

There is a Need for Social Workers in Special Care Units for Persons with Dementia in Assisted Living Residences

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The International Federation of Social Workers, 2000, p. 1) definition of social work states that, “The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being.” Solomon (2004) asserts that in long-term care residences social workers are crucial members of the interdisciplinary team.

Support for the need for social workers in Special Care Units (SCUs) of Assisted Living Residences (ALRs) was received from care staff and managers during a study by Caspi (2010). For example, the morning Team Leader of the High Cognitive Functioning Unit said that it is a good idea that the ALR will have a social worker. The Director of Nursing said that the team “definitely needs a social worker.” Another manager said: “I really think that we need a social worker here to deal with the families.”

In an article entitled “The Role of the Social Worker in Long-Term Care,” Solomon (2004) describes the special responsibilities and tasks of a social worker in these residences. A summary of these is presented here, and includes: the function of observing and reporting on changes in residents’ physical, psychological, and cognitive functions; the task of helping make the residence a home (e.g., safeguarding resident’s rights for privacy); helping residents search for meaning in their lives (e.g., life review as a primary vehicle for achieving ego integrity in later life); meaningful activities such as helping residents exercise their right for choice in personally meaningful engagement (not just in keeping them busy); liaison between residents and families and health care

team; power differentials issues are inherent in the staff-resident relationship. These power-related issues may be exacerbated by background differences, racial, ethnic, religious, national, and class differences. Social work training is especially suitable to address these issues (i.e., to help “equalize unequal relationships”). With elders who are cognitively-impaired, social workers have even greater responsibility – to be aware of abuse of power, to listen as people rage against loss of autonomy, and to do whatever is possible to ensure that residents exercise choice; lead support groups for residents and family members; lead Resident Council meetings and Family Council meetings; being an invaluable source of support for staff; and counseling people with dementia and their family caregivers (Marshall & Tibbs 2006). For example, by leading aid groups for Certified Nursing Assistants (e.g., to allow these front line workers to express a range of feelings, vent frustrations, talk about their daily encounters, and support each other’s efforts to provide good care) (Solomon, 2004). In addition, making residents feel that they have someone to turn to who will listen to them and be there for them. Furthermore, helping residents and their families make informed end-of-life decisions. Social workers have the sensitivity, knowledge, and skill to assist and support families in this enormously difficult process. In the year 2011, for 30% of the residents of ALRs in the state of Massachusetts, the reason for concluding the tenancy was death (Executive Office of Elder Affairs, 2011). Additional 42% moved to a skilled nursing facility or other higher level of care. Social workers are trained to assist, guide, and support the resident and her/his family in the challenging process of moving from the ALR to a care setting that provides a higher level of care.

Additional responsibilities of social workers were identified by Marshall & Tibbs (2006) and include helping care staff and other professional colleagues to become aware of issues of discrimination (e.g., ageism, racism, sexism, and homophobia), and the responsibility to report and prevent abuse.

With regard to responsive behaviors of residents with dementia, Marshall & Tibbs (2006, p. 180) assert that, “Social workers have a crucial role in contributing to the process of understanding and preventing these behaviors. It is important to emphasize that responsive behaviors are often more distressing for persons with dementia and their care partners than the cognitive and functional impairments (Volicer et al. 2006). It is estimated that one-third to half of ALR residents with dementia experience one or more responsive behaviors at least once a week (Gruber-Baldini et al. 2004; Boustani et al. 2005). Responsive behaviors in dementia are often a result of unmet physiological, psychological, social, and environmental needs (Algase et al. 1996; Whall & Kolanowski, (2004). Social workers’ special training and psychosocial evaluation skills allows them to identify these unmet needs as well as the causes, situational triggers, and sequence of events in the social and physical environment that lead to responsive behaviors. They are therefore in an excellent position to assist the interdisciplinary team in developing effective interventions to prevent and de-escalate these behaviors. In addition, knowing the life-history of persons with dementia is essential to providing effective dementia care (Caspi, 2012) while the explanation of responsive behaviors often lies in the person’s past (Caspi, 2011). Social workers have the training and skills necessary for collecting and sensitively using life-history information from residents (who are capable of sharing such information) and their family members (while

protecting the confidentiality of the residents). This knowledge can often shed light on the root cause or distal trigger of responsive behaviors and assist in developing effective interventions to address the cause and/or eliminate the trigger.

Finally, social workers have an important role in persuading medical colleagues that drugs to subdue behavior should be a last, not a first, step,” which is consistent with guidelines of care of agitated behaviors for persons with dementia (Howard et al., 2001).

Recommendation for change in the regulations of Special Care Units of Assisted Living Residences in Massachusetts

ALRs are the fastest growing residential care option for seniors in the U.S. (Kopetz et al. 2000). In the state of Massachusetts the number of certified ALRs increased from 44 to 207 residences between 1995 and 2011 (Executive Office of Elder Affairs, 2011).

Substantial growth also occurred in the portion of ALRs that offered specialized dementia programs between 1996 and 2005 (from 18% to 40%) (Stocker & Silverstein, 1996; Policy Studies Inc. 2005). It is estimated that between 42%-50% of ALR residents have some form of dementia (Gruber-Baldini et al. 2004).

The current regulations governing SCUs of ALRs in the state of Massachusetts do not require having a social worker on the care team. As the residents of ALRs are aging, they experience higher levels of cognitive-impairment, functional impairment, and responsive behaviors. The need of many SCUs of ALRs to hire a social worker has never been more pressing. The state of Massachusetts (and other states where such requirement is not specified in their regulations) should consider adding to their regulations of SCUs of ALRs a requirement to hire a social worker.

As many ALRs are already unaffordable to many seniors (Golant & Hyde, 2008), concerns related to driving up operational costs due to hiring social workers are serious. However, these concerns must be balanced with the professional concern for the well-being, quality of care, and safety of a growing number of vulnerable residents with dementia in SCUs of ALRs. As described in this article, having a social worker in SCUs of ALRs can bring about numerous therapeutic benefits for the residents, their family members, and the direct care staff. While it requires confirmation in empirical research, having a social worker as an integral part of the interdisciplinary team may help reduce costs by extending the length of residency and delaying the resident's transition to a nursing home (due to improved care), reducing care staff burn out and turn over rates (and the costs of recruiting and training new staff) as well as enhancing care staff job satisfaction (due to additional support by social workers), reducing the use of psychotropic medications (and the many side affects they frequently cause), reducing litigation and lawsuits against the ALR (due to reduced safety risks), and overall improvement of the reputation and marketing abilities of ALRs.

Above all, social workers have a long and very successful history of protecting the rights of seniors in long-term care residences. As a society we have a moral obligation to ensure that the best possible care is provided to vulnerable seniors with dementia. Social workers are crucial to fulfilling this obligation.

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