Instructor’s Manual: Chapter 11

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# Learning Objectives for Chapter 11: Challenges and Rewards of Aging

After reading this chapter, you should be able to  
1. Understand the variations in normal aging.  
2. Appreciate the biopsychosocial-spiritual and family aspects of aging across the life span.  
3. Describe gerontological social worker practice and policy roles.  
4. Identify and understand available services and policies that relate to older adults.  
5. List at least three ways the aging population is changing American society.

# Lecture Notes for Chapter 11: Challenges and Rewards of Aging

Expectations of life as an older adult may be different than the reality. Expectations may be influenced by the generation in which an individual is born. Baby Boomers, the generation currently entering older adulthood, have expectations of active lifestyles with ongoing good health. However, many older adults live in nursing homes and of those who do not, many need to continue working to make ends meet. There will be an increasing need for gerontological social workers to meet the needs of the aging population.

Aging and Older Adults

The biological process of aging is known as senescence, which is the gradual decline of all organ systems. Social work with older adults may address health, housing, and social security issues, and helping older adults and their families to manage issues of chronic illness, financial and social stress, and death and dying. Social workers who specialize in this field of practice may call themselves gerontologists. Gerontology is the comprehensive study of aging and the problems of older adults.

* Meanings of “Aging” and “Old”
  + Age 50: Eligible for American Association of Retired Persons (AARP) membership
  + Age 65: Official retirement age/ eligibility for Social Security retirement benefits
    - Laws are gradually increasing the age of full retirement
  + Individuals experience aging differently based on individual factors, including health, employment, family responsibilities
* Stages of Older Adulthood
  + Oldest old, Middle-old, Young-old: Exhibit 11.2 gives ages and descriptions
  + Centenarians – Individuals who live to 100 years old (1 in 26 Baby Boomers expected)
  + Super Centenarians – Individuals who live to 110 years old
* Longevity
  + **Life expectancy** - how long on average a person is expected to live at a given age
  + **Lifespan -** a person’s lifetime, the number of years a person actually lives
  + **Longevity** - living an active life longer than the average person
* An Aging Populace - improvements in sanitation, diet, and medical care have led to a dramatic increase in life expectancy. At the same time, birth rates and death rates are declining. As a result, the population of older people as a percentage of the total population has been growing.
  + Each day between now and 2030, an average of 10,000 people will turn 65.
  + There will also be a significant increase in certain vulnerable populations of older adults in the United States--particularly the “oldest-old” (people 85 or over), unmarried women, women who live alone with no children or siblings, and older racial minorities living alone with no nearby kin.

Gerontological Social Work Practice

* Gerontological vs. Geriatric Social Work
  + Gerontological social work is based on biopsychosocial-spiritual knowledge of the aging process. Social workers enhance developmental, problem solving, and coping abilities of older people and their family members
  + Geriatric social work is grounded in interventions with older adults who have health concerns. Geriatrics is focused on physiological changes in aging and on health care. Social workers focus on family caregiving, because approximately 80% of the care for older adults is rendered by informal support systems.
* Evolution of Gerontological Practice
  + Gerontological (and geriatric) social work practice is a relatively new specialty. The social work profession formally recognized the need for specific gerontological or geriatric knowledge in the mid-20th century. In the late 1960s and early 1970s, the social work profession finally began to consider older adults a target population that required specialized knowledge and training.
  + Theories of Aging
    - Activity Theory - The more active people are, the more satisfied with life they will be; assumes we think of ourselves based on roles or activities in which we engage.
    - Cellular (DNA) Theory - Human aging results from cellular aging whereby cells reach senescence, a terminal stage in which they stop dividing; when cells cease to divide the body is limited in its ability to regenerate and respond to injury or stress.
    - Continuity Theory - People who grow older are inclined to maintain as much as they can the same habits, personality, and style of life they developed in earlier years.
    - Disengagement Theory - old age is a natural time when both the older person and society engage in mutual separation, such as retirement from work.
    - Modernization Theory - The status of older adults declines as societies become more modern.
* Social Work Roles in Gerontology and Geriatrics
  + Gerontological Social Workers - assessments, clinical counseling, provide education and training about aging and older adulthood, conduct support groups, make sense of medical diagnoses and prescriptions, deliver counseling and case management services, advocate for environmental and legislative changes, develop intergenerational programs such as Adopt a Grandparent, provide referrals, assist with insurance.
  + Geriatric Social Workers – support relationships that older clients have with their family members, nurses, and doctors, interpret medical diagnoses and prescriptions, link clients with home health care, identify assistance for activities of daily living.
* Resources for Successful Aging
  + Active Aging vs. Successful Aging
    - Active Aging - becoming older but continuing to grow and participate in family, community, and society
    - Successful aging - becoming older but avoiding disease and disability and continuing active engagement in life
  + Living Options
    - Assisted Living – live in own unit but gather with other residents for meals and recreation, monitoring for health problems
    - Continuing Care Retirement communities - stay in one setting but move to more appropriate living units depending upon the level of health care and attention required
    - Nursing Homes (intermediate or skilled level care) - more intensive nursing care
    - Foster Care Homes, Group Homes, and HUD (Housing and Urban Development) Housing Projects - older adults who have lifelong developmental or intellectual disabilities or are impoverished
  + Day Programs - daytime services and opportunities exist that can help relieve loneliness and depression and maintain health
* Clubs & Volunteer Programs
* Congregate meals
* Adult Day Care Centers
* Fitness Centers with special classes for older adults (e.g. Zumba Gold, or Active Forever Strength Training, and Aqua Aerobics),
* Senior Centers, which offer games, crafts, speakers, day trips
* Foster Grandparent Programs
  + Benefit Programs - Social workers often help older people with disabilities and older adults who are very poor apply for services and entitlement programs to meet their living requirements, such as Food Stamps, Home Health Services, Meals on Wheels, Nutrition Programs, Old Age, Survivors, Disability, and Health Insurance, Ombudsman Programs to investigate nursing home resident concerns, Property Tax Relief, Respite Care and Rehabilitation Services, and Special Federal Income Tax deduction for those over age 65.
    - Medicare - U.S. national social insurance health care program for everyone who is older than age 65, includes coverage for hospital stays (extended hospital care), home health services, hospice care, and voluntary medical insurance (e.g. doctor’s fees, outpatient services, etc.). Medicare Part D pays for part of prescription drug costs.
    - Medicaid, a health care program created in 1965, pays for medical and hospital services for people who cannot afford them. Eligibility is based on income level and inability to pay for health care insurance.
    - Supplemental Security Income (SSI): SSI provides cash to meet basic needs for food, clothing, and shelter.
  + Culturally Competent Care of Older Adults
    - Social workers consider the language, customs, history, and preferences of racial and ethnic groupings of older adults.
    - Some cultures place higher value on respect for elders and may have higher expectations of obligations to care for extended family members.
    - People of color may have increased needs for social services because they are especially vulnerable to poverty and experience continued discrimination.

Issues of Aging and Old Age

* Biological and Physiological Aspects of Aging
  + 4 D’s of aging—death, dementia, depression, and disability.
  + Approximately 80% of older adults will likely have at least one chronic condition that may or may not interfere with their Activities of Daily Living.
  + Physiological issues commonly found in the geriatric population include vision impairment, incontinence, depression, hearing loss, balance and mobility issues, and memory disorders.
* Cognitive and Psychological Aspects of Aging - aging people experience changing sensory and cognitive processes, including perception, motor skills, and problem-solving ability. Age-related slowing in processing speed greatly affects cognitive functions, such as the speed of encoding and retrieving information, selective attention, integrating information, and switching between multiple tasks.
  + Neurocognitive Disorders (Dementias) - a group of symptoms that affect social and thinking abilities so severely that every day functioning is affected
    - Problems with at least two brain functions, such as memory loss and impaired judgment or language
    - Inability to perform some Activities of Daily Living such as paying bills or driving without getting lost
  + Depression, Mental Health, and Other Emotional Problems - depression is not a normal part of aging. The experience of grief, interpersonal strife, or role transitions, which are common as people age, may influence mood.
  + Substance Abuse/Addictions – older adults have a significantly reduced ability to metabolize these substances, as well as increased brain sensitivity to them. The cognitive impairments common with advancing age can make it challenging to detect substance use.
  + Sexual Activity - many older adults still want to be intimate with others and want to have an active sex life. Physical changes related to aging may affect their ability to have and enjoy sex. Older adults can contract sexually transmitted diseases. The number of older adults with HIV/AIDS is growing.
  + Loneliness - Some aspects of aging, like blindness and loss of hearing, place people at risk for becoming isolated and lonely. People also become lonely as mobility decreases and friends pass away. Feeling extremely lonely can increase an older adult’s chances of premature death by 14 percent (vs. disadvantaged socioeconomic status increases the chances of dying early by 19 percent).
    - Two types of loneliness: emotional isolation (loose emotional attachment) and social isolation (loose social ties).
    - Being alone differs from being lonely - there are many older adults who actually crave solitude.
  + Suicide - older adults attempt suicide less often than people of other age groups, but have a higher completion rate. The “old-old” white men over the age of 85 are at the greatest risk of all age-gender-race group members to complete suicide. The rate of suicide for women declines after age 60. Social workers need to ask relevant assessment questions to determine their clients’ suicide risks.
* Social Aspects of Aging
  + Forms of connectedness that sustain relationships
    - intimate connectedness (from someone who affirms you)
    - relational connectedness (from face-to-face contacts that are mutually rewarding)
    - collective connectedness (from feeling that you are part of a group or collective beyond individual existence)
  + Ageism- Negative stereotypes of older adults may portray them as dependent, helpless, unproductive and demanding rather than deserving. This can lead to negative self-perceptions, which contribute to memory problems and feelings of worthlessness.
  + Aging in Place - the ability to live in one’s own home and community safely, independently, and comfortably, regardless of age, income, or ability level.
  + Caregiving - American families provide 80 to 90 percent of all in-home long-term care services for their aging family members and other loved ones. These services often include help with Activities of Daily Living, medical services coordination and supervision, administration of medications and help with emotional, financial, legal, and spiritual concerns.
    - Sandwich generation – individuals who are caring both for their children and older adults.
  + Long-Term Care – assorted services that provide support in a variety of settings such as home care, assisted living centers, and nursing homes. Some people obtain insurance to cover these costs.
  + Elder Abuse - Perpetrators include family, friends, acquaintances, paid care givers, and strangers. Includes physical, emotional, sexual, and financial abuse, as well as neglect/ abandonment.
* Spiritual Aspects of Aging
  + Benefits of Spirituality and Religion in Old Age - related to enhanced feelings of well-being, inner emotional peace, and satisfaction with life—which all help to maintain health and overcome illness. Affiliation with religious institutions promotes connectedness and decreases isolation.
  + Illness, Death and Faith - Spirituality is the most frequently addressed topic of hospice visits with the terminally ill, with death anxiety a distant second. Hospice social workers often note that dying that people often fear that they will lose control over the circumstances of their dying and be forced to endure pain, suffering, and indignities they did not choose. Many people fear this more than their fear of death itself.

Policies Affecting Older Adults

* Social Security - The Social Security Act of 1935 served to enact a nearly universal pension plan for older Americans who paid into the social security system. Widows and their children were included in a 1939 expansion of this legislation.
* Health Insurance and Medicare. Older people had to pay for their own health care until the Medicare legislation was enacted as part of the Social Security Act of 1965. For a very low monthly fee, Medicare Part A covers hospitalization and some follow-up care. Medicare Part B pays for outpatient hospital care and some doctor’s services (older adults must pay an additional premium to get Part B coverage). Medicare C only partly covers around 100 days for nursing home care and blood draws. The relatively new Medicare Part D provides for prescription drug coverage.
* Older Americans Act (1965) - mission to keep older adults living independently for as long as possible by providing information on services that are available to them. In order to do so, it authorized state units and local area agencies on aging.

Diversity and Aging

* Age - Ageism and negative stereotypes are serious problems that affect older adults globally. People can have overly positive views of aging (idealizing old age), or they may have overly negative views of aging and older adults (view elders as useless and inadequate).
* Class – Social class may change following retirement.
* Ethnicity and Race - By 2050, the percent of people of color over age 65 in the United States is projected to increase. Cultural beliefs about aging and death vary.
* Gender - Older adult women are at risk for higher levels of poverty and lower social security benefits than men.
* Sexual Orientation – Double stigmatization of LGBT plus age. May fear disclosing sexual orientation when they most need care from family members.
* Ability - Some individuals with serious health or disabling conditions may live in nursing homes before they are aged. A huge number of people who reside in nursing homes and are in the severely disabled category are those with clinically diagnosed Alzheimer’s disease. Alzheimer’s disease affects both physical and mental functioning.
* Intersections of Diversity – Gender and ethnicity impact the likelihood of living alone.

Advocacy and Aging

* Economic and Social Justice - Social workers serve as a voice for older people approaching or living in poverty. In the 1970s benefit increases helped to boost standards of living for older adults, but they also created subsequent concerns about the program’s sustainability.
* Environmental Factors – Inner city vs. suburban living during lifetime impacts risk factors of aging.
* Human Needs and Rights – Individuals have the right to make bad decisions (financial, substance related) during their lifetime. Social workers can provide support with resources. Caregivers also need support.
* Political Perspectives – Social workers advocate for legislation that helps fund resources and programs for older adults now and in the future.

Your Career in Gerontology

* Sample coursework - theories of aging, ethics, housing, geriatric psychology, research methods, physiology of aging, social services, government policy, and electives (e.g. Aging and Spirituality, Aging and the Family, Women and Aging, Therapeutic Arts, Aging and the Law, Economics and Aging).
* Services to older adults crosses practice areas - child welfare, family services, mental health agencies, schools, AIDS treatment clinics, homeless shelters, veterans, and others.
* The goal of social work with older adults is to help people live well with their aging process and empower societies to engage with aging along with other aspects of life.

# Key Concepts for Chapter 11: Challenges and Rewards of Aging

activities of daily living (ADLs)

ageism

aging in place

Alzheimer’s disease

assisted living

gerontology

nursing homes

Older Americans Act of 1965

Sandwich Generation

Senescence

# Case Studies for Chapter 11: Challenges and Rewards of Aging

**Case Study #1**

Vada & Grant did everything together. They planned fun family vacations with their children Don and Anita, they were active in their church and community, and they spoiled their grandchildren. Despite their worsening arthritis, Vada kept crocheting and Grant continued to hook rugs and wall hangings. After Grant retired, he and Vada were occupied as very active babysitters for their grandchildren, but now their grandchildren have grown and some have moved away.

Recently, Vada and Grant celebrated their 60th wedding anniversary. They love their two-story home and nearby neighbors. Grant’s rheumatoid arthritis has worsened and he now spends much time in his rocking chair. Vada still tends to their meals and rides along with her daughter to do weekly grocery shopping. When daughter Anita arrived for their weekly shopping trip this week, she smelled a pan burning on the stove. In talking with neighbors, Anita learned that this wasn’t the first time that her mom had left items on the stove to burn. Yesterday, Vada felt dizzy and fell down the front steps. Her accident occurred two days after Grant had been rushed to the hospital for heart failure. Don and Anita are trying to decide what to do next to help their parents.

1) What options might the family have for caring for their parents? Consider multiple geographic locations.

2) How can the hospital and community health social worker effectively communicate and collaborate together?

3) When did the caregiving responsibilities change and the roles reverse?

4) To what extent does this scenario depict the current “sandwich generation’s” reality?

5) How might Vada and Grant feel about someone having to care for them?

**Case Study #2**

During the 1930’s Dick was a young boy of seven or eight and money was in short supply in his family. Actually, money was nonexistent, but Dick tried to improve his status. As a little kid he operated a lemonade and Kool-Aid stand at the curb in front of his house. The only problem was that in his small village, there was no traffic and few people walking by. As the ice melted and Dick ended up drinking everything, he learned a valuable lesson about the importance of location in setting up a successful business. Later, jobs held by Dick throughout his teenage years taught him to respect money and spend it wisely. Dick developed a good work ethic and a sense of financial responsibility that continued into his adult life. Consequently, Dick has been blessed with a wife who has always been a good money manager with simple tastes. Dick’s wife made him feel secure by never making demands for material possessions, and their three children grew to be successful adults, accepting the limits of what Dick and his wife were able to provide for them. From these experiences, Dick has concluded that money is not the key to happiness. It is how one controls money rather than how money controls him that is important.

1) How can social workers respectfully discuss the role of money in people’s lives and retirement planning?

2) What values has Dick shown in how he has lived his life across the years?

3) How might it feel for an older person if she/he was careful about spending money throughout life, yet still ends up in later years depending on family or the government to get enough money and resources to survive?

4) What speaks to you in the content found in Dick’s poem about money that is featured below?

**My Poem About Money**

Money doesn’t grow on trees.

That’s what my parents said.

So get yourself up off your butt,

And get a job instead.

There are a few. It may be you.

Who have so much, they store it.

The rest of us, without a fuss,

We earn by working for it.

And most, you see, including me,

Have monthly bills to pay.

It doesn’t help, to sit and yelp.

Those bills don’t go away.

Some work all day, or work all night,

To buy the things they need.

Especially the families,

With many mouths to feed. Now everyone has tales of woe,

That somehow involve money.

You lost a bet, or better yet,

You spent it on your Honey.

But when we all have had our fun,

And people gather round.

Ain’t gonna really matter much,

When they put you in the ground.

[Source: “When I Was Young, or “How to Survive on Pennies” by Dick Pelrine. Pages

131-133 in unpublished bound compendium entitled Time to Tell. Assembled by

Stockton College’s Center on Successful Aging (SCOSA)]

**Case Study #3**

At age 99 Inez never imagined herself living in a shared nursing home room, requiring a wheelchair to maneuver, and needing an aide to help her bathe, dress, and toilet.  As a child who grew up in Cairo, Egypt, she’d left her family of nine brothers and sisters to fight in the British Army, and to eventually marry at age 32.  Her husband, thirty years her senior, spoiled Inez and their young son with a life of luxury.  For a short-lived and extraordinarily happy period of time, Inez and her son vacationed across Europe, meandered through the highlights of Italy and scaled the Swiss Alps as her husband’s business flourished. Because they were Jewish, amidst the Suez Crisis of 1956 Inez, her husband, and son feared for their lives, fled Egypt, and landed in France. Taking only a suitcase containing essentials, they left behind all their worldly goods, photos, and memories.  Feeling like an expatriate, alone with no other family support, Inez was unprepared for her husband’s sudden death and her subsequent need to flee again—this time for America.  Guided by Jewish values for over 130 years, HIAS (Hebrew Sheltering and Immigrant Aid Society, an international group operating in fourteen different countries, across five continents in 24 different cities that rescues people whose lives are in danger for being who they are and protect the most vulnerable refugees), helped Inez and her son build a new life and reunite with their family in America. Ever since the historic Suez crisis, Inez craved safety, security and self-sufficiency and repressed painful memories.

Now, as the certified nursing assistant awakens and dresses Inez at 6:00 AM for 8:00 breakfast, and the day progresses into 10:00 AM and 2:00 PM activity times, ample downtime exists for Inez to reflect on earlier times—both happy and sad—as she receives 24-hour care that her single, older adult son can no longer provide. As a long-term care nursing home resident, Inez represents a minority still of older adults who require around the clock care. Her mind is sharp, her sense of humor is keen, yet her appetite and spirit wanes as she resiliently faces each day.  When asked how she’s doing today, Inez responds, “What can I tell you, I’m still getting up, going from the bed to the bathroom to the chair to the dining table, and then back to bed again.”

Inez exemplifies many nursing home residents who are bound by routines, diets, and treatments prescribed by the nursing home where they live.  Also, residents like Inez’s roommate are unable to advocate for themselves because of cognitive, medical, physical, or financial limitations.  In the U.S. two-thirds of nursing homes are investor-owned for-profit institutions.  In the United Kingdom, where Inez’s 95-year-old brother and sister-in-law reside, more than half of the healthcare beds that belong to independent nursing homes for older people are operated by for-profit institutions.  In America older adults still prefer to ‘age in place’ at home; only 5-6 % of older adults require a nursing home residence.

1. Imagine you are a social worker at a nursing home. What sorts of programs and initiatives do you think would be most important to implement in order to improve the morale and overall health of the home’s residents? (Keep in mind that you would likely have a very limited budget.)

2. Inez is fortunate not to be dealing with any degree of dementia or mental deterioration. What sorts of things might be more important for the health and mood of a resident like Inez as opposed to some of the other residents?

3. What would it be like for you to work in a nursing home? What would be difficult, and what would be rewarding?

# Discussion Questions for Chapter 11: Challenges and Rewards of Aging

Discussion Question #1

What do you consider to be “old”—how do you define it? How will you know when you are old? What do you expect to be different about your life when you’re old? What will be the same?

Discussion Question #2

In America, we place a high priority on youth and tend to have a variety of methods for isolating our older adults—nursing homes, older adult apartment buildings, retirement communities. What is the impact of separating our older loved ones, both on them and on us? Why is this so commonplace in our country?

Discussion Question #3

The idea of older people being sexually active is unsettling to many young people. Why is that? Is there a point at which you expect your sex drive to stop altogether? Is there an age after which you think it is no longer a good idea for people to have sex?

Discussion Question #4

What can you do now to give yourself the best chance to be healthy in your older years? Are there changes you can make right now? If you continue to live the way you do right now, what might be the long-term consequences?

# Chapter Exercises for Chapter 11: Challenges and Rewards of Aging

1. Why does the United States seem to emphasize youth and deem older adults as lower status?

2. What do gerontological social workers do, and how can they creatively address gaps in service that older adults experience when they quit working, remain single, become widowed, decide to move or marry late in life, or raise grandchildren?

3. Research workplace issues in social work and management resources: How do generations interact in the workplace? What are effective strategies for managing and supervising older and younger workers on the job? How do organizations manage the unique and sometimes competing priorities of multiple generations in the workplace? What are the strengths that older workers and their younger counterparts bring to the workplace? What are your views on work and older adults? When should people retire?

4. Conduct research to determine how economic and political issues and the status of entitlement programs (e.g., Medicare, Medicaid, Social Security, long-term care insurance) are affecting the lives of older adults in all parts of our nation.

# Class Activities for Chapter 11: Challenges and Rewards of Aging

**Class activity #1**

Our Social Security system will not survive the way it is currently structured. It was never meant to be the sole source of income for the retired, but many are forced to use it as such. Social Security reform will likely continue to be a hot-button topic for every Presidential election until something major is done about the funding crisis. At this point by some estimates, there are only about three working Americans per retired worker, and as the Baby Boomers move into retirement, we will approach a 2 to 1 ratio.  
Split the class into groups and give them a handout of the following alternatives to the current system. Which do they think is the best? Do they have a better idea? Discuss as a full class when the group discussions have finished.  
  
a. Use euthanasia for those in a nursing home who meet both of the following conditions: (a) have no chance of returning to society, and (b) sincerely express (for at least a two-month period) a wish to die.   
  
b. Encourage older adults to continue to work as long as they are productive.  With this approach, working older adults would be paying into the Social Security system rather than taking benefits out of it.  
  
c. Cut Social Security benefits by 30% for all current retirees.

d. Raise the retirement age (when one can receive full benefits) by a year every three years (roughly the rate at which our life expectancy is increasing).  
  
e. Make all income subject to Social Security tax. (In 2014, people who made over $117,000 paid no Social Security tax on anything they make after the first $117,000.)

f. Abolish Social Security, encouraging people to invest and save by giving them the opportunity to do so tax-free.

**Class activity #2**

The chapter mentions the Big Five personality inventory. If you have access to a computer lab, you can have the students go to this website: <http://www.outofservice.com/bigfive/> There, they can take an online version of the test to see their own results. They can print out their results and get into groups to discuss and compare. Encourage them to compare their results to the discussion in the text of what particular traits lead to longevity.

If you do not have access to a computer lab, print out the test at the following link and either have the students score them in class or hand them in, allow you to score them, and receive them back in the next class for discussion: <http://personality-testing.info/printable/big-five-personality-test.pdf>

**Class activity #3**

Write the following questions on different areas of your chalkboards, whiteboards, or some easel paper. Provide chalk/markers for students to use as they walk around the class responding to each of them as honestly as possible. Each student should write something in response to each statement (provided you have enough space—otherwise, adjust instructions as necessary). After everyone has had time to respond to the questions, go around to each question, choosing some of the responses to stimulate conversation, relating the discussion to topics in the chapter.

What is a popular stereotype about older adults?

What is a fear you have for yourself about becoming older?

When have you experienced an older person defying stereotypes?

How do you feel about nursing homes?

What would you do if your parent(s) needed long-term care?

How do you expect to pay for retirement, and when do you expect to retire?

# Video and Multimedia for Chapter 11: Challenges and Rewards of Aging

#### Video Clips

* [Social Security Facts](https://www.youtube.com/watch?v=lHAcy4SNVbo)   
  The basics of Social Security—who gets it, how we pay for it, and why it remains necessary.
* [How to Intervene in Elder Abuse](https://www.youtube.com/watch?v=qrojlMsHALM)   
  Defining elder abuse, and how to recognize signs that it may be occurring.
* [Life with Alzheimer’s](https://www.youtube.com/watch?v=LL_Gq7Shc-Y)  
  The difficulties of living with Alzheimer’s, and caring for someone who has the condition.

#### Audio Clips

* [Reducing Reliance on Psychotropic Medications](http://www.npr.org/player/v2/mediaPlayer.html?action=1&t=1&islist=false&id=368539057&m=369667374&live=1)   
  How one nursing home cut their patients’ use of antipsychotics by 97% in just one year.
* [Grannies Taking Care of Grannies](http://www.npr.org/player/v2/mediaPlayer.html?action=1&t=1&islist=false&id=349211430&m=361459610&live=1)   
  An innovative program in South Africa is helping older people look after each other.

# Web Resources for Chapter 11: Challenges and Rewards of Aging

* [How to Get Involved and Protect Seniors from Harm](http://www.ncea.aoa.gov/)   
  The U.S. Administration on Aging’s National Center on Elder Abuse provides information on how to recognize and stop elder abuse.
* [National Resource Center on LGBT Aging](http://lgbtagingcenter.org/)   
  Resources for LGBTQ older adults on topics including ageism, elder abuse, social insurance programs, health & mental health, and much more.
* [Medicare Part D](http://www.medicare.gov/part-d/)   
  How to navigate the prescription drug benefits available under Medicare.

# SAGE Journal Articles for Chapter 11: Challenges and Rewards of Aging

[**SAGE Journal User Guide**](http://www.uk.sagepub.com/sageEdge/orvis3e/files/SJ-userguide.pdf)

Article 1.

[Kaplan, D. B., & Berkman, B. (2011). Dementia care: A global concern and social work challenge.*International Social Work, 54*(3), 361-373.](http://isw.sagepub.com/cgi/reprint/54/3/361?ijkey=AVNGto8T4S0Wo&keytype=ref&siteid=spisw) doi:10.1177/0020872810396255

This article reviews the growing care needs of individuals with dementia and their caregivers and explores the current and potential roles for social workers in light of this increased demand for services.

#### Questions:

1. In what kinds of settings do social workers provide care for persons with dementia?
2. What types of knowledge and skills are needed to address the needs of persons with dementia and their families and caregivers?
3. What specific challenges are associated with designing and implementing interventions to improve the psychological well-being of persons with dementia?

Article 2

[Pardasani, M., & Thompson, P. (2012). Senior centers: Innovative and emerging models.*Journal of Applied Gerontology, 31*(1), 52-77.](http://jag.sagepub.com/cgi/reprint/31/1/52?ijkey=EgFBUSNWRSQ.U&keytype=ref&siteid=spjag) doi:10.1177/0733464810380545

Using data from a multiple-case study, this article describes six innovative types of senior centers.  The authors present the defining characteristics of each model and discuss their impact on communities of older adults.

#### Questions:

1. What were the original goals of senior centers as established by the Older Americans Act of 1965?
2. What are the benefits of participation in senior centers for older adults?
3. What are the challenges related to funding of senior centers in light of the increased focus on vulnerable populations of older adults?