Post Event Summary Report

LATER LIFE FAMILIES: PREPARING FOR THE ELDER BOOM

Later Life Families Interest Group

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Sponsored by the American Family Therapy Academy

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The American Family Therapy Academy

Founded in 1977, the American Family Therapy Academy (AFTA) is a non-profit organization of leading family therapy teachers, clinicians, program developers, researchers and social scientists, dedicated to advancing systemic thinking and practices for families in their ecological context. AFTA fosters policies that support the welfare of families, social justice, and cultural diversity. Through diversity in its membership and through continuous dialogue and collaborative interchange, AFTA is dedicated to increasing understanding about how dimensions of difference and social justice impact research, theory and the practice and training of family therapy. The 2005 Annual Conference "Politics, Community, and Clinical Practice." Focused on the interrelationships between theory, practice and research as well as between larger systems and family life.

Interest Group on Later Life Families

Interest groups are the core of AFTA, for they are a meeting ground for those thinking about working in specific areas and serve as a way of enriching and broadening the scope of participants' knowledge. Incorporating professional experience drawn from clinical work and mental health research focused on families with an older member and personal experience, this session on *Later Life Families: Preparing for the Elder Boom* was designed to stimulate thinking on the diverse challenges families will face, the formal supports they will need to meet these challenges as well as the strengths and contributions of later life families.

The number of Americans over age 65 is expected to double in the next 30 years. The 'elder boom' will be accompanied by increasing ethnic/racial and class diversity, greater numbers of the very old and changes in family structures. These trends will likely be accompanied by increased numbers of elders at risk for mental health problems due to stressors such as poverty, living alone and cognitive decline. Beyond their impact upon individuals, mental health problems impact families. For example, there is a high rate of depression among family members caring for an older member. *Families, considered the 'informal' system, have provided most of the care for older adults. The changing demographic picture prompts a fresh look at the family as a resource to supplement formal systems of care for older adults. What supports will families need in order to continue to do so? How can family therapists help? How can we address the paucity of family therapists trained to work with later life families?*

Participants focused on the new challenges older adults and their families are facing and can expect to face as the elderly population grows and changes demographically. The discussion reflected the view that promoting mental well-being requires going beyond attending to the mental health service delivery system; social and economic factors are also key. Families are, by far, the major caregivers and sources of emotional support for older adults. Communities, both geographic and communities of identity play important roles in supporting older adults and their families by creating supportive environments. Economic policy, obviously, impacts older adults and their families by creating or mitigating conditions such as homelessness and access to health care that impact mental well-being. Thus, the recommendations below span several of the WHCOA's policy categories:

- Health and Long Term Living, particularly Mental Health, Caregiving
- Social Engagement

Priority Issue # 1: Insufficient Geriatric Behavioral Health Services for Families with an Older Adult Member

- Demographic trends indicate that increasing numbers of older adults are at ***risk for mental health problems*** due to stressors such as poverty, living alone and cognitive decline.
  - The 'elder boom' will be accompanied by greater numbers of the ***very old***, i.e., those eighty-five and over.
  - The 'elder boom' will include significantly more ***non-traditional families*** including more gay, lesbian, bisexual, and transgender elders.
  - The 'elder boom' will include ***changes in family structure***, more people entering old age without spouses and/or childless and/or parents of only children, as long standing single parents or with stepchildren and blended families.
- The family's ***responsibility for offspring is extended*** due to the need to provide economic support for adult children and grand children who have left home, care for adult children who do not leave or return home and/or the assumption of primary parenting responsibility for grandchildren.
- ***Families and significant others considered the 'informal' support*** system ***provide most of the care*** for older adults; thirty percent of the workforce has some responsibility for an older adult relative and fifty-percent expect to be responsible for an older relative in the next ten years.
- The stress of family caregiving has been shown to be associated with ***depression and anxiety*** at a rate of six times higher for those caring for a spouse with dementia and two times higher for those caring for a parent with dementia.
- ***Alcohol and prescription drug misuse*** currently affects up to seventeen percent of older adults and the rate is likely to increase given the higher prevalence of alcohol abuse and illicit drug use in younger adults as they age and family treatment is a recommended treatment shown to be effective in treating problems of chemical dependency in later life.
- ***Elder abuse*** is a hidden problem affecting an estimated 5 million older adults each year most of whom do not get help. Furthermore, persons, aged 80 years and older suffer abuse and neglect two to three times their proportion of the older population. Elder abuse is a 'family issue' inasmuch as abusers are most often family members, i.e. spouses and adult children, particularly family members who are mentally ill or chemically dependent (i.e. suffering from alcohol or drug abuse) or when the older adult is vulnerable due to social isolation, mental illness or chemical dependency.
- Older adults have a fifty percent higher rate of ***suicide*** than the general population, adolescents or younger adults.
- The **stress of family caregiving** has been shown to be associated with depression and anxiety at a rate six times higher for those caring for a spouse with dementia and two times higher for those caring for a parent with dementia.
- The older adult population is becoming increasingly diverse with regard to **ethnicity/race and class diversity**; by 2030, over twenty-six percent of the older population (sixty-five and older) will be members of minority groups, up from sixteen percent in 2000. From 1990 to 2050 the number of Black older adults will

quadruple to over nine million; there will be twelve million older adults of Hispanic heritage representing an eleven fold increase and the Asian older adult population is projected to increase to nearly seven million, a fourteen fold increase.

- **New immigrants and undocumented older adults are a growing subgroup of older adults with special needs.**
- Primary care settings provide opportunities to **detect mental health and substance abuse problems** among older adults.
- **Families** are often impacted by the mental health problems of older adults and families can also serve as important resources in the resolution of mental health problems.

Barriers:

- Geriatric Mental Health and Substance Abuse Services are **specialty** services, which typically are not available in mental health, and substances abuse services designated for 'Adults'.
- A **family therapist experienced in treating older adults** may successfully aid in the treatment of a depressed or suicidal older adult as well as his or her family. However, there is a paucity of family therapists trained to work with later life families, that is, families with an older adult member. There is an even greater **shortage of trained family therapists of color.**

Proposed Solutions:

- ***Provide* supportive services** such as, family therapy and respite **for families** with an older member including designating National Family Caregiver Support Program funds for **family mental health services.**
- ***Enact*** the Positive Aging Act.
- ***Provide*** funding for **family therapy training programs** to train therapists to develop expertise in treating later life families. Provide incentives for minority clinicians to access this training.

Priority Issue # 2: Maintaining Social Engagement through a Community Centered Approach

- Communities' capacity to promote productivity and well-being ***consistent with community values and needs*** is strengthened in accordance with the community's capacity to affirm the benefits of aging and the abilities of their older members to support older adults in need.
- Future generations of elders will likely reflect significant psychosocial differences from the current aged population and ***senior centers*** offer an excellent opportunity to reach older adults and their families in their communities.
- Engaging in ***meaningful work*** contributes greatly to self-esteem and well-being and engenders the respect of one's community and significantly more elders are reaching old age physically and mentally able and willing to continue to work part-time or full-time.

- ***Interdependence***, which ultimately supports independent functioning and remaining in the community.
- ***Technological interventions*** can reduce isolation and foster connectedness and interdependence, which ultimately support independent functioning and remaining in the community.
- ***Ageism*** negatively impacts people of all ages, depriving them of the benefits of relationships with older adults. ***Institutionalized ageism and ageist attitudes*** exclude older adults from participating in our society to their fullest extent and deny them their right to material, psychological and social benefits as well impacting their sense of dignity, self worth and self-determination.

Barriers:

- While there are exceptions, Senior Centers presently focus mainly on nutritional programming. There is insufficient funding to support enhanced programming which would be attractive to members of the elder boom.
- Increasing diversity requires that communities develop culturally proficient services that meet their priorities and needs. However, communities lack the support with which to do so.
- Technological advances occur rapidly; however, there has not been sufficient focus on wide dissemination of applications that can promote community functioning and engagement.

Proposed Solutions:

- ***Promote age-affirming communities*** by providing for community sponsored senior centers and supportive services for older adults and their families. Community here is conceived of as geographic communities or communities of identification.
- ***Implement a community-based planning process*** wherein communities (of geography or identity) begin to enhance and re-design senior centers to reflect the interests and needs of the newer generations of older adults and attain full accordance with the spirit and intent of the Older Americans Act.
- ***Enhance*** the ***Title one funded Senior Aides Program*** in order to ensure that it provides for real, meaningful work.
- ***Require*** that aging and related policy and programs such as housing, and welfare policy support later life families and include a ***statement of their impact upon later life families.***
- ***Promote*** the use of **technology** in aging services.
- ***Promote*** greater interdependence among the generations through ***public education.***
- ***Monitor*** government-funded programs and services to ***assure inclusion*** of older adults and non-discrimination against older adults.