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A study of the effect of the adult day rehabilitation program on the functioning levels of selected clients at the Ebenezer Adult Day Rehabilitation Center

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A STUDY OF THE EFFECT OF THE ADULT DAY REHABILITATION PROGRAM ON THE FUNCTIONING LEVELS OF SELECTED CLIENTS AT THE EBENEZER ADULT DAY REHABILITATION CENTER

A THESIS
SUBMITTED TO THE FACULTY OF ATLANTA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SOCIAL WORK

BY
LOIS ANNETTE SIMON

DEPARTMENT OF SOCIAL WORK

ATLANTA, GEORGIA
APRIL 1987
ABSTRACT

Social Work

Simon, Lois Annette   B.A., Loyola University, 1985

The Effect of Adult Day Rehabilitation on the
Functioning Levels of Selected Clients at Ebenezer
Adult Day Rehabilitation Center

Advisor: Dr. Mamie R. Darlington

Thesis Dated: April 24, 1987

Adult Day Rehabilitation is a social service which prevents or
delays nursing home placement for elderly or handicapped persons.
This paper helps to understand the effect of adult day rehabilitation
on the functioning levels of the clients' service utilization, and
quality of services provided to this population studied.

Descriptive survey research has been utilized in analyzing the
data received from the twenty (20) selected clients attending
Ebenezer Adult Day Rehabilitation. Articles based on service
utilization and the minority elderly have been prepared to support
the research purpose.
ACKNOWLEDGEMENTS

I would like to give my educational and thesis advisor, Dr. Mamie Russell Darlington, much thanks for her support and guidance throughout my educational experience. She is definitely a special person and an excellent teacher.

I would also like to give thanks and love to the Simon and Jalvia Families for their unceasing support and guidance throughout my entire life...God bless them always. And a special acknowledgement to Ernestine Walker Gourrier, without whom my appreciation and love for persons growing older would not have developed.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgements</td>
<td>ii</td>
</tr>
<tr>
<td>Table of Contents</td>
<td>iii</td>
</tr>
<tr>
<td>List of Tables</td>
<td>iv</td>
</tr>
<tr>
<td>Chapter</td>
<td></td>
</tr>
<tr>
<td>I. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>II. REVIEW OF LITERATURE</td>
<td>5</td>
</tr>
<tr>
<td>III. THEORETICAL FRAMEWORK</td>
<td>19</td>
</tr>
<tr>
<td>IV. METHODOLOGY</td>
<td>28</td>
</tr>
<tr>
<td>Research Design</td>
<td></td>
</tr>
<tr>
<td>Purpose</td>
<td></td>
</tr>
<tr>
<td>Procedures</td>
<td></td>
</tr>
<tr>
<td>V. SUMMARY AND FINDINGS FOR SOCIAL WORK IMPLICATIONS</td>
<td>31</td>
</tr>
<tr>
<td>APPENDIX</td>
<td>44</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>50</td>
</tr>
</tbody>
</table>
LIST OF TABLES

Table 1: Phases of the Life Cycle

Table 2: Description of Home and Health Status of Clients Before and After Attending Ebenezer Adult Day Rehabilitation Program

Table 3: Description of Level of Independent Functioning Before and After Attending Ebenezer Adult Day Rehabilitation Program

Table 4: Purpose of Referral to Ebenezer Adult Day Rehabilitation Program

Table 5: Services Being Received at Ebenezer Adult Day Rehabilitation Program
CHAPTER I

Introduction

There are 28.5 million persons over age sixty-four (64) residing in America today (Atlanta Regional Commission, 1986). Since elderly persons are living longer, a need for a broad range of community-based services has been created. These services should be created with the health care of the elderly as the primary focus. Services should also address the caregivers, who are family members and service providers.

In late 1972, Congress directed the Secretary of the Department of Health, Education and Welfare to undertake a search for alternatives to escalating health costs (Weiler and McCuan, 1978, p. 27). This search was based on finding an extraordinary increase in institutionalization costs for the frail and infirmed elderly. The findings indicated that care could be provided to the frail and semi-independent elderly that did not require institutionalization. The law (P. L. 92-603) specified that Adult Day Care would be one of the alternatives considered.

In the United States, two types of day care are available. The first, a "day hospital" program, which typically has rehabilitation as its goal. It provides medically oriented services, and is generally affiliated with a health care institution. The second type, a "multi-purpose program," focuses more on social programs are designed for individuals who require daytime
supervision or health services, but who can spend their evenings with family members. Although such programs have grown considerably over the past decade, geographic distribution is spotty and sources of support vary from state to state (Wetle, 1983, p. 77).

The first type of alternative, a "day hospital" program is representative of the Adult Day Care Rehabilitation Center is characteristic of such a model. Adult Day Care provides socialization and recreational activities. Adult Day Care Rehabilitation programs provide these services in addition to medical monitoring and nursing services. Some of the services in either setting are provided on-site, while clients can be referred to these other services as out-patients. Most patients attending Adult Day Care Centers and Adult Day Rehabilitation Centers are referred by their physicians, a community agency, or a family member seeking respite care.

As of 1984, there were one hundred and seventy Adult Day Care Centers across the United States, with a constant flow of new centers opening (Weiler and McCuan, 1978, p. 27). Each state has its own licensure procedure for services available to the clientele. Most want the clientele to be oriented, physically, and mentally functional, ambulatory, and most importantly, residents of the Center's catchment area (Weiler and McCuan, 1978, p. 37).

Services offered by most Adult Day Care and Adult Day Rehabilitation programs across the United States, include general nursing services, emergency services, social work services, personal
hygiene assistance, socialization, and a hot noon meal (Weiler and McCuan, 1978, p. 42). Additional services could be offered according to the needs of the specific target population utilizing the services.

The setting for this study was the Ebenezer Golden Age Resource Center which was founded in 1978, and is an Adult Day Rehabilitation Program (ADR). The Center is located at 407 Auburn Avenue, N.E., Atlanta, Georgia. The Center provides medical and nursing services, socialization, and social services to its elderly clients. Ebenezer ADR Program is a product of the Alternative Health Services Project and the Community Care Services for the State of Georgia (Walter, B., Personal Communications, February 21, 1987.).

Social work services and social services such as counseling, referrals, appointments, planning of recreational and social activities for the Center, are done by the social worker and other staff.

Ebenezer ADR uses health related supportive services to supplement the rehabilitation program. A multitude of medical services are provided the clientele: (1) speech therapy; (2) occupational therapy; (3) reality orientation therapy; (4) reminiscence; (5) physical therapy; and (6) health education. A full-time registered nurse is on duty to maintain health maintenance and accurate records of all clients. Transportation services are provided by the Center and ambulance transportation services for hospital emergencies or hospital/doctor appointments are available.
There are fifty-two (2) clients in the ADR Program; ranging in ages from the early thirties to the nineties. The majority of the clients are Black, indigent, on medicaid, and mostly women.

The researcher's interest in Adult Day Rehabilitation Programs emanated from her observation of the numbers of elderly persons who were inappropriately placed in nursing homes. These persons were functioning independently, and should have been placed in an adult day care rehabilitation center. These elderly persons were usually released from the hospital to their homes, with no supports or services available to them. The services recommended to the elderly were often inaccessible or non-acquirable, because of lack of support, financial or family, and lack of transportation. Since the frail elderly need close medical and social supervision, adult day care services are an obvious solution to the problems. This study will explore the relationship between service utilization and levels of functioning of a selected group of elderly clients at the Ebenezer Rehabilitation Day Center. The home or living arrangements of the clients at the time of entry and at the present time will also be observed. Clients will be surveyed relative to the quality of service, and recommendations made in order to improve service.
CHAPTER II

Review of the Literature

Adult Day Care and Adult Day Rehabilitation Care are relatively new phenomena (Wertle, 1982), thus, there was limited literature on these subjects. The review, therefore, will consist of one study on Adult Day Care and general information relative to service utilization by the elderly, and support networks of the elderly.

E. P. Stanford discussed elderly blacks as a segment population of the Cross-Cultural study of Minority Elders of San Diego County, which was funded by the Administration on Aging (Stanford, 1978, p. 1). There were three specific objectives of the study: (1) to analyze characteristic lifestyles and customs as well as the primary interactional networks of ethnic minority groups, especially Black elders; (2) to explore and delineate the perceptions and viewpoints of black elders toward formal program assistance and human service networks; and (3) to test a methodology appropriate to obtaining information about ethnic minority populations, specifically the elderly.

The survey population consisted of 628 ethnic minorities, with the black survey population comprising 16.1 percent of the total study population. The respondents were either self-educated or had a mean educational level of 8.9 years. The mean age was 70.6 years, with the age range of 52-95 years of age.

The study combined quantitative and qualitative research approaches. The operational procedures were planned phases
sequentially leading to the debriefing, after the interviews were completed. The interviews were designed according to each ethnic group's dialect, therefore, blacks could better understand their interviewer. Most of the black elderly lived alone, prepared their own meals, and the majority had family. Another important finding was that black elderly relied on informal support systems more than form supports, but they did have knowledge of Medicare and Medicaid and they used formal agencies to address their needs.

The general consensus of the black elderly proved they were satisfied with their home lives and neighborhoods (Stanford, 1978, p. 22). Isolation was the greatest fear of black elderly, with 53.3 percent spending activity time alone. The priority listing given by the respondents that caused them the greatest difficulty was health (48.5 percent), transportation (5.9 percent), income (11.9 percent), language (1.0 percent), personal problems (2.0 percent), age (2.0 percent), other (1 percent), and a not applicable group (27.7 percent) (Stanford, 1978, p. 24).

The only study found related to Geriatric Day Care was done at the Levindale Hebrew Geriatric Center and Hospital by the Administration on Aging, Office of Human Development, October 1972 (Weiler and McCuan, 1978, p. 140). Its purpose was to demonstrate and evaluate the feasibility and cost effectiveness of providing day care services for the elderly, as an alternative to long-term institutionalization (Weiler and McCuan, 1978, p. 140). The primary objectives of the research were:
to develop and assess the roles and effectiveness of various professional services;
- to develop and assess service activities to help disabled elderly in the community;
- to determine patient criteria for day care services; and
- to explore different models of day care centers.

One hundred and seventy-five (175) sample subjects were selected from four populations: (1) Day Care clients; (2) the in-patient sector; (3) the larger community; and (4) apartment dwellers. The research instrument, compiled by the staff at the Levindale Geriatric Research Center, was designed to collect the demographic characteristics; functional health status; service satisfaction; and levels of self-maintenance, independence, and impairment (Weiler and McCuan, 1978, p. 14).

The conclusions and implications of the Levindale Study found the community service setting as most cost effective, while institutionalization the least cost effective. Day Care is a less expensive method of delivering long-term care to both the private and public sector. Most importantly, day care is a potential service innovation for the elderly and their families, which gives an optional means of receiving long-term care services (Weiler and McCuan, 1978, p. 142).

The setting of the day care center proves very conducive to integrating social components and health factors of long-term care while maximizing costs to all persons involved. Day care is flexible
and can be integrated with other care resources available to the elderly. The Day care Center provides support and respite to the family of an elderly person. Finally, it (Day Care) serves as a neutralizing agent for the impact of chronic diseases and impairments on the elderly.

Chiriboga and Cutler (1980) tested the stressors and events in the life span, and their effect on adaptation in the later years of the life span. A longitudinal study was conducted on men and women between the ages of sixteen (16) and sixty-seven (67), using the Schedule of Recent Events Questionnaire (Poon, 1980, p. 347).

Earlier work by Holmes and Rahl (1967, 1980) reported nearly universal agreement among persons of various racial, class, educational, and age groups on the ranking of events according to life changes. The results reflected that systematic differences in stress experiences were found for men and women at different points along their life course (Poon, 1980, p. 350). Negative stress preoccupations occurred less with the elderly in relation to younger respondents.

The second analysis of these same respondents broke the group into a fourfold typology: (1) avoiders of stress, (2) the lucky who are experiencing positive stress more than negative stress, (3) the overwhelmed, and (4) the stress prone (Poon, 1980, p. 350).

The results of this study proved younger men to be stress prone, younger women were overwhelmed, and the lucky, older
women did not meet the four criteria, but appeared to be the lucky, and the older men seemed to be the avoiders (Poon, 1980, p. 353). These results suggest that people's lifestyles may provide clues to how they manage stress. Younger people tended to manage stress more poorly than older persons, as studied by Chiriboga and Cutler (1980).

Wilbur Watson (1983) composed a selected analysis of the demographics and social aspects of the Black aged. His article described the Black elderly as an ever increasing group, comprising an increase of 34 percent in 1980 alone (McNeely and Colen, 1983, p. 43). He demonstrated that this group was growing functionally dependent and economically poorer, especially Southeastern Blacks living in rural areas. The study claimed that Blacks are still likely to be disadvantaged by age, race, and poverty, in relation to other ethnic groups. He also pointed out that Black aged depend on social service programs for health benefits and income. He also suggests that they need an increased amount of security and assistance. Watson called for an intensification of social and health service planning in rural areas. In an earlier study by Watson (1980) it was shown that Black females had the greatest need for transportation services. Overall, Watson felt there was much improvement needed in income maintenance, health care, and social service programs for Black consumers who wanted to enhance their lives.
Shirley Wesley-King (1983) analyzed service utilization in relation to the minority elderly by examining various articles/studies relating to the topic. Her thesis was that minority elderly, over centuries, have received inadequate and misguided services (McNeely and Colen, 1983, p. 241). She contended that policy should reflect solutions to the multitude of problems affecting minority elderly.

In review of service utilization, Wesley-King concluded many findings. Blacks showed a higher incidence of illness, but used the health system less than whites. Another problem for minorities in relation to service utilization was transportation. Utilization of services is affected by the need - state of many minority elderly, but in most instances, extended family and kin networks provided care to the elderly. She concluded that service delivery must be based on a complete effort to create culturally responsive programs that are sensitive to diverse groups.

Wesley-King summarized that service utilization patterns for the minority elderly are influenced by a combination of need-for-care variables, predisposing and enabling factors (McNeely and Colen, 1983, p. 247). She contended that barriers to service utilization exist for minority elderly due to their racial and cultural identity, and in relation to the biases of the service organization, or individual service provider. Finally, Wesley-King believed the social service system should undergo great transitions to effectively serve elderly minorities.

Chappell and Havens (1958) examined the roles of formal and informal care for the elderly. Interdependence of the elderly on
both networks were a major aspect of utilization by the elderly. The elderly have a physical dependency which is measured in accomplishing activities of daily living by the formal health care system. They state that "functional disability" of the elderly has been too rigidly defined.

The elderly need social interaction between friends, family, and neighbors to help them adjust to the various changes they experience in the aging process. The support received from the social network of the elderly is very important because it defines the degree of dependence on formal support networks.

Chappell and Havens also relate the formal support system as the formal health care system for the elderly (Peterson and Quadangno, 1958, p. 215). Formal community services are necessary to give respite to the family of the elderly, since most home care is provided by family members of the elderly.

The study by Chappell and Havens was done in conjunction with the Manitoba Health Services Commission, using 400 aged individuals, 65 years of age and older, not receiving formal home care (Peterson and Quadangno, 1985, p. 217). The Manitoba Health Care Program was designed as respite to the caregivers of elderly Canadians, providing services such as homemaking, meals-on-wheels, medical services, etc.

The respondents were interviewed in the spring, summer, and fall of 1980. Data was based on various normative social contents, social networks, and other assistance networks (Peterson and Quadangno, 1985, p. 217-218).
The conclusions of the study were that the elderly population in Winnipeg coped well without formal assistance from the community due to a large degree of informal care and support. Informal support is a great asset to the formal home care program. The sample of home users care was characterized by high functional disability; therefore, they tended to use formal services for activities of daily living only. Overall, there was a strong informal support network to the elderly in Winnipeg; therefore, there was a decreased emphasis on the total reliability on the formal health care system.

Filinson (1985) collected data from a support group meeting with the relatives of Alzheimer's victims. The researcher served as a participant observer in the support group, and in a Veteran's Administration nursing home care unit. The sample included group members' relatives diagnosed with Alzheimer's disease and the others were diagnosed with other types of dementia. The findings concluded that the medical profession withdraws from active management of the disease and its care provisions; the family serves as the vital link and mediator for resources and services, and finally the defunct relationship between nursing home care and overall maintenance of these persons suffering from Alzheimer's disease (Peterson and Quadangno, 1985, p. 334). The conclusion reached through the research pointed to a lack of fit between the dominant approach to health care provision, with a focus on rehabilitation, and a strictly medical treatment approach for those suffering from the disease (Peterson and Quadangno, 1985, p. 347).
Stahl and Potts (1985) did an overview of social support theory, applying it to the etiology of chronic disease and the eradication of the long-term consequences of such diseases, as they pertain to the elderly. There were three objectives:

1. The evaluation of social support theory related to health, illness and disease;
2. Research and theory in the area of social support related to the care of physically and mentally ill; and
3. A projection into the future for the direction of social support theory in relation to chronic disease (Peterson and Quadangno, 1985, p. 305-06).

The authors focused on the relationship between social strain, stress and disease, since the research suggests that there is a causal link between specific social stressors and specific physiological or disease symptoms. Social environment also plays an integral role in the coping mechanisms used to overcome change or readjustment, according to the authors (Peterson and Quadangno, 1985, p. 308).

Stahl and Potts also explained how an individual functions in the social system and their ability to maintain good health. Most literature relate good health to a strong social support system. These supports can be formal and informal in nature, but Stahl and Potts (1985) cite these relationships among family and kin networks. They specifically state that the elderly depend on family as a critical source of support, thus reducing the chance of institutionalization. The authors also contend that support groups for these networks should be created to address their individual
needs. Size and network density of the support system are two primary factors in their success as well as stability, reciprocity, multi-plexity, and relationship density of the linkage between the person and the support network (Peterson and Quadangno, 1985, p. 318-20).

In summary, Stahl and Potts both agreed that the social support theory plays an integral role in understanding the etiology and care of the physically ill elderly individuals.

Dr. Neal Krause, conducted a study to determine whether elderly Blacks rated their health differently than elderly whites, and if so, did the life stress perspective affect or help to explain racial differences in perceived health (Krause, 1987, p. 72).

Krause used a sample of non-institutionalized persons over age 65, who resided in Galveston, Texas. The subjects were given face-to-face interviews in the respondents' homes, and only Whites and Blacks were used for comparative purposes. Krause differentiated between stressful life events and chronic life strains; with stressful life events being discreet occurrences, limited by time, and happening at various points in the life cycle. Chronic life strains consisted of problems that were continuous (Krause, 1987, p. 73). A measure of depressive symptoms were also included in the analysis.

The multiple regression analysis was used to test the hypothesis that elderly Blacks rate their health worse than elderly Whites. The research hypothesis was proven true, that the self-rated health of older Blacks was significantly worse than Whites, and the health disadvantage of Blacks persisted after controlling for
the effects of stress, response bias, age, marital status, sex, education, and depressive symptoms (Krause, 1987, p. 74).

Whites experienced health problems relative to chronic financial strain, whereas family crisis events had an adverse effect on the health of Black elderly (Krause, 1987, p. 75). Krause attributed three reasons for this finding for Black elderly:

1. selective survival;
2. intrapersonal relative deprivation; and
3. the costs and benefits of social supports.

He hypothesized that the reason older Blacks are less affected by chronic financial strain is because they have learned to cope with such stressors. Overall, the researcher believed this study will encourage other researchers to compare the life stress perspective to the racial differences and relative health among older adults.

Comparisons can be made between Adult Day Care and Adult Day Rehabilitation Centers and senior centers. John A. Krout (1987) examined the differences between urban and rural senior centers and the activities they offer. The variables focused on were community size, service delivery, and formal supports.

The sample of senior centers used in this study came from a total of 4,000 senior, with a stratified random sample containing 755 senior centers. The purpose of the sample centers was socializations and personal enrichment.

The findings and conclusions of the study showed that a positive consistent relationship existed between the mean number of activities and community typed (Gerontologist, 1987, p. 93).
Metropolitan Centers have a higher mean number of services than rural centers. More importantly, community size increased with the numbers of non-white participants (clients), along with a decrease in income for urban area centers.

Krout found that rural elderly have a greater need for services, but have no accessibility to existing service (Gerontology, 1987, p. 96). Thus, the key factor in service accessibility and availability is the "cost" to the community.

Summary and Conclusions

Stanford (1978) reported that isolation among the Black elderly was a major concern; that they were content with their home lives and that health maintenance was ranked as the greatest problem for the Black elderly. Most importantly, the Black elderly depended on informal service networks for daily assistance.

The Administration on Aging's (1978) overview of adult day care services concluded that day care was not only important for the elderly, but served as respite care for the informal support network of the elderly. According to the Administration on Aging, the major feature of adult day care and rehabilitation is that it hinders nursing home placement and provides health monitoring to the elderly for lower costs in relation to nursing home care.

Watson (1983) stated that the Black elderly is a growing segment of the entire population, and is becoming increasingly economically dependent on government services.

Wesley-King (1983) suggested that Blacks use social health services more often than Whites, and that there was a lack of
transportation to access these services. She further stated that social services should be improved to address the overall needs of minority elderly. Blacks also had a higher incidence of health problems; therefore, health services should be revamped to service their needs.

Chiriboga and Cutler (1980) concluded that stress and experiences throughout the life cycle contributed strongly to adaptation in the later years. The other findings concluded that age appropriate stress was observed with younger men and women coping more inappropriately with stress than their older counterparts. Krause (1987) also relates the racial differences and self-reported perceptions of health to the stress one experiences throughout their lives. Adaptation to stress for Blacks, and the reliance on social service and kin networks are the key components to their perceptions of their own positive physical health.

Krout (1987) addressed the improvements needed in senior centers in urban and rural areas. Urban areas will always have greater funds for service provision than rural areas; therefore, the quality of services are improved and broad in assortment.

In lieu of informal and formal care networks for the aged, Chappell and Havens (1985) and Stahl and Potts (1985) referred to the dependence of the elderly on informal care networks. Chappell and Haven's study of elderly Canadians concluded that they did not utilize formal support systems as much as informal. Stahl and Potts' reviewed the social support theory in regard to the increased
dependence of many elderly on family and extended family members. Their proposition was to create support groups and other services to address the concerns of the family.

In conclusion, Filinson (1985) asserted that Alzheimer patients depended strongly on formal and informal service providers. Elderly persons experience a lack of fit between their needs and services available, according to Filinson.

In general, the review of literature addressed service utilization by the elderly, life cycle stress and its effect on minority elderly. Research studies on Adult Day Care and Adult Day Rehabilitation Programs were very limited, with only one study on Adult Day Care reported.
CHAPTER III

Theoretical Framework

The elderly stage of development is represented by the chronological age of sixty-five (65) years and older. A number of theorists have characterized this age group by such descriptions as, "disengaged, isolated, despaired and senile." (Santrock, 1985, p. 36). The theoretical perspective on the elderly stage of development will be presented by highlighting major theorists in the field of life-cycle development.

The idea of "personality" plays a major role in the development and final product of any aging individual. How one ages can be directly attributed to how one has lived his or her life; the stress encountered and the resulting personality (Santrock, 1985, p. 35). Personality is directly related to earlier life experiences and directly impacts on current functioning.

Personality is defined as the distinctive patterns of behavior, thought, and emotion that characterize each person's adaptation to the situations of his or her life (Walter Mischel, 1981). This definition is directly related to the concept that one's life cycle, along with the stresses, will be influenced by how one "copes" or "deals" with their life experiences.

John Watson and B. F. Skinner spoke on "learned behavior" in understanding personality while focusing on how a person acts, or behaves, as a determinant of one's personality (Santrock, 1985, p. 351). For example, if one is exhibiting an undesirable stressful
reaction to a stimuli, then they must have been exposed to the stimuli in the past and adopted the stressful reaction as a coping mechanism.

Five theorists have focused exclusively on adult stages of personality development. Eric Erickson's adult stages; Robert Peck's expansion of Erickson's formulations; Robert Gould's transformations; Daniel Levinson's seasons of a man's life and George Valiant's expansion of Erickson's adult stages. Personality in the aging population, according to Erickson's Life Span Developmental Model, proposes that there are eight developmental stages that a man must ascend through before reaching into late adulthood (Santrock, 1987, p. 352). (See Table 1 on following page.)
<table>
<thead>
<tr>
<th>INFANCY</th>
<th>EARLY CHILDHOOD</th>
<th>MIDDLE &amp; LATE CHILDHOOD</th>
<th>ADOLESCENCE</th>
<th>YOUNG ADULTHOOD</th>
<th>MIDDLE ADULTHOOD</th>
<th>LATE ADULTHOOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST YEAR</td>
<td></td>
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<td>AUTONOMY</td>
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<tr>
<td>VS. SHAME, DOUBT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3-5 YEARS</td>
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<td>VS. GUILT</td>
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<tr>
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<td>12-15 YEARS</td>
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<td></td>
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<tr>
<td>VS. ROLE CONFUSION</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>18-35 YEARS</td>
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<td></td>
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<tr>
<td>VS. ISOLATION</td>
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<tr>
<td>35-60 YEARS</td>
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<tr>
<td>GENERATIVITY</td>
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<tr>
<td>VS. STAGNATION</td>
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<tr>
<td>60(+)) YEARS</td>
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<tr>
<td>EGO INTEGRITY</td>
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<td></td>
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<tr>
<td>VS. DESPAIR</td>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

NOTE: From ADULT DEVELOPMENT AND AGING, (p. 353), by John W. Santrock, 1985, IOWA, William C. Brown, Publisher.
The major stage for consideration in this study is the late adulthood stage, sixty-five (65) years of age and older, which coincides with the "ego integrity versus despair" phase. According to Erickson, this stage is a time for looking back at what has been done in the lives of the elderly at each successive stage. The older person, may have developed a positive outlook in each of the preceding periods of emotional crises, or the opposite may have occurred. The end result, therefore, would be either ego integrity or despair, for the aging person.

Robert Peck (1968), expanded Erickson's late adulthood stage into three challenges (Santrock, 1985, p. 356). The three challenges were: (1) ego differentiation versus workrole preoccupation; (2) body transcendence versus body preoccupation; and (3) ego transcendence versus ego preoccupation. He contended that it is important for older people to find alternate valued activities, besides the time spent with family and their exited work roles. In addition, elderly persons are still able to enjoy life; and that elderly persons feel at ease with themselves after their life vocations and ideas have been completed.

Contributing to the theoretical knowledge is Robert Gould's "Transformations," which emphasizes that every stage of life is turbulent. This turbulence enables the adult in the later years to handle, or tolerate change and stress better, due to their acceptance of past negativisms (Santrock, 1985, p. 356-57). Gould stated that general mellowing occurs in the person, age 53 to 60 years of age.
Daniel Levinson's book, The Seasons of A Man's Life, explored the life cycle approach to aging, while mastering developmental tasks at each stage of development (Santrock, 1985, p. 358-59). The emphasis on late adulthood for Levinson, is how successful the four (4) middle adulthood transition stages are mastered. The four (4) transition conflicts consist of:

1. being young versus being old;
2. being destructive versus being constructive;
3. being masculine versus being feminine; and
4. being attached to others or separated from them (Santrock, 1985, p. 359).

The success of mid-life transition depends on how effectively the individual is able to reduce these polarities and accept each of them as an integral part of his other being.

Another expansion on Erickson's Adult Stages was attributed to George Vailant. He argued that two (2) more stages should be added to the stages Erickson composed: (1) career consolidation, and (2) keeping the meaning versus rigidity (Santrock, 1985, p. 360). These stages are age appropriate, that is, career consolidation should occur between twenty-three (23) and thirty-five (35) years of age. Keeping the meaning versus rigidity stage occurs from about forty-five (45) to fifty-five (55) years of age. These additions should help the adult to extract more meaning from their lives and fight against falling into a rigid orientation. Other theories on aging emphasized developmental tasks, goal setting, life satisfaction and disengagement.
Charlotte Buhler (1935) associated the developmental tasks, as did Erickson and Peck, in explaining the later years (Schwartz and Peterson, 1979, p. 17). The theoretical basis lies in goal setting for each stage of development, while realizing the biological decline and need for continuing socialization and activities. This view also sees the years, sixty-four (64) and beyond, as a culmination or contraction of all life experiences (Schwartz and Peterson, 1979, p. 17).

The Disengagement Theory, presented by Cumming and Henry (1961), stated that society does not alienate or isolate the elderly as has been reported by other theories, but that the elderly person disengages himself or herself through the reduction in social contacts, limitation of activities, and a reduction of their energy level (Schwartz and Peterson, 1979, p. 19). Cumming and Henry also asserted that society, in accordance with the elderly person, tends to separate from each other (Schwartz and Peterson, 1979, p. 19).

Robert Havinghurst (1968) used the Activity Theory to explain how the maintenance, or increase, of physical and social activity of the aged can enhance how one grows older (Schwartz, 1979, p. 20). He proposed that there are three (3) factors which affect, or directly influence the degree of life satisfaction experienced by the elderly (Schwartz, 1979, p. 20). The three factors were: (1) the degree of social roles; (2) ego investment in social roles; and (3) life changes, which influence the later years. "Disengagement" is usually determined by the individuals' perceptions of themselves, and
how they feel society perceives them. In addition, society also tends to draw back from the aging individual, as the person withdraws.

Arthur Schwartz (1974) proposed the Person/Environment Transactional View, which places emphasis on the interaction between the individual and their environment (Schwartz and Peterson, 1979, p. 21). This model indicates that high self-esteem and a positive self-regard motivates a person throughout their life span. The multiple losses experienced by an aging individual contributes to their damaged self-esteem. This theory emphasizes maintaining the independence, activity, and responsibility of the elderly person in social service provision, so that their self-esteem would be maintained.

Closely related to Schwartz's Person/Environment Transactional View is Albert Bandura's concept of "Reciprocal Determinism," which emphasized the psychological factors within the personality that interact with environmental factors (Santrock, 1985, p. 363). This theory indicates that much of what elderly persons do or are capable of doing is related to the type of environment they are put in. Self-reinforcement is just as important as reinforcement from others, according to Bandura (Santrock, 1985, p. 353). The environmental factors strongly influence the behavior that he or she displays, and behavior is constructed, or affected by the external environment.

Bernice Neugarten (1973) theorized that stressors experienced
throughout one's life have a major effect on personality and coping responses (Santrock, 1985, p. 366). This theoretical orientation is called the Life Events Framework. The varying degrees of stress placed on a person throughout the life span has some effect on personality. These stressors include the death of a spouse, divorce, unemployment, and severe illness, just to name a few. She also believed that life time, social time, and historical time have a great effect on adult development and the aging process (Santrock, 1985, p. 366).

In summarizing the various theoretical approaches, the researcher concluded that aging persons can be understood through their personalities, socially learned behavior, and past life experiences. The personality theorists contend that the basic tenets of personality are formed in the early years of development and for the most part remain the same throughout the life span. One's past life experiences are a key factor among personality theorists.

The personality theorists affirm that the "personality" of the elderly, has remained consistent over the life span and will explain behaviors in their later years. One's past life experiences factor into the personality theories.

Social Learning theorists assert that personality in adulthood is directly linked to observable, overt behavior. Important in these behaviors is the key interaction between the person and their environment.
Life Cycle theorists relate to the development of the aging individual; emotionally, psychologically, and physically. The ability to overcome life's stressors better prepares the aging person for the later years.
CHAPTER IV

Methodology

RESEARCH DESIGN

The descriptive – survey research method was employed in this study. Descriptive research is useful in presenting quantitative descriptions in a manageable form and summarizing relationships between variables (Babbie, 1983, p. 407).

PURPOSE

The purpose of this study was to determine the effects of Adult Day Rehabilitation services on the functioning levels of twenty (20) clients attending the Ebenezer Adult Day Rehabilitation Center. The three (3) areas of functioning observed were: (1) home, (2) health, and (3) independence.

PROCEDURES

A questionnaire was designed by the researcher and piloted for clarity and coherence. Several questions were edited as a result of the piloting. The instrument consisted of fourteen (14) questions. The questionnaire was designed to measure the effect of the services or program on the levels of functioning of the clients in the areas of home, health and independence.
The researcher utilized the questionnaire to extract data from the clients' records as a pre-assessment record of the clients' functioning at the time of referral to the program. The questionnaire was also used to assess the level of functioning of the clients after having been enrolled in the program for at least one year.

After securing the clients' permission, the questionnaire was administered utilizing the face-to-face interview process. Each interview lasted approximately thirty (30) minutes, which permitted sufficient time for free responses to the three (3) open-ended questions. Notes were recorded during the interview to assure accuracy of reporting.

Twenty (20) clients were selected. The method of selection was determined by the Center's social worker and nurse. This process ensured maximum responsiveness by the clients who were physically and mentally healthy and alert. Out of a total population of fifty-two (52), a total of twenty-two (22) clients were selected. The selection of twenty-two (22) was based on the possibility of clients being unable to attend the center. Clients were selected according to their ability to coherently respond to the questionnaire.

The researcher developed an instrument which surveyed the specific assumptions to be addressed, before the client entered the Center and after they had been enrolled in the Center for a year or more. The survey, titled "A Descriptive Survey of the Services at Ebenezer Adult Day Rehabilitation Program" are found in the Appendix. In addition to the Client Survey, the pre-entrance
survey summarized the three (3) main functioning levels into three questions, which were comparable to three similar questions in the Client Survey.

The pre-entrance survey consisted of five (5) questions pertaining to the informal support network, residence, presenting health problems, level of independent functioning of the client, and purpose of referral to the Center. The nurse and researcher completed these surveys.

The Client Survey consisted of demographics of the client, informal support systems in the home, satisfaction with the Ebenezer Adult Day Rehabilitation Program, the medical status before and after attending the Center, overview of the services and their quality, level of independent functioning, suggestions for improving the services and rankings of their present quality.

The importance of the questions were based on what the researcher wanted to observe, which was the effect of services on the levels of functioning for the elderly clients attending the Ebenezer Adult Day Rehabilitation Program. The purpose of the research was to show that the clients receiving services would experience some increase in three (3) areas of functioning; home, health and independence.
CHAPTER V

*Findings and Implications for Social Work Practice*

The first question compared the relationship between the overall home situations of the client before and after attending Ebenezer Adult Day Rehabilitation (E.A.D.R.). The results can be seen in Table 2. The percentages showd marked improvement in the home lives of clients after attending the Center, with thirty-five (35) percent experiencing very good to excellent home situations before the Center, in comparison to ninety-five percent (95%) experiencing the same levels after attendance. (See Table 2 on following page.) It can be inferred that attendance at the Ebenezer Adult Day Rehabilitation Center enhanced the home situations of the elderly clients at the Center.

The second section of Table 2 compared subjective perception of health before and after attending the Center. Fifty percent (50%) experienced poor health, and thirty-five percent (35%) experienced good health before being referred to the Center. This compared to the increase in clients' health after attending E.A.D.R., with sixty-five percent (65%) reporting very good health, and ten percent (10%) reporting excellent health. This also related that the health and social services at the Center helped to maintain, if not improve the health of the clients.

Clients were asked if they felt the Center caused their health to improve, and eighty-five percent (85%) responded "yes," in relation to fifteen percent (15%) claiming "no." The clients attributed
TABLE 2: DESCRIPTION OF HOME AND HEALTH STATUS OF CLIENTS
BEFORE AND AFTER ATTENDING EBENEZER ADULT DAY
REHABILITATION PROGRAM

<table>
<thead>
<tr>
<th>RATING</th>
<th>HOME</th>
<th>HEALTH</th>
<th>TOTALS</th>
<th>HOME</th>
<th>HEALTH</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEFORE CENTER</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>3</td>
<td>(F)</td>
<td>6</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>15</td>
<td>50%</td>
<td>30%</td>
<td>5%</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>15</td>
<td>50%</td>
<td>30%</td>
<td>5%</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>AFTER CENTER</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>10</td>
<td>7</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>50%</td>
<td>35%</td>
<td>10%</td>
<td>5%</td>
<td>5%</td>
<td>20%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>10</td>
<td>7</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>

\[N = 20\]

Note: Ratings: 1=poor; 2=good; 3=very good; 4=excellent
the improvement in health to the excellent health services, the socialization and supportive staff in the Center.

The researcher also wanted to ascertain whether clients were residing in a nursing care facility, or a hospital at the time of referral to the Center. Twenty-five percent (25%) were in either of the prior two (2) facilities, while seventy-five percent (75%) were residing at home, in personal care homes, or with a home provider.

Attendance at the Ebenezer Adult Day Rehabilitation Center was addressed in relation to whether clients wished to increase the amount of days being attended. Thirty-five percent (35%) reported they would like to come to the Center more often, but financing was the primary reason hindering the increase in attendance. The other sixty-five percent (65%) said they were content with the number of days they were allowed to attend E.A.D.R. The sample consisted of an equally split percentage of weekly attendees, with twenty-five percent (25%) each attending two, three, four and five days weekly.

Table 3 described the level of independent functioning before and after attendance at the Center, with emphasis on their social, physical and medical well-being. The results showed that the clients increased their levels of social functioning after attending the Center. Before attending the Center, twenty percent (20%) functioned "poorly," fifteen percent (15%) "good," twenty percent (20%) "very good," and forty-five percent (45%) functioned excellently at a social level. After attending the Center, twenty-five (25%) functioned "good," thirty percent (30%) "very good," and
forty-five percent (45%) "excellently" at a social level.

TABLE 3
Description of Level of Independent Functioning
Before and After Attending Ebenezer Adult Day Rehabilitation Program

<table>
<thead>
<tr>
<th>FUNCTIONING VARIABLES</th>
<th>BEFORE CENTER</th>
<th>AFTER CENTER</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
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<tr>
<td>社ocially</td>
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<td></td>
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<td></td>
<td>4 3 4 9</td>
<td>0 5 6 9</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>20% 15% 20% 45%</td>
<td>0% 25% 30% 45%</td>
<td></td>
</tr>
<tr>
<td>physically</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 7 5 3</td>
<td>0 8 5 7</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>25% 35% 25% 15%</td>
<td>0% 40% 25% 35%</td>
<td></td>
</tr>
<tr>
<td>medically</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 8 2 3</td>
<td>0 8 6 6</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>35% 40% 10% 15%</td>
<td>0% 40% 30% 30%</td>
<td></td>
</tr>
</tbody>
</table>

N = 20

1 = poor; 2 = good; 3 = very good; 4 = excellent.
Physically, the before Center rating showed that the client sample was almost evenly split across all four (4) categories, while the statistics showed improvement in physical health after E.A.D.R. After Center statistics proved forty percent (40%) had good physical health, while sixty percent (60%) of the clients had experienced very good or above physical health. Medically, the entire sample showed improvement in some aspect of medical health, after attending the Center. Before attending the Center, seventy-five percent (75%) of the clients reported poor or good health. After the clients attended E.A.D.R., there was zero (0) percent clients experiencing poor health, in relation to forty percent (40%) having "good" health, and thirty percent (30%) having excellent health.

The purpose of referral was also questioned by the researcher to better understand what services were most needed by the clients sampled. The overall responses of the clients generally stated that medical and nursing services were the most severely needed services, which usually could not be obtained at the A.D.C. Centers. The second priority for referral was socialization and recreation for those who appeared healthy, but needed companionship and support from other persons. (See Table 4 on following page.)

Clients were polled on how they would feel if the Center was closed. One hundred percent (100%) responded that they would feel "poorly" if the E.A.D.R. Center closed.

Clients stated that the Center served an integral role in providing the needed socialization, medical monitoring, nursing and social work services. One respondent did not want to respond due
TABLE 4

Purpose of Referral to Ebenezer
Adult Day Rehabilitation

<table>
<thead>
<tr>
<th>SERVICES*</th>
<th>14 F</th>
<th>70%</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICAL/HEALTH MONITORING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOCIALIZATION/RECREATION</td>
<td>14 F</td>
<td>70%</td>
</tr>
<tr>
<td>PHYSICAL</td>
<td>2 F</td>
<td>10%</td>
</tr>
</tbody>
</table>

N = 20

*NOTE: Some referrals were for more than one reason.
to his "fear" that he would have no outlet for recreation or socialization if the E.A.D.R. Center closed.

The researcher then observed what services were being most utilized by the clients. Table 5 provides a listing of services and the percentages of usage by clients at the Ebenezer Adult Day Rehabilitation Center. (See Table 5 on following page(s).)

The four (4) most used services were: (1) transportation to and from the Center, and to appointments; (2) Reality Therapy; (3) Recreational Activities; and (4) the noon meal. Almost used as much as the services listed above, were the health education lectures which were utilized ninety-five percent (95%) by the E.A.D.R. clientele. The other services utilized can be observed in Table 5.

Clients were asked to rank the quality of the seventeen (17) services, or variables, according to the scale: (1) poor, (2) good, (3) very good, and (4) excellent. The following results were stated:

1. **TRANSPORTATION**
   
   Twenty-five percent (25%) of the clients ranked the service "good," forty percent (40%) "very good," and thirty-five percent (35%) excellent. (N=20)

2. **SPEECH THERAPY**
   
   One person ranked the service "very good." (N=1)

3. **PHYSICAL THERAPY**
   
   Thirty-three percent (33%) ranked the service "good," forty-two percent (42%) "very good," and twenty-five percent
<table>
<thead>
<tr>
<th>Service</th>
<th>Utilization</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRANSPORTATION</td>
<td>100%</td>
</tr>
<tr>
<td>SPEECH THERAPY</td>
<td>5%</td>
</tr>
<tr>
<td>PHYSICAL THERAPY</td>
<td>75%</td>
</tr>
<tr>
<td>OCCUPATIONAL THERAPY</td>
<td>5%</td>
</tr>
<tr>
<td>REALITY THERAPY</td>
<td>100%</td>
</tr>
<tr>
<td>HEALTH EDUCATION</td>
<td>95%</td>
</tr>
<tr>
<td>PERSONAL CARE</td>
<td>35%</td>
</tr>
<tr>
<td>RECREATION</td>
<td>100%</td>
</tr>
<tr>
<td>APPOINTMENTS</td>
<td></td>
</tr>
</tbody>
</table>

Continued
<table>
<thead>
<tr>
<th>Service</th>
<th>Utilization (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Services</td>
<td>35%</td>
</tr>
<tr>
<td>Counseling</td>
<td>25%</td>
</tr>
<tr>
<td>Home Health</td>
<td>15%</td>
</tr>
<tr>
<td>Homemaker Services</td>
<td>25%</td>
</tr>
<tr>
<td>Meals on Wheels</td>
<td>5%</td>
</tr>
<tr>
<td>Special Treatments</td>
<td>5%</td>
</tr>
<tr>
<td>Noon Meals</td>
<td></td>
</tr>
<tr>
<td>Emergency Services</td>
<td>15%</td>
</tr>
</tbody>
</table>
(25%) excellent. (N=12)

4. OCCUPATIONAL THERAPY
   - One person ranked the service "very good." (N=1)

5. REALITY/REMINISCENCE THERAPY
   - Thirty-nine percent (39%) - "good," sixty-one percent (61%) "very good." (N=18)

6. HEALTH EDUCATION
   - Twenty percent (20%) - "good," sixty-five percent (65%) - "very good," and fifteen percent (15%) excellent. (N=20)

7. PERSONAL CARE
   - Twenty-nine percent (29%) - "good," twenty-nine percent (29%) "very good," and forty-two percent (42%) - excellent. (N=7)

8. RECREATION
   - Twenty-nine percent (29%) - "good," forty-one percent (41%) - "very good," and twenty-nine percent (29%) - excellent. (N=6)

9. APPOINTMENTS
   - Sixty-seven percent (67%) - "very good," and thirty-three percent (33%) - "excellent."

10. NURSING SERVICES
    - None of the respondents recollected receiving this service. (N=0)

11. COUNSELING
    - Twenty percent (20%) - "good," and eighty percent (80%) ranked the service "excellent." (N=5)
12. HOME HEALTH

- Fifty percent (50%) - "good," and fifty percent (50%) ranked the service "very good." (N=2)

13. HOMEMAKER SERVICES

- Fifty percent (50%) - "good," and fifty percent (50%) - "excellent." (N=4)

14. MEALS-ON-WHEELS

- One person ranked the service "poor." (N=1)

15. SPECIAL TREATMENTS

- One person ranked the service "good." (N=1)

16. NOON MEALS

- Fifteen percent (15%) - "poor," thirty-five percent (35%) - "good," forty-five percent (45%) - "very good," and five percent (5%) - "excellent." (N=20)

17. EMERGENCY SERVICES

- Sixty-seven percent (67%) - "very good," thirty-three percent (33%) ranked the service "excellent." (N=3)

The results were presented in this format due to the variance in the total number of respondents to each question. As reflected by the ratings of the variables, many services were described as "very good," or "excellent." Overall, the majority of the services were ranked "very good."

Clients were also requested to rate the quality of all the services at the Ebenezer Adult Day Rehabilitation Center. Ten percent (10%) of the clients rated the overall quality of services
good, while forty-five percent (45%) rated the services very good and the same percentage (45) of clients rated them excellent.

Finally, the clients were asked to contribute any negative features of the Ebenezer Adult Day Recreation Center, and to suggest any changes or improvements for the Center. The majority of the clients felt the Center needed no improvements, with one exception, being the noon meal. Overall, the clients were very satisfied with the services.

Implications for Social Work Practice

The research focused on service utilization and restoring or increasing the functioning levels of the elderly clients. The role of the social worker within this conceptual context was both clinical and administrative. Program planning and policy development were the major administrative tasks of the social worker.

The clinical role of the social worker in the Adult Day Rehabilitation Center was to make sure the services being provided by the Center coincided with the needs of the clientele. Special clients, those having Alzheimer's disease and other degenerative diseases, needed separate services to address their needs. The Social Worker's primary responsibility was to make referrals for community services and provide supportive counseling whenever necessary for all the clients. More importantly, the quality and availability of services should be closely monitored by the social worker.
Clients need to be motivated and oriented into the Center's daily activities by the social worker and staff. The client should be fully integrated into their own care plan and aware of all the services available to them in the Adult Day Rehabilitation Center.

The client sample utilized many of the services, while receiving special services connected with their individual conditions. Many of these services were recommended by the social worker and nurse on duty; therefore, the role of the social worker plays an integral part in the success of treatment and services available to the client.

The elderly, especially Black elderly, depend heavily on community-based social services for health maintenance. Accessibility to services is critical to the full utilization of services for the elderly.

Another implication for services is to create the services according to the needs of the population receiving them. Therefore, the elderly attending Adult Day Rehabilitation Centers need to have the services necessary for independent living as well as daily functioning. Adult day rehabilitation addresses the needs of these persons, while keeping constant monitoring of their physical and mental well-being.
APPENDIX
APPENDIX

Pre-Entrance Questionnaire:

Initials________ Year Entered________

I. HOME

(1) How was informal support network before attending E.A.D.R. Program?

(2) Where did the client reside?

Own home________ With Family______

With Home
Provider________ Other________

II. HEALTH

Presenting Problems When Referred?

1.

2.

III. INDEPENDENCE

Rank the degree of Independence

Socially 1 2 3 4

Physically 1 2 3 4

Medically 1 2 3 4

IV. PURPOSE OF REFERRAL TO E.A.D.R. PROGRAM?
A Descriptive Survey of the Services at
Ebenezer Adult Day Rehabilitation Program

Date of Interview_________________________Initials________________

Race:    B    W    Other             Sex:    M    F

Length of Time in Program__________________________

Residence: Own Home_________    W/Home Provider_________
            W/Family_________    Other_________

Guide:    1 - Poor          2 - Good
            3 - Very Good    4 - Excellent

I. HOME

1. How was your informal support/home situation before entering E.A.D.R.?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
</table>
   Now? | 1 | 2 | 3 | 4 |

2. Prior to Adult Day Rehabilitation were you in a hospital or nursing home?

   Yes__________    No__________

II. QUALITY OF CENTER

3. Rank how much of a difference has the Center made in your life:

   Socially       | 1 | 2 | 3 | 4 |
   Physically     | 1 | 2 | 3 | 4 |
   Medically      | 1 | 2 | 3 | 4 |
4. How many days do you attend the Center?

5. Would you like to attend the Center more often?
   Yes_______ No_______

6. Rank how you would feel if the Center closed:
   1  2  3  4
   Why?

III. HEALTH

7. Rank your health when you came to the Center?
   1  2  3  4

8. Do you feel the Center has helped your health to improve?
   Yes_______ No_______
   If yes, why?

IV. SERVICES

9. What services are you receiving now?

   Transportation____
   Physical Therapy____
   Occupational Therapy____
   Speech Therapy____
   Reality/Reminiscence Therapy____
   Home Health Services____
   Homemaker Services____
   Meals-on-Wheels____
   Special Treatments____
   Noon Meal____
   Emergency Services____
   Recreation____
   Health Education____
   Personal Care____
   Counseling____
   Appointments____
10. Would you rank the quality of these services?

<table>
<thead>
<tr>
<th>Rank</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Transportation</td>
</tr>
<tr>
<td>2</td>
<td>Speech Therapy</td>
</tr>
<tr>
<td>3</td>
<td>Physical Therapy</td>
</tr>
<tr>
<td>4</td>
<td>Recreation</td>
</tr>
<tr>
<td>5</td>
<td>Personal Care</td>
</tr>
<tr>
<td>6</td>
<td>Counseling</td>
</tr>
<tr>
<td>7</td>
<td>Health Education</td>
</tr>
<tr>
<td>8</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>9</td>
<td>Appointments</td>
</tr>
<tr>
<td>10</td>
<td>Visiting Nursing Service</td>
</tr>
<tr>
<td>11</td>
<td>Reality/Reminiscence Therapy</td>
</tr>
<tr>
<td>12</td>
<td>Home Health Services</td>
</tr>
<tr>
<td>13</td>
<td>Homemaker Services</td>
</tr>
<tr>
<td>14</td>
<td>Meals-On-Wheels</td>
</tr>
<tr>
<td>15</td>
<td>Special Treatments</td>
</tr>
<tr>
<td>16</td>
<td>Noon Meals</td>
</tr>
<tr>
<td>17</td>
<td>Emergency Services</td>
</tr>
</tbody>
</table>

V. INDEPENDENCE

11. What Services have helped you to be independent outside of the Center?

(Choose and rank overall categories.)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Medical Services</td>
</tr>
<tr>
<td>2</td>
<td>Nursing Services</td>
</tr>
<tr>
<td>3</td>
<td>Social Work Services</td>
</tr>
</tbody>
</table>
Transportation 1 2 3 4

12. What service is most important to you in being independent?

13. Overall, rate the quality of all the services being received at the Center?

1 2 3 4

14. What improvements can be made to the Center and its services?
REFERENCES


