

Preliminary Findings from an Evaluation of Eldercaring Coordination

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For high conflict families struggling to make decisions about an older adult in their family, eldercaring coordination provides an alternative to court to resolve non-legal issues pertaining to elder care and safety. Because eldercaring coordination is a relatively new intervention, it is important to use evaluation research to examine its effectiveness and identify ways to improve the eldercaring coordination process. To accomplish this goal, evaluation research is currently being conducted by Dr. Megan Dolbin-MacNab and Dr. Pamela Teaster at Virginia Tech. The research team is collecting surveys prior to and after eldercaring coordination from involved parties including elders or their surrogates, participants (e.g., family members, attorneys, guardians), eldercaring coordinators, judges, magistrates and court administrators. Obtaining information from multiple sources involved in the eldercaring coordination process will make it possible to evaluate its impact on key outcomes such as service utilization, family functioning, elder safety, court appearances, and elder caregiving needs. Additionally, the research findings have the potential to provide guidance on best practices. Though the evaluation research on eldercaring coordination is ongoing, this article provides interested readers with preliminary findings from data obtained over the last two years.

PARTICIPANTS IN ELDERCARE COORDINATION

Intake Surveys

To date, the research team has analyzed intake (i.e., prior to eldercaring coordination) surveys from 17 elders or elder surrogates. The elders were largely White and African American females who were, on average, 80 years old. About half of the elders were widowed and still living in their homes. Caregiving needs identified by the elders included help with medication, transferring, dressing, and grooming. Some elders also indicated a desire for greater social contact.

In addition to the elders, 85 participants completed intake surveys representing 28 separate eldercaring coordination cases. About half of the participants were children of the elder, with daughters being the most common type of participant. Attorneys were the second most common type of participant. About a quarter of the participants identified themselves as the elder's caregiver.

A total of 18 eldercaring coordinators, representing 40 eldercaring coordination cases, completed intake surveys. Professional backgrounds of the eldercaring coordinators varied – eight had a legal background, five a mental health background, one both legal and mental health backgrounds, and the remainder other or multiple types of professional training. Additionally, nine judges representing 37 eldercaring coordination cases and 14 court administrators /magistrates representing 49 cases, also completed intake surveys.

Post-Test Surveys

Only eldercaring coordinators, judges, and court administrators/magistrates have completed post-test surveys following the completion of the eldercaring coordination process. To date, the research team has collected post-test surveys from seven eldercaring coordinators representing 18 cases, six judges representing 15 cases, and seven court administrators/magistrates representing 22 cases. No post-test surveys have been completed by the elders, their surrogates, or participants. As such, any post-test survey data discussed here comes from the perspectives of the professionals associated with the case rather than from the families themselves. In order to more fully understand how effective eldercaring coordination is with high conflict families, input from family members is critical. Nevertheless, the perspectives of the professionals associated with the cases provide important insight into how eldercaring coordination may benefit families.

ISSUES ADDRESSED IN ELDERCARE COORDINATION

Prior to beginning eldercaring coordination, elders and participants indicated that they hoped the process would help them resolve general family conflict, identify who would make decisions for the elder, clarify the elder's living arrangements, and settle disagreements concerning the elder's finances. In the post-test surveys, eldercaring coordinators indicated that the issues that had been resolved via eldercaring coordination included general family conflict and disagreements regarding the elder's finances. However, eldercaring coordinators also noted that some issues remained unresolved

– namely general family conflict, deciding on who would make decisions for the elder, and the elder's finances.

In considering these findings, it may be that the unresolved issues related to the elder's finances were legal issues, and not under the purview of eldercare coordination. Additionally, it appears that some families were unable to fully resolve critical issues, despite their participation in eldercare coordination. The overlap of the resolved and unresolved issues highlights

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the complexity of the issues facing the families who participate in eldercare coordination. We suggest that shielding the elder from destructive family conflict is an important first priority for eldercare coordinators, followed by reducing general family conflict. This approach is important because it prioritizes the safety and well-being of the elder. Additionally, if general family conflict is not managed, it will be difficult for families to meaningfully address any of the other issues they brought to eldercare coordination.

Safety Concerns and Eldercare Coordination

At intake, over half of the eldercare coordinators reported having multiple safety concerns related to the elder. The most commonly reported safety concerns were physical or psychological vulnerability, home safety, exploitation, and deception. Participants also noted, at intake, having concerns about the elder's psychological and physical safety. In the post-test surveys, the vast majority of eldercare coordinators reported that they had screened the elder for abuse, neglect, and exploitation. However, in the post-test surveys, more than half of eldercare coordinators did not report detecting and/or responding to any safety issues concerning the elder. It may be that the eldercare coordinators working cases with multiple safety issues did not respond to the post-test surveys, but given the high levels of safety concerns noted in the intake surveys, we recommend that all eldercare coordinators be alert for safety issues throughout the entire process. Elders and participants should be screened

prior to beginning eldercare coordination and also receive ongoing assessment. Additionally, eldercare coordinators should make sure that the elder and participants are aware of available resources and receive necessary referrals, should existing or new safety issues arise.

Eldercare Coordination & Court Appearances

One of the main objectives of eldercare coordination is to reduce the amount of contact the family has with the court. On the post-test surveys, all of the judges and the majority of court administrators/magistrates reported that eldercare coordination was successful in reducing court appearances. However, the assessment of the eldercare coordinators was more mixed, with only half perceiving that the process of eldercare coordination helped reduce the family's court appearances. In considering the disparate nature of these findings, it is worth noting that the amount of court involvement needed is highly specific to each case; some families may need more court involvement to resolve outstanding legal issues than others. We suggest there may be families who will reap significant benefits from eldercare coordination while also requiring some ongoing court involvement.

Eldercare Coordination & Family Relationships

Our evaluation of eldercare coordination also explored how participation in the process has influenced relationships among the elder and family members. Approximately half of the eldercare coordinators stated that, following eldercare coordination, family relationships between the elder and other participants appeared to remain the same, while about a quarter observed improvement in the quality of the family relationships. The rest observed that family relationships had worsened since beginning eldercare coordination. Notably, over half of eldercare coordinators did not think the family had the tools in place to support each other in future transitions related to the elder, and many were concerned that the participants would revert to old patterns after eldercare coordination had concluded.

Based on these findings, it is clear that more data are needed in order to determine the extent to which eldercare coordination is able to achieve the goal of improving family relationships. Families involved in the process are high conflict families with deeply entrenched, multigenerational patterns of interaction. Therefore, family relationships may not change substantially following one encounter. We recommend providing eldercare coordinators with training on intervening with family conflict, particularly for those without backgrounds in mental health or extensive experience in conflict resolution or mediation. For highly contentious cases, eldercare coordinators should

provide families with referrals for ongoing support from mental health providers (e.g., family therapists) and other relevant community resources so that the eldercaring coordinator can focus on the issues most relevant to eldercaring coordination. Unfortunately, in the post-test surveys, very few of the eldercaring coordinators reported making community resource referrals to the elders or the participants.

STRENGTHS & OVERALL EFFECTIVENESS OF ELDERCARING COORDINATION

In the intake surveys, eldercaring coordinators, judges, and court administrators/magistrates were asked to describe indicators of effective eldercaring coordination. Common responses included improving elder well-being, reducing family conflict, improving family communication and problem-solving, reducing litigation, finalizing decisions related to the elder, and reaching agreements about what is in the elder's best interest. However, these indicators did not always come to fruition, as only half of eldercaring coordinators completing post-test surveys reported that the process was effective, although all judges and the majority of the court administrators/magistrates reported that eldercaring coordination was effective. The discrepancy between the eldercaring coordinator, judge, and court administrator/magistrate reports is curious and requires further investigation, including obtaining the perspectives of the elders and the participants. It may be that eldercaring coordinators working closely with the family have a more nuanced and realistic understanding of family circumstances, while judges and court administrators/magistrates are observing the case from a more distant perspective, or are primarily focused on reducing court appearances as the main indicator of effectiveness.

Regardless of actual case outcomes, eldercaring coordinators, judges, and court administrators/magistrates identified several strengths of eldercaring coordination. One of the most commonly identified strengths of eldercaring coordination was prioritizing the needs of the elder over the needs and desires of others involved. When the eldercaring coordination process works as intended, it appears that the eldercaring coordinator is able to take a person-centered approach, helping participants put their own needs aside and make decisions in the best interest of the elder. In fact, eldercaring coordinators, judges, and court administrators /magistrates noted that the eldercaring coordination process empowers the elder by allowing his or her voice to be prioritized.

CHALLENGES OF ELDERCARING COORDINATION

The strengths of eldercaring coordination depend on families actively participating in and being open and responsive to

the process. However, our evaluation data highlight that this is not always the case and that there are challenges associated with eldercaring coordination. These challenges appear to be related to the fact that the cases are often highly complicated and involve deeply held conflicts among participants, which may make it difficult to achieve a successful outcome. Eldercaring coordination can only be successful if the family is open to taking a new perspective on their situation, which requires considerable skill on the part of the eldercaring coordinator. In this section, we address some of the commonly identified challenges associated with eldercaring coordination.

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Family Conflict and Lack of Investment

On the post-test survey, eldercaring coordinators, judges, and court administrators/magistrates identified continued family conflict and a lack of investment in eldercaring coordination as some of the greatest barriers to success. For example, eldercaring coordinators reported that it is challenging to get participants to "buy into" the process, while judges and court administrators/magistrates reported that some participants were highly resistant to the process and unwilling to give up being "right." Based on this finding, we suggest that eldercaring coordination training include strategies to increase participant buy-in and address participant resistance and disruptive family conflict. At the outset of the process, eldercaring coordinators also need to carefully assess levels of family conflict and intervene as necessary, so that the conflict does not harm the elder, derail participation in eldercaring coordination, or interfere with the process of making decisions in the best interest of the elder. In cases where families are not responding to eldercaring coordination, referrals to mental health providers or other community resources may be needed.

Inadequate Understanding by Elder and Participants

In both the intake and post-test surveys, our data suggest that many elders and participants struggle to understand

eldercare coordination. For example, on the intake surveys, elders and participants were asked about their level of understanding and level of comfort with eldercare coordination. Their responses were mixed, with some indicating complete understanding and comfort with the process while others reported a lack of understanding and feelings of discomfort. The surveys returned by eldercare coordinators, judges, and court administrators/magistrates confirmed this perception.

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For families previously involved in the court system, the shift to eldercare coordination may be difficult and confusing. Suddenly, instead of fighting to win, families are asked to work together to find a solution that prioritizes needs of the elder. For this reason, it is understandable that family members may not initially understand eldercare coordination and may be resistant to it. In fact, when eldercare coordinators were asked about the reactions of participants at intake, the most common response was that they were guarded. Similarly, when the elder and participants were asked about the likelihood that eldercare coordination would be successful, most said that they were unsure. Collectively, these findings suggest that participants and elders may have reservations and uncertainty about participating. As such, eldercare coordinators and members of the court system need to thoroughly explain the process to families to increase their investment and comfort. This may require additional targeted training for eldercare coordinators and members of the court system so that they can become proficient in this skill.

Inadequate Understanding by Attorneys

Eldercare coordinators, judges, and court administrators/magistrates reported a lack of understanding of eldercare

coordination by attorneys. Similar to elders and participants, attorneys may find the shift to eldercare coordination challenging. Attorneys are asked to pivot from a prosecutorial style to a mediation style. Notably, eldercare coordinators reported that having the support of attorneys and other involved professionals (e.g., guardians, social workers) was critical for the success of eldercare coordination. In order to increase buy-in and support from attorneys and other professionals, it is important to educate these professionals about the goals and process of eldercare coordination.

Burden

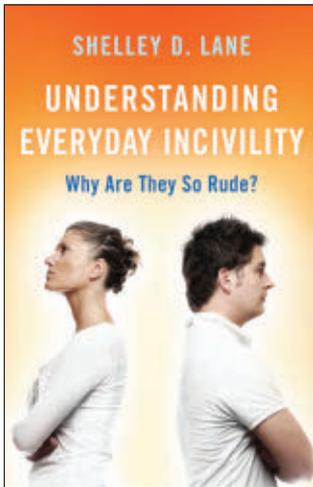
A final challenge identified by eldercare coordinators, judges, and court administrators/magistrates was the degree of burden that participants may experience when participating in eldercare coordination. Perceived burdens included the difficulty associated with scheduling meetings, prohibitive fees, and overall time commitment. Families believing that they are participating in an excessively burdensome process will diminish the effectiveness of eldercare coordination. For eldercare coordination to be as effective as possible, the time commitment and other burdens must be reduced, possibly through the use of technology or flexible scheduling and meeting locations. Additionally, families should know in advance what will be expected of them (e.g., time, frequency, cost) if they participate in the process. With regard to the financial burden, communities should investigate financial aid to support families who would benefit from eldercare coordination.

CONCLUSION

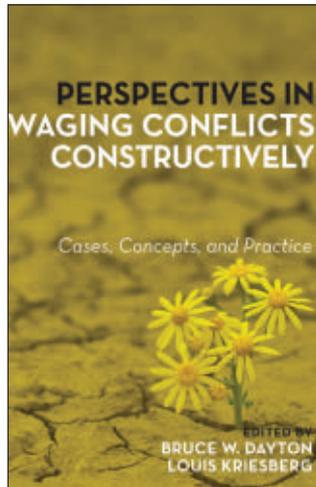
The preliminary findings of an evaluation of eldercare coordination show that the process has significant potential for filling the gap in services for families making decisions regarding an older adult. When successful, eldercare coordination can provide benefits to families, including helping them make decisions about the elder, reducing family conflict, and decreasing court involvement. In order to achieve these benefits, barriers to implementation must be reduced, and families need to fully understand and be invested in the process of eldercare coordination. The research team will continue to collect and analyze data from participating parties about their experiences with eldercare coordination in order to provide additional information about its effectiveness as well as best practice recommendations. ■

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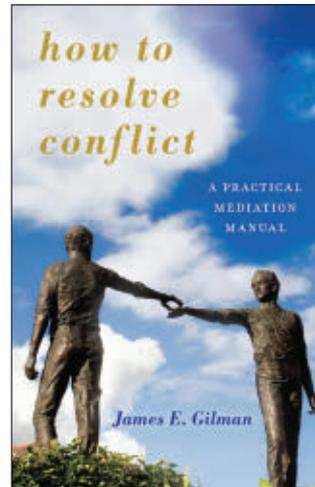
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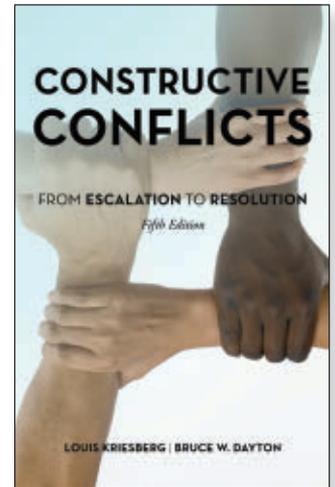
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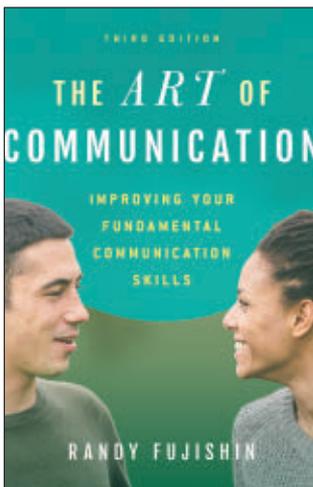
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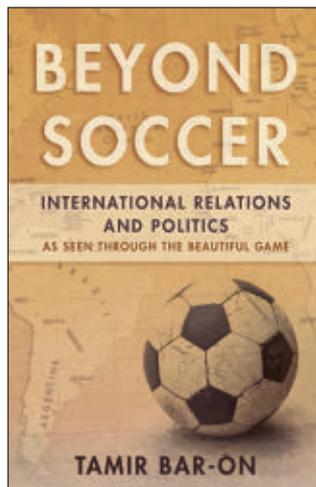
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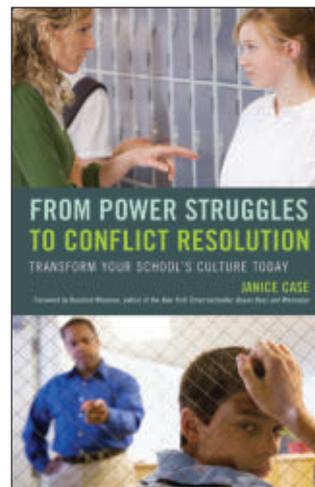
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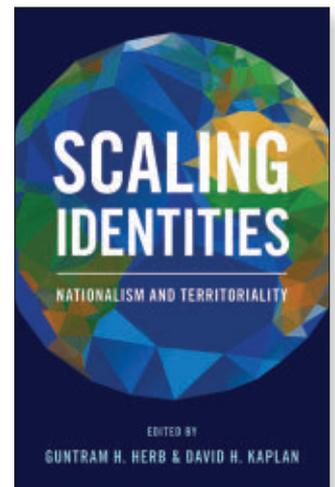
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