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Elders: A Case Example**

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A Culturally Competent Approach to Engagement, Assessment, Intervention, and Evaluation with LGBT Elders: A Case Example

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Abstract

The following is a case example that highlights some of the substantive issues that may be presented by a Lesbian, Gay, Bi-sexual, and Transgender [LGBT] older adult who is receiving mental health services. It offers concrete examples that social work students in field practicum can use during the engagement, assessment, intervention, and evaluation processes with LGBT elders.

Keywords: Cultural competency, LGBT, aging, social work

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Introduction

The National Gay and Lesbian Task Force (2013) estimates that there are over 1.5 million LGBT adults aged 65 and older in America. By the year 2030, the number of LGBT older adults in the United States is estimated to surge to around 3 million people (Services and Advocacy for Gay, Lesbian, Bisexual & Transgender Elders [SAGE], 2012). The available research about LGBT older adults demonstrates that this population often has fewer supports when compared to their heterosexual counterparts and, as a result, LGBT elders are more likely to experience poverty, discrimination, social isolation, and inadequate health care (SAGE, 2012). Studying the experiences of this historically disenfranchised group will increase social workers' knowledge of the unique needs of the aging LGBT population (Fredriksen-Goldsen & Muraco, 2010).

Case Example: James

James is a 76-year-old, African American gay male who sought counseling for depression but there were survival issues as well, after his partner Thomas was hospitalized for a broken hip. Thomas is a 75-year-old, White, gay male and his surgeon recommended at least six months of institutional assisted care. James was placed on Amy's caseload by her field instructor who is a Licensed Clinical Social Worker [LCSW] at Tri-State Mental Health Services. Amy is a graduate social work student who is doing her field practicum at this facility.

Engagement

Engaging the client when he or she first enters an agency seeking services, is a crucial first step in the engagement process. James was interviewed by Amy, who is heterosexual, White, and female. Individual and cultural diversity experiences between the client and social worker matter throughout the therapeutic process, so Amy

examined her beliefs to prevent any bias that may work against the therapeutic relationship with James. Many older African Americans can be suspicious of professionals of the dominant culture who work in mainstream institutions (Quarless Kingsberry, Saunders, & Richardson, 2010), so service providers must be culturally competent and convey respectful behavior by using formalities when meeting with adult clients of diverse ethnicities (University of Washington, 2005). Amy greeted James warmly by title and full name accompanied by a handshake. During the engagement process, James and Amy discussed confidentiality and Amy employed active listening while rephrasing James' narratives to ensure she was obtaining an accurate portrayal of James' situation. When a social worker demonstrates that he or she is listening to the client during the engagement process, it communicates respect (University of Washington, 2005), and this results in a more comfortable atmosphere that promotes client disclosure.

James stated that hip surgery has significantly aged Thomas, his partner of 29 years. James divulged that he regretted not seeking medical power of attorney [POA] for Thomas because if he is declared incompetent by a doctor, Thomas could be permanently placed in a nursing home. The majority of American States have no relationship recognition laws for same-sex partners (The Human Rights Campaign [HRC], 2014), so James fears that he may have no choice about whether Thomas can return home. The HRC (2014) highlights the importance of obtaining advance healthcare directives such as medical POA for members of the LGBT community so that health facilities must recognize a gay partner's rights regarding decision-making about his or her partner's care. According to Boyd-Franklin (1989), when concrete problems are addressed first in therapy, it allows the client to view the therapist as a trustworthy

ally. So, prior to discussing his depression, (which is the reason James sought counseling), Amy provided James information about how to obtain medical POA for Thomas. With Amy's encouragement, James began to feel empowered to procure his legal right to be involved in decisions about Thomas' care. Amy's knowledge and use of the empowerment perspective helped her to illuminate James' strengths, which in turn promoted client advocacy that addressed his difficult life situation (Anuradha, 2004).

Assessment

Conducting an effective assessment is important because it helps the social worker better understand the client's behaviors within the context of social work values and ethics (Zastrow & Kirst-Ashman, 2010). It is also essential that social workers carefully select the appropriate theories, principles, and perspectives to guide the assessment and intervention strategies they use to address clients presenting problems (Schriver, 2011a). In James' case, Amy used Bronfenbrenner's ecological perspective (1979) in conjunction with the bio-psycho-social-spiritual model (Engel, 1980; Fowler, 1981) during the assessment to help her identify how James' individual, family, and environmental systems have impacted his holistic well-being.

Biological

According to the U.S. Department of Health and Human Services (2013), heart disease, hypertension, diabetes, arthritis, and cancer are chronic health conditions that are prevalent in African American males who are over the age of 65. James had been diagnosed with hypertension, but he stated that it was easily managed with the use of his prescribed medication. Amy noted that James has regular appointments with his doctor, has healthy eating habits, and walks for exercise. James also mentioned that he had cataract surgery a year ago that greatly improved his vision. Amy congratulated

James for the dedication to his health and concluded that James did not have any unmet biological needs at this time.

Psychological

James reported struggling with depression in his past. James described life as an African American gay male as difficult. A study by Lemelle and Battle (2004), described Black masculinity as a unique identity that must be protected by the African American man, who is viewed as a protector and defender of his race. During adolescence, this axiom directed James' acquiescence in denying his true sexual orientation. Erikson's psychosocial theory notes that when there is no resolution of the identity vs. role confusion stage it may cause an incomplete formation of the individual's sense of self, and when any of the developmental crises are not resolved, it impedes one's ability to complete the subsequent developmental stages (Erikson, 1950). When James was 22, he told his conservative religious parents that he was gay, and his parents alienated him. James' father argued that James would be disadvantaged by being both Black and gay, and he was angry about how the family would be perceived. Research by LaSala and Frierson (2013) posits that this is a normal reaction for the male family members of African Americans; "The world already sees you as less than others. By being gay, you're further hurting the image of African-American men" (p. 428). When James' father died he regained contact with his mother, but James stated that he never recaptured a close relationship with her. Amy ascertained that James was still feeling emotional pain from his family's rejection, and she noted that since young adulthood, James' ability to achieve fulfillment of Erikson's stages had been impaired. Both cultural and religious contexts shaped the actions of James' family, and Amy applied research-based knowledge to improve her understanding of James and his environment. Moreover,

integrating this information with the stages of development provided Amy an understanding of why James was struggling with depression. Amy asked James to complete the *Geriatric Depression Scale* [GDS], which is a 30-item questionnaire that has been shown to be a valid and reliable instrument to assess depression in older adults. It distinguishes depressed from non-depressed clients with accuracy as demonstrated by Pearson's *r* correlation coefficient of .84; it also has a test-retest reliability coefficient of .85 (Sheikh & Yesavage, 1986). James' score of 18 on the GDS (a score of 10-19 indicates mild depression) helped to inform Amy about the level of his emotional needs. Consistent with the ecological perspective, the empowerment method can guide social workers in identifying how a client's strengths and limitations affect their ability to solve systemic problems (Miley, O'Melia, & DuBois, 2011a). Amy noted that James' strengths included his autonomous decision to attend counseling, his resilience, and his interest in setting goals. To enhance James' strengths, Amy involved James in the change process by encouraging him to set goals that would improve his well-being. The empowerment approach can help clients realize that they are capable of resolving their problems and as a result, they may become motivated to carry these feelings of competence outside the boundaries of the counseling environment (Miley, O'Melia, & Dubois, 2011a).

Social

Evaluating James' social supports and needs required Amy to inquire about his past and present environment because of the limited social work research information related to LGBT issues as they intersect with both race and age. For most of his life, James experienced racial discrimination and alienation because of his sexual orientation. Now he feared being denied the right to choose the best care for his

partner. James has no immediate family, and he had been declining visits with his friends because of the time that was needed to care for Thomas. Amy realized that older adults who are socially isolated are more at risk for physical illness as well as cognitive and intellectual decline (McInnus-Dittrich, 2013), so she requested that James complete a *Social Support Questionnaire* [SSQ]. The SSQ is a valid and reliable tool that can assist social workers in identifying a client's social needs and strengths. The SSQ has a test-retest reliability correlation coefficient of .90, a Cronbach's alpha of .97 for internal reliability, and a significant criterion validity correlation between the SSQ and the Multiple Adjective Affect Check List [MAACL] scale ranging from -.22 to -.43 (Sarason, Levine, Basham, & Sarason, 1983). The SSQ has 27 questions, and each has a two-part answer. The SSQ asked James to list up to nine people he could rely on in different situations, and for each situation James was asked to circle how satisfied he was with the support by using a six-point scale ranging from "very satisfied" to "very dissatisfied." While discussing the SSQ results with Amy, James stated that he had only two close friends that he could consistently rely on, and he generally answered that he was "a little satisfied" with the support he was receiving. To obtain a clearer picture of James' social strengths, needs, and stressors, Amy assisted James in completing a social ecomap. The ecomap is an assessment tool created by Ann Hartman (1978). It can be a simple drawing that ordinarily begins with the client or client's family in the center, with other relationships connected by a line that extends from the client. The type of line drawn is useful in demonstrating the essence of that connection (Hartman, 1978). Amy drew James' two close friends as supports, and she was excited to see that James included friends on his social ecomap that he had not identified on the SSQ. This outcome

confirms the need for social workers to use more than one data collection strategy during the assessment process.

Spiritual

Religion and spirituality have been shown to be effective coping mechanisms that can provide important protective factors (Hodge, Andereck, & Montoya, 2007) for individuals who are experiencing socio-emotional challenges. However, many LGBT individuals do not choose religion as a coping strategy; historically, the dominant religious communities have been unwelcoming at best (Coon, 2003). Therefore, attending religious activities is difficult for someone like James. Because James had mentioned having a spiritual background, Amy asked if James would allow her to create a genogram with a spiritual slant, and he agreed. The genogram is a visual representation resembling a family tree (Miley, O'Melia, & DuBois, 2011b). It can include many types of information: family networks, ethnic origins, geographic locations, relationships, significant life events, and even statements of spirituality (Frame, 2000). James' spiritual genogram highlighted difficulties from his past that inhibited his interest in pursuing spiritual outlets. Fortunately, the genogram also included positive spiritual interactions with friends. James believed these friends attended a church near his community.

Intervention

Social work students must adhere to the Council on Social Work Education's (2010) core competencies and practice behaviors, and use the rules therein as a guide during their field practicum. One practice behavior specifically stresses the importance of receiving direction through supervision. So prior to completing her assessment, Amy

consulted her field supervisor to obtain instruction in understanding and applying James' assessment results to the subsequent intervention.

Biological

Based on the assessment information that was obtained, Amy and her field supervisor determined that no biological intervention was necessary for James. Although when providing services to clients over age 65 who are also caregivers, they knew it was important to consider the needs of both the caregiver and the care recipient (Quarless Kingsberry, Saunders, & Richardson, 2010). Because of Thomas' hip surgery, Amy completed a biological intervention after gaining permission from both men. Amy contacted their family doctor, who agreed to advocate for Thomas' return home after his rehabilitation. Amy also taught James how to research credible health information using the *National Library of Medicine's* [NLM] MedlinePlus database to increase James' feelings of empowerment to seek out information on nutrition, safety habits, exercise, healthy aging, and medications. Since Thomas would be returning home after rehabilitation, and because injuries in the home are common in older adults (Consumer Product Safety Commission, 2014), Amy requested a home visit to determine the safety of the home for both men. James agreed to the visit, and the Consumer Product Safety Commission's (2014) *Older Consumers Home Safety Checklist* was completed. This checklist prompts older adults to prepare for emergencies, and it helps them identify fire, fall, medication, and electrocution hazards. Amy and James completed the checklist and determined there were no safety issues. Additionally, Amy referred James to meet with the agency's psychiatrist. Although James agreed to see the psychiatrist, he declined to use medication to assist with his depression. James stated that counseling

sessions with Amy helped him cope, and his family doctor's support of Thomas' return home after rehabilitation lessened his sadness and anxiety.

Psychological

Amy's psychological intervention included empowerment-based therapy with a standpoint theory focus during individual counseling sessions. Using a standpoint theory focus allows social workers to connect clients' standpoints with the social and political context to develop micro, mezzo, and macro level advocacy (Sosulski, 2009). James set a goal to attend individual counseling twice a month. Caregivers of older adults often experience considerable mental stress (Quarless Kingsberry, Saunders, & Richardson, 2010), so Amy's field supervisor suggested interactive journaling as an adjunct to counseling. Interactive journaling has been shown to be an effective strategy for promoting beneficial change for a range of populations with various problems (Miller, 2014). Amy encouraged James to journal about the things he would like to say to his parents if they were alive, along with any feelings he may have about caring for Thomas. Amy suggested that James bring his journal to counseling sessions. James became tearful in early individual counseling sessions when reading journal entries about his mother and father, but during a later appointment he stated that it was becoming easier to think and talk about his feelings of rejection by his parents. James said that counseling and journaling helped him feel more empowered to advocate for Thomas.

Social

James believed spending more time with friends would provide emotional and social support, so he set a goal to spend time with them once a month to improve his well-being. James shared that creating the ecomap helped him realize that he had more

than just two friends with whom he could confide in about his needs. Amy encouraged James to reach out to these friends for help with errands or assistance in providing respite care with Thomas. Amy located a list of LGBT community advocacy organizations on The Human Rights Campaign website, which she shared with James. Copies of the list were also placed in the agency's waiting room.

Spiritual

Prior to implementing a spiritual intervention, social workers must have an awareness of their own spiritual views, an acceptance of the client's spiritual beliefs, and the ability to employ an intervention that complements their client's values (Hodge & Bushfield, 2006). Amy suggested that James consider attending a church that is welcoming to the LGBT community. James stated that he would ask his friends if they attended a church locally. Amy also encouraged James to make a list of practices that he believed would improve his spiritual well-being. James' list included: meditation, reading and discussing spiritually-themed books with his book club, walking outdoors to connect with nature, and reading a notecard created during therapy that listed some of James' positive attributes including his resilience, giving nature, and strength of character. James was encouraged to add to his spiritual list every week.

Evaluation

It is important that social workers critically evaluate the intervention plans that they develop with their clients. In this case example, James came to our agency to request services for depression. He did not have any immediate medical concerns. However, his partner Thomas had biological survival issues that needed to be addressed. With Amy's encouragement, James secured medical POA for Thomas, and with the recommendation of their family doctor, Thomas will be returning home from

the rehabilitation center within a month. Psychologically, James is still mildly depressed. Three months after the initial test, Amy requested that James complete the GDS again, and he scored an 11. While still registering mild depression, a score of 11, nevertheless, represents an improvement over the previous score of 18. Amy plans to inquire if James is willing to take the GDS again in 3 months, to determine if there has been a change in his depressive symptoms. James is part of more than one at-risk population, and Amy knows he is at greater risk of economic deprivation, health disparities, and social inequalities than the mainstream of society (SAGE, 2013). Because of the aforementioned risks, Amy's field supervisor directed Amy to continue individual counseling to monitor James' depression as well as any emerging needs, and to ensure that both men are benefiting from the treatment provided. James expanded his journaling to include not only his feelings about family, but about day-to-day issues as well. James stated that writing helped him cope and feel less stress about any upsetting situation that occurred between counseling sessions. Socially, James has become more active. He participates in a weekly book club and meets his friends for breakfast on Saturdays. After asking for help from friends who were identified on his social ecomap, he found they were not only willing, but enthusiastic helpers. James expressed that he treasured these stronger, closer relationships. Spiritually, James has more time to practice the items on his spiritual list when friends provide respite with Thomas. James stated that at his suggestion, his book club had started reading a book with a spiritual genre. James had also spoken to his friends about the church they attended, and they communicated that James and Thomas would be welcomed there, as would all LGBT individuals. A few weeks later, James attended an ice cream social at this church, and he told Amy he was considering going to a service there in the future.

Discussion

This case example demonstrates some of the challenges that LGBT elders face on a regular basis. The religious belief of James' family is an example of how a pervasive dominant worldview (Schriver, 2011b) can oppress and alienate LGBT individuals like James within their families and in their communities. These beliefs can spur bigotry by promoting oppressive policies that justify those with a religious prerogative to deny services to those of same-sex partnerships (American Civil Liberties Union, 2014). As a result, many LGBT older adults feel forced to choose safety as a priority over their preferred sexual orientation or gender class (Brown, 2009). Documentaries, research literature, and involvement with the LGBT community can increase a person's understanding of the discrimination LGBT elders can face from caregivers. A documentary on LGBT older adults clarifies how these individuals feel about their safety, "There is a real distrust of mainstream institutions...LGBT elders are more likely to die alone" (*Gen Silent*, 2011). Social work students should help to identify social support systems for LGBT clients who express an interest in coming out about their sexual orientation or gender identity.

Social workers are well-positioned to advocate for non-discriminatory social policies, such as the need for shared SSI benefits, and access to 401(k) plans, retirement accounts, and pensions for same-sex partners. Social work advocacy is needed to challenge the policies of organizations that discriminate against LGBT elders, and promote those facilities that welcome the LGBT community. Social work students can facilitate caregiver training that should challenge staff to explore their self-awareness and eliminate the influence of personal biases when caring for LGBT elders. Notable also is the lack of LGBT support groups for elders, so social work students should

initiate and facilitate LGBT support meetings, and provide training for LGBT elders on how to organize and manage groups. Additionally, social work students should share information with their clients about national and local events and resources that are accessible, such as, the Human Rights Campaign website. In addition to LGBT elders being inadequately served by the public, they are also understudied by researchers (Kimmel, 2014). There is a great need to fill this gap in research literature, so students should be proactive in conducting studies about the LGBT population. Expanding LGBT research information may assist not just social workers and social work students, but it can provide needed information to all who are dedicated to improving the health and welfare worldwide for the growing population of LGBT older adults.

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