systems is important for identifying gaps and problems in programs that either deter their use or limit their effectiveness. Throughout the course of the illness, social workers must be able to ensure that programs are accessible and acceptable, that resources are available, and that they are compatible with their clients’ needs. Social workers can reduce barriers to service utilization and thus make sure that the environment itself is supportive rather than a further source of stress.

Social work research is required to further explore the needs of people with dementia as well as the needs of their caregivers. Research on issues such as service delivery, intervention, and quality care is critical for the development of effective services. As program evaluators, social workers must be involved in assessing the outcomes of programs and identifying the areas in which change may be needed in order to improve services.

Advocacy is an important task for social workers involved with dementia. This involves advocating not only for individual clients but also for critical policies and services that are essential if needs are to be effectively met. Advocacy can help ensure that persons with dementia are not ignored and that their concerns are heard. Advocacy is also important for the development of further supports, funding, and resources for these persons and their families.

**BASIS FOR INTERVENTIONS**

The ecological perspective, the strengths perspective, family systems theory, and systems theory are among the theories that can provide bases for social work interventions with dementia. The skilled practitioner will
use each in various phases of assessment, in problem solving, and in the
development of care plans. Consequently, social work interventions can
empower and enable caregivers as they strengthen their functioning and
well being.

Examples of the applicability of the social work approach include
genograms and ecomaps that may be used in the initial contact phase
with the individual and the caregivers. Both of these tools can aid in
assessments, as they clarify the relationships between the person with
dementia and their caregivers as well as with other systems. In addition,
the participation of clients in the development of these measures is an
immediate way to develop rapport and increase their involvement in the
helping process.

A genogram depicts the family’s history, major life events, marriages,
relationships, occupations, mobility, and health status. Through this
description of the family context, both the practitioner and the client are
able to better understand the functioning of the family and its history. As
the genogram will also document any history of dementia in the family,
it can also help elicit any anxieties and concerns that the caregiver may
have about developing the illness.

The ecomap depicts the ties and types of relationships that the
individual and the caregiver have with supports and resources. It describes
the qualitative nature of relationships and indicates which types of rela-
tionships are absent or malfunctioning. Developing an ecomap can also
help family members gain insights into their present situation and plan
for the future as they are made aware of the resources that are available,
those that they lack, and those that may need strengthening.

Dementia, Loss, and Relationships

A diagnosis of dementia can cause severe reactions among both the
afflicted individual and the family. Such reactions are similar to those
associated with the grieving process: the stages of denial, fear, pain, sad-
ness, and acceptance. In the early stage of the illness, the person with
dementia typically experiences a sense of loss and anticipatory grief over
the diagnosis and what it signifies. Many will engage in anticipatory grief
as they attempt to cope with the losses that they know they will experi-
ence. As cognition declines, feelings of loss may weaken, but feelings of
stress, depression, and unease often continue.

Feelings of loss and grief are common among the family as they too
struggle with a diagnosis that suggests an ongoing cognitive decline and
increasing impairment of their loved one. This grief becomes more intense
as the illness continues and symptoms intensify (Ponder & Pomeroy,
1996). As the personality changes, families often experience the loss or
psychological death of the patient, even though he or she is still alive. Grief also results from the loss of many roles including that of spouse, child, and friend.

Social work interventions can assist both the individual with the illness and the family to adapt to the diagnosis and deal with the resultant feelings of grief and loss. Ensuring that individuals have the appropriate information and are knowledgeable about available resources is a primary task. Helping them understand that anger, fear, pain, and sadness are normal feelings can be critical for their continued functioning. It is equally important to help the diagnosed individual make plans and decisions regarding his or her own future and to make sure that those desires are communicated and recognized.

Doka (2004) suggests several measures that practitioners can use to assist families in coping. This begins with having them explain how their lives have changed and then helping them explore ways that these losses or changes may be restored. They should examine their support systems, coping skills, and willingness to ask for help. As care plans are developed, social workers should be involved in helping families make decisions about employment, services, and eventual placement.

Dementia can also strain many family relationships. The primary caregiver may feel overwhelmed and resentful toward siblings who they feel are not adequately involved in the caregiving process. Marital relationships can be strained as caregivers may become exhausted by meeting the demands of the person with dementia. Children may feel neglected and caregivers increasingly guilty that they are not meeting their needs. Moreover, families may disagree about the type of care that is required particularly with regard to institutionalization. Social work interventions can support families by identifying areas of stress, facilitating the expression of feelings and expectations, developing plans, and increasing mutual support.

Culture and Ethnicity

Ethnicity is a major factor in considering reactions to dementia. Culture strongly affects the ways in which symptoms are perceived and people’s willingness to use services. Whether cognitive impairment is viewed as a normal part of aging will affect the willingness of families to seek assistance. In the same way, culture affects the roles that caregivers play and their interest in using services. In addition, as initial symptoms (such as forgetfulness) may be more acceptable to certain cultures, they may not seek out services until a later stage of the illness. Consequently, medications that could benefit persons in the early stage are less likely to be used.
Caregivers may be strongly influenced by the cultural values and traditions that dictate their caregiving roles. Consequently, formal services that could assist them with many of their tasks may not be used if they conflict with the norms that mandate informal care and alternative treatments.

To work effectively with diverse populations, social workers must understand the way in which the illness is viewed, as well as the family’s concept of caring and responsibility. It is only through this knowledge that they can develop interventions that are appropriate and acceptable to a specific group. Without such knowledge, it is difficult to sensitively respond to the needs of these individuals.

**Ethical and Legal Issues**

As dementia progresses and cognition declines, the individual's comprehension, judgment, and ability to make appropriate decisions also become impaired. Consequently, a serious ethical dilemma arises with respect to protecting the autonomy of the individual and the obligation to protect him or her from harm. This concern reflects the core principles of the social work profession, which underscore self-determination, defending the rights of the client, and safeguarding his or her well-being (National Association of Social Workers, 1999). A diagnosis of dementia can easily override these values as the person is judged incompetent to make decisions, thus seriously jeopardizing their autonomy.

At the same time, social workers are mandated to ensure safeguards for clients who lack decision-making ability. Persons with dementia are often unable to make decisions regarding their assets or other financial matters but still are able to make decisions regarding their medical care and treatment. Thus, as a means of recognizing their capacity and protecting their independence, competency assessments need to evaluate many areas of functioning.

Consequently, practitioners must be knowledgeable about assessing the capacity of the individual as well as the process of determining legal competency and its outcomes. They must be sure that the preferences of the client are heard and, as much as possible, adhered to, as a diagnosis of dementia does not invalidate all of a person’s capabilities. Moreover, to do so will further erode the client’s self-esteem, possibly leading to a downward cycle in his or her ability to function.

The legal and financial issues that develop as a result of dementia are of primary concern to many families. Obtaining assistance early in the course of the illness can enable the individual to be involved in financial planning and decisions regarding future care. As cognitive status declines, so too do comprehension, judgment, and the ability to make decisions.
Practitioners must help ensure that the rights and interests of the individual are safeguarded and that those handling the affairs are indeed serving the client’s best interests. Moreover, they must be prepared to challenge those who may be usurping the patient’s rights or providing inadequate care.

A further ethical dilemma confronting social workers is deciding who is the client: the person with the illness, or the family? This is particularly problematic when their desires conflict and meeting the needs of one means offending the other. Helping both work through the decision-making process so that each feels supported requires skills in mediation, flexibility, and the ability to assist persons adapt so that their sense of well-being is supported rather than threatened.

**Resources**

A major social work role is to educate families about the resources that can assist them. In the earliest stage, caregivers require information about the diagnosis and the course that the illness will take. Referrals may be warranted for memory disorder clinics or specialized geriatric services where the patient can receive a thorough evaluation. If a positive diagnosis of dementia is made, caregivers need to know about supports and services that can assist them. Several of the key services that are important in working with dementia, such as case management, respite, day care, and support groups, are discussed in detail in this book.

However, knowing that services exist does not guarantee that they will be used. Many factors can deter families from using programs, including their own individual characteristics as well as those associated with the services themselves. Consequently, another major task for social workers is to help clients overcome any barriers that may impede utilization so that they may receive needed support. The issues associated with the use of services are discussed in many chapters in this book.

At the federal level, the Family Caregivers Support Program, administered through the Administration on Aging and its state and local offices, provides some financial assistance for families caring for a person with dementia. However, the amount of funds is limited and varies greatly among the states. Help is also available under Medicaid, but eligibility is dependent on state financial and residential criteria. Again, there is great variation among the states with regard to eligibility, services, and the extent of assistance that is offered.

The Alzheimer’s Association has chapters throughout the country, and each provides five core services for assisting persons with dementia and their families. These include a 24-hour help-line service as well as publications and other resources. Referrals are also made to specific programs and services. The Alzheimer’s chapters also offer professional consultation
to caregivers, support groups, and educational programs. Safe Return, a program offered through the local chapters, provides assistance when a person with dementia wanders from home. Identification bracelets that can help locate persons if they wander are also available. Finally, the resource section at the end of this book provides a list of resources, organizations, and Web sites that offer valuable information to practitioners and individuals coping with dementia.

CONCLUSION

There is a pressing need for social work knowledge, interventions, and skills in the care of persons with dementia and their families. A significant challenge for the social work profession is to go beyond the role of clinical practitioner to that of researcher and advocate. Research is needed to continue to elucidate the many factors associated with well-being and coping. Advocacy is critical for ensuring that policies and programs that can benefit persons with dementia and their caregivers are adequately funded and implemented.

REFERENCES