SHS AND ADULTS

FEM 3108

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TOPICS TO BE COVERED

- Specialized services for adults
- Intimate partner violence
- Older adult
- Adult abuse
- Programme and services for older adults
SPECIALIZED SERVICES – INFERTILITY COUNSELLING

- **In-vitro fertilization** – procedure where the sperm and ovum are joined in laboratory and then transferred to biological mother’s uterus.

- SHS practitioners **work with medical centres with in-vitro fertilization programme**.

- **Services includes:**
  - Patients orientation programme.
  - Prepare psychosocial evaluations
    - Supportive counselling
  - Discuss alternatives when procedures failed.

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PROVIDING CARE FOR AGING PARENTS

- Changing family:
  - Fewer children, increased in single families, increased mobility of family members, increased longevity of those who receive care.

- Factors lead to the need of caring:
  - Failing health, mobility issues, functional disabilities and cognitive, frailty associated with Alzheimer’s disease.
CONTINUE

- Problem for the caregiver:
  - Emotional stress
  - Employment related problem:
    - Late for work, time of to provide care, leave of absence.
    - Reduce working hours to part-time. decline promotion, early retirement.

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SHS workers provide multiple services that support home care:

- Link community resources that provide home health care.
- Offer counselling and emotional support.
- Work in partnership with family members on case management activities.
- Caregivers support groups – reduce isolation, more effective and creative solutions, educating caregivers.
SHS IN EMPLOYEE ASSISTANCE PROGRAMMES

- Research showed that programme outcomes – reduced work loss and increased productivity as a result of legal, financial work and life services.

- Deal with issues beyond individual problem behaviour to organizational and environmental concerns.

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To function effectively, occupational social workers need specialized knowledge about:

- The psychological meaning of work.
- Work-related stress and burnout.
- The effects of organizational structure and programmes on social functioning.
- Addiction in workplace and substance abuse counselling.
CONTINUE

✓ Retirement and retirement planning.
✓ The psychosocial implications of reduction in work force or unemployment.
✓ Work related legislation.

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Programmes and services:

- The programmes may be conducted in–house, contract for services from family service agencies or hospital based programme.

- Examples: provide resources and referral to community based services, personal and family counselling, interpersonal communication training, stress management, conflict mediation etc.
CONTINUE

✓ Issues of corporate social responsibilities.
✓ SHS workers may be employed by corporations and businesses to manage corporate contributions to civic and humanitarian concerns.
  ❖ Organizational planning and development.
  ❖ Community service initiatives.
  ❖ Implementations of work related policies – non-discriminative and affirmative action laws, family mediacal laws.

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FORENSIC SHS

- Practice settings dealing with:
  - Domestic violence/Intimate partner violence
  - Sexual assault
  - Gang activity
  - Criminal justice agencies:
    - Police departments
    - Probation
    - State and county prosecutors
    - Correctional facilities

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INTIMATE PARTNER VIOLENCE (IPV)

- Review of survey of 18 countries found that 10%–69% of those women surveyed reported at least one incidence of physical assault by partner.
- United Nation (2000) confers on women ‘the right to redress for violations of their human rights including gender-based violence.’
- Intimate partner violence represents a serious human issue. Intimate partner violence knows no boundaries of geography, culture or wealth.
CONTINUE

- ¼ of all women and 11.5% of men living in the US were victims of IPV – over 2 million injuries per year, 1200 deaths (CDC, 2008).
TYPES OF IPV

- Physical
- Sexual
- Psychological
- Threat of violence

- Physical problems from assault, partner rape, and the stress of living in a violent environment can lead to chronic pain, gynecological problems, HIV/AIDS, other sexual transmitted diseases, gastrointestinal problems, unwanted pregnancy, miscarriage and premature births.
DYNAMICS OF IPV

- Research shows that both men and women in premarital or marital relationship engage in violent behaviour but their motivation are different.

  - Women: often associated with act of self-defence to violent situations or retaliations for abuse perpetrated against them.

  - Men: resort to violence for the purpose of intimidating their partners or exercise control over their partners.
CONTINUE

- Triggering event includes:
  - Disobeying or arguing with the man.
  - Questioning him about money or girlfriends.
  - Not having food ready on time.
  - Not caring adequately for children of the home.
  - Refusing to have sex.
  - The man suspecting the women of infidelity.
  - Violence to acquire power and control.
STRATEGIES OF PERPETRATORS

- Intimidation, humiliation, isolation.
- Guilt (using children), economic dependency (withdraw allowance, prevent partner from working).
- Coercion and threats to magnify their own power and control – diminish their partner’s power and control.

- Typically women develop skills to minimize their pain: denial, disassociation or split from their partners.
CYCLES OF VIOLENCE – LENORE WALKER (1979)

- Phase 1: Tension Building
- Phase 2: The Explosion
- Phase 3: The Honeymoon

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SERVICES TO IPV VICTIMS

- **Shelters**: referred to by police officers or IPV hotline staff. Offer emergency housing, access to financial assistance, education, job training, referral to medical or legal services.

- **Counselling services**: empowerment-oriented programmes to reinstate feelings of personal worth and a sense of control. Focus on client’s strength, competence. Offer group session to explore issues and decisions.

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AGING AND OLDER ADULT

- Increased Life Expectancy
  - 1900 – 47 years
  - 2009 – 77 years
  - 2100 – est. 92 years

- Spike in elder population
  - 1990: 65+ population = 3.1 million
  - 2009: 85 years population = 5.8 million
  - 2050: est. = 20 million

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Disparity in opportunities for meaningful social activities leave some older adult groups more vulnerable to physical and cognitive decline (Hsu, 2007).
ERICKSON: STAGES OF PSYCHOLOGOSOCIAL DEV.

- 8th stage *integrity v. despair* and spans from age 65 to death.
  - Need to reflect back on life.
  - Taking stock of choices.
  - Sense of contentment or integrity or sense of despair.

- Daniel Levinson: Belief that as people age they need to become more intrinsically focused rather than externally focused.

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ISSUES AFFECTING THE ELDERLY

- Housing
  - Retirement Community
  - Government–subsidized Senior Housing
  - Assisted–living facilities

- Homelessness and the Older Adult Population
  - Demographics
  - Risk factors:
    - Too elderly to reasonably recover from a job loss to enter a new career
    - Inability to reenter the workforce
    - Medical costs
    - Loss of independence due to illness
Grandparenting.

- 5.8 million U.S. households (approximately 3.9 percent of the population).
- 64 percent of these are female grandparent-headed households.
- Approximately 2.4 million of these families involved grandparents who were the primary caregiver of their grandchildren.
CONTINUE

- **Mental health**
  - **Depression**
    - 5 to 30% of the elderly population may suffer from depression
    - Up to 50% in nursing homes
    - White males 85+ years high risk of suicide
  - **Substance Abuse**
  - **Dementia**
    - Multi-infarct dementia
    - Alzheimer's Disease
      - 5 percent of the population between the ages of 65 and 74 years
      - 50 percent for those over 85 years

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Adjustment to Retirement

- The Honeymoon Phase: Retirees embrace retirement and all their newfound freedom in an optimistic but unrealistic manner.
- Disenchantment: Retirees become disillusioned with what they thought retirement was going to be like and get discouraged with what often feels as though is too much time on their hands.
- Reorientation: Retirees develop a more realistic view of retirement, with regard to both increased opportunities and increased constraints.

Stability: Retirees adjust to retirement.

Termination: Retirees eventually lose independence due to physical and cognitive decline.
THE ROLE OF SHS WORKER

- Counselor Role:
  - Recommended that counselors assist retired or retiring clients in tackling four major tasks:
    - Seeking out and obtaining relevant information related to retirement.
    - Adjusting to the change retirement will bring.
    - Reworking personal priorities and goals to be consistent with a retired lifestyle.
    - The acquisition of a new job if reentry into the workforce is necessary or appropriate.

(Jensen–Scott, 1993)
ELDER ABUSE

- An inclusive term representing all types of mistreatment or abusive behaviour towards older adults (Wolf, 2006).
- Elder abuse is defined as any “knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult.” National Center on Elder Abuse (NCEA)
  - Includes: abusive, neglectful or exploitative behaviour – physical, psychological, sexual, financial, abandonment, neglect (include self-neglect).

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▪ Dramatic increase in occurrences and reporting.

▪ Demographics/Incidence:
  ✓ 60% – women
  ✓ 65% – white
  ✓ 60% – in domestic settings
  ✓ 8% – institutionalized settings
  ✓ Family members most common perpetrator (spouses and adult children) (Teaster, 2000)
IDENTIFICATION OF ELDER ABUSE

- The elders tend to be home bound rather than out in the community under more public scrutiny.

- Dependent elderly reluctant to report or bring charges to abusive caregivers due to worries of ending up in nursing home, blaming themselves for the abusive behaviour.

- Practitioner need to be alert of the indicators of elder abuse or neglect to detect maltreatment.
ISSUES IN WORKING WITH OLDER ADULTS

- Examine own attitude about aging.
- Outside the life experience of most professional SHS worker.
- Steps to increase effectiveness and heightened sensitivity to aging:
  - Modify stereotypes and negative images.
  - Be aware of the effects of membership in a particular cohort.

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✓ Recognize variability among elder individual.
✓ Learn how gender and ethnic minority status effect the aging experience.

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TYPES OF SERVICES FOR ELDERLY

- Income support.
- Health care.
- Nutrition.
- Transportation.
- Socialization.
- Legal services.

More special services:
- Adult day care.
- Nursing home.
- Multipurpose senior centres.
- Senior volunteers.
- Geriatric assessment units.
- Veteran services.

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