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ABSTRACT
        In response to the need for an increase in services
directed specifically to the elderly, a training and educational
needs assessment of the existing elder service organizations in Lake
County (Illinois) was conducted. Thirteen gerontological
organizations were chosen for participation; the organizations were
categorized into these groups: nursing homes; senior centers; adult
day care centers; retirement housing facilities; and hospitals.
Interviews were conducted on-site by student interns; interviewees
were either the Administrative Director, the Social Services
Director, the Director of Nursing, or a staff supervisor. Topics
covered included agency characteristics; background on the
respondents; extent of employee-sponsored work related training;
tasks, challenges and difficulties which service workers face in
their work and staff's observations and suggestions about the kind of
skills, knowledge, and training needed; ratings of the workshops and
themes presented in The Center for Applied Gerontology program;
aspects of workshop format and design; comments on the factors
influencing the decision whether or not to attend; and open-ended
comments. The subject matter declared most salient among the training
needs identified pertained to advocacy and interventions for infirm
elder clients. Supervisors directly stated they would like training
in the ethics of elder care. Another important training need
identified was that of interpersonal skills. (ABL)

Lake County, Illinois Educational and Training Needs-Assessment of Gerontological Organizations

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Presented at the First Annual Illinois Psychological Association Student Conference, Chicago, Illinois, April 11, 1992.

The number of persons over age 65 is increasing rapidly due to today's technology. Consequently, the need for services directed specifically to the elderly is also on the rise. Unfortunately, the response has not yet reached a level to adequately meet the need of the population. In fact, the ratio of caretaker to elder in elder service organizations is decreasing. In many organizations several factors act as disincentives to staff in meeting the cognitive and emotional needs of residents, including the lack of knowledge and skill, limited role definitions regarding the nature of care to be provided, funding mechanisms, and regulatory and surveillance pressures.

According to Chartock, et al. (1988) over 90% of the hands-on care in these facilities is delivered by paraprofessionals who have had no training for the demanding and frustrating task of interacting daily with such residents. Although strides have been made in the ability to diagnose and treat mental impairments this knowledge is slow in filtering down to the hands-on staff in many organizations. The inadequate preparation of many staff to deal with mental health issues has a significant impact on long-term care facilities because the majority of residents are mentally impaired.

According to Aronson, et al. (1992) cognitive impairment afflicts approximately 15% of those over 65 in the general population and 25%-50% of those age 85 and over and it may affect as many as 70% to 90% of those persons in nursing homes. Rovner et al. (1989) cited in Aronson, et al. (1992) determined that 86% of nursing home residents could be assigned a psychiatric diagnosis, the most common of which was senile dementia. Sloane and Mathew (1991) proposed a concise strategy that, using basic assessment data, categorizes dementia residents according to four key determinants of care needs; Activities of Daily Living, Behavioral Problems, Communication Skills, and Physical Transition.

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Other prominent concerns facing these organizations are ethical issues such as the withdrawing and withholding of treatment, determination of resident decision-making capacity, policies on advance directives and elder abuse, and the notion of whether or not to employ an ethics committee.

In response to this need for an increase in services, The Center on Aging & Applied Gerontology of the University of Health Sciences/The Chicago Medical School conducted a training and educational needs-assessment of the existing elder service organizations in Lake County, Illinois. The purpose of this paper is to report the data collected during the field research. The authors obtained data from nursing home administrators/staff supervisors, senior centers and adult day care center directors, and a retirement housing facility. The data sought are crucial for determining the educational and training needs of these organizations servicing the elder population.

It is the intent of The Center on Aging and Applied Gerontology staff to use this data in conjunction with that gathered from a previous needs-assessment conducted by a 1991 Gerontological Society of America Technical Assistant in Lake County for The Center for Applied Gerontology/The Council for Jewish Elderly and the Center on Aging and Applied Gerontology (CAAG). The CAAG hopes to sponsor educational and training workshops based on the need information provided by the Lake County organizations.

Method

Subjects

Twenty-nine gerontological organizations within Lake County were chosen for participation in the needs-assessment. These organizations were selected from the Directory of Human Services in Lake County Area (1990) and the Greater Chicago Area Guide to Elder Care (1990). Organizations found in these directories were

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categorized into five groups according to services offered; nursing homes, senior centers, adult day care centers, retirement housing facilities and hospitals. Organizations listed were then selected at random. Of the twenty-nine organizations 13 were nursing homes, 8 were senior centers, 3 were adult day care centers, 3 were retirement housing facilities, 1 was a hospital and 1 was a sanatorium (see Table I).

Procedure

The organization's Administrator/Staff supervisor, Director of Social Services, or Director of Nursing was identified and sent an introductory letter inviting them to participate in the needs-assessment. The letters were followed by phone calls to confirm participation and to schedule an appointment for the interview.

Face-to-face interviews were conducted on-site and were 30 to 60 minutes in duration. The interviews were conducted by one of the two student interns who conducted the needs-assessment. The interviewees were either the Administrator/Director, Social Services Director, Director of Nursing, or a staff supervisor.

Interview Schedule

The interview questionnaire (See attached) developed by a Gerontological Society of America Technical Assistant covered a number of topics including agency characteristics; background information on the respondents (e.g. the extent of their experience with elderly clients); the extent of employee-sponsored work-related training; the tasks, challenges and difficulties which service workers face in their work with the elderly, and the staff's observations and suggestions about the kinds of skills, knowledge and training needed to deal with this constituency and these situations; ratings of the workshop topics and themes presented in The Center for Applied Gerontology's program; aspects of workshop format and design; comments on the factors influencing the decision whether or not to

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attend; and finally open-ended general comments on the subject-matter of the investigation.

Results

Of the twenty-nine organizations selected 11 were lost due to attrition, 4 were unwilling to participate for various reasons, and 1 was lost due to a change in focus of orientation. Thus 13 organization staff supervisors in Lake County were interviewed which consisted of 6 nursing homes, 4 senior centers, 2 adult day care centers, and 1 retirement housing facility. The names and geographic locations of these organizations are listed in Table I.

Workshop Topics

As part of the interview questionnaire the staff supervisors of participating organizations were asked to rate a list of 20 workshop topics (see Table II) pertaining to work related education and training. The rating scale range was 1 to 3, 3 for very useful/most important, 2 for useful/important, and 1 for not so useful/important. Identified as the 5 most useful workshop topics were: Improving Communication Skills, Working with Alzheimer's Patients, Ethical Issues in Caring for the Elderly, Managing Difficult Elderly, and Innovations in Services for the Elderly (see Table I). The topics identified as most important were Improving Communication Skills, Managing Difficult Elderly, Working with Alzheimer's Patients, Ethical Issues in Caring for the Elderly, Aging Family Issues, Protective Services/Elder Abuse, and Innovations in Services for the Elderly (see Table II).

Supervisor Topics

Additional workshop topics suggested by the supervisors were infection control, dealing with frail elderly, socialization activities for senior centers, group process and supervising those with dementia, marketing adult day care services, weight training programs for

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older adults and the interaction of staff members. Thirty-eight percent of the supervisors expressed an interest for more advanced training in ethics in elder care, 46% for more advanced training in family relations and 30% for more advanced medical/health training.

Staff Topics

The interviews identified additional training needed for current staff to be that of handling difficult/frail elderly, family problems, infection control, an understanding of death and dying, training to handle personality changes due to dementia and mental illness, and training in the sensitivity to the elders wants/needs.

New Worker Topics

Identified as skills and insights needed for new workers were interpersonal skills characterized by good listening skills, empathetic, compassionate and a sincere liking for people, communication skills and the abili.y to understand and relate to the elder, education of the aging process and the realization that the resident is an autonomous adult.

Other Topics

When asked what are some of the main issues and areas of concern that arise with the staff's work with the elderly, 38% of the supervisors said safety of residents and 30% said dementia was a major area of concern of their staff. Future concerns of the supervisors were listed as aids--mainstreaming vs. isolation and other residents reactions, assisted suicides, medical derivatives, funding, the whole issue of Alzheimer's disease and care of those individuals, and a concern for specialized training in disease (i.e. dialysis).

Another important component of this study was to identify the factors that influence the decision whether or not to attend a

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workshop. All of the supervisors indicated that content/topic is the most relevant factor in the decision to attend a workshop. Sixty-one percent said that the location of these workshops was another important factor in the decision to attend. Supervisors said that the staff are more willing to attend local workshops (within Lake County) than those which are non-local. Seventy-six percent said that they would prefer on-site presentations and one supervisor said that off-site presentations would be most beneficial.

When asked if there were any factors that would prevent the staff from attending training workshops, 46% of the supervisors said that the cost per staff member in relation to the length of time of the workshop could prevent attendance.

Discussion

The initial observations and impressions gained from the interviews are very limited when considered in terms of the number cf respondents on which they are based; however, we feel they are significant because they tended to persist throughout the interviews.

The subject matters declared most salient among the training needs identified were a number of themes pertaining to advocacy and interventions for infirm elder clients. These include official issues arising when professionals, clients and next-of-kin disagree on the course of action to follow (e.g.. relocation) and the rules to follow when implementing the various stages of protective intervention and services. Thirty-eight percent of the supervisors directly stated they would like to see more advanced training in the ethics of elder care. Sixty-two percent of the respondents listed some type of policy issue under their staffs most challenging situations. Many of the situations pertained to the withdrawing and withholding of treatment to residents in nursing homes and the conflicts that arise with the family. It may seem easy for us as outsiders to resolve these matters when in fact there should be specific guidelines for these organizations to follow. When developing a schedule for educational

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and training programs The Center on Aging & Applied Gerontology should certainly consider this issue.

Of equal concern to these organizations is the realm of issues that the increase of Alzheimer's disease brings with it. Many of the supervisors listed most challenging situations as those in which the resident can no longer make decisions about their health care thus leaving it to someone else. Is the organization the one to decide, or is the family? Should organizations require residents to have living wills before entering a home? Should they have durable power of attorney? These organizations are faced with unclear guidelines through which to resolve these situations. This uncertainty along with the inadequate preparation of the staff in these matters continues to exacerbate this problem. As a result, The Center on Aging & Applied Gerontology should administer educational training pertaining to ethics in elder care as an integral part of it's program. Since each individual may be faced with this situation at some point in their life the authors feel this area of concern should be the subject of more in-depth research in the future.

Another important training need identified was that of interpersonal skills. It is apparent that this need is going unmet with the current training that is available to the staff. This may come as a surprise to some who might expect that these workers are naturally empathetic, caring, and understanding individuals. Many of these workers may possess these skills but they may need additional training to communicate effectively with those residents who suffer from dementia or Alzheimer's. It is difficult to interact with someone who has lost control of their thoughts or actions thus additional knowledge and skill may be needed to interact with these individuals. As learned from the interviews, the management of difficult elderly poses a problem to many workers. In the list of workshop topics, managing difficult elderly was rated as a second most useful topic with interpersonal skills rated most important. If we consider once again Chartock's finding that over 90% of the hands-on care providers have had no training with such residents, it

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becomes imperative to realize the importance of interpersonal skills as a basis of all other skills when caring for the elderly. This realization becomes more important when we look once again at Rovner's finding that 86% of nursing homes residents may be diagnosed with senile dementia of the Alzheimer's type.

Recommendations

The focus of this study, to assess the educational and training needs of eldercare organizations in Lake County. Given present findings, the authors suggest that The Center on Aging and Applied Gerontology consider the overall ethical needs expressed by both residents and service providers when developing an educational program. These interview data should be considered when implementing this program and variables such as the topic of the workshop, the location, and the cost should be monitored to ensure accessibility to all eldercare service workers who wish to attend.

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TABLE I

LIST OF 29 LAKE COUNTY ORGANIZATIONS CONTACTED FOR NEEDS ASSESSMENT

*ABBOT HOUSE--HIGHLAND PARK
*AMERICANA HEALTH CARE CENTER--LIBERTYVILLE
*BAYSIDE TERRACE--WAUKEGAN
*BRENTWOOD NORTH--DEERFIELD
CONDELL ADULT DAY CARE CENTER--LIBERTYVILLE
*CROWN MANOR--ZION
*FOX LAKE SENIOR COMMUNITY CENTER--FOX LAKE
HARRY KNIGGE CIVIC CENTR--LAKE ZURICH
HILLCREST RETIREMENT VILLAGE--ROUND LAKE BEACH
*HILL TOP--LAKE BLUFF
*LAKELAND APARTMENT--FOX LAKE
*LAKE BLUFF HEALTH CARE--LAKE BLUFF
*LAKE FOREST HOSPITAL--LAKE FOREST
LIBERTYVILLE MANOR--LIBERTYVILLE
LIBERTYVILLE SENIOR CENTER--LIBERTYVILLE
*LIBERTY TOWERS--LIBERTYVILLE
LILAC LEDGE--WAUKEGAN
*LINCOLN CENTER--MUNDELEIN
*MAPLE HILL NURSING CENTER--LONG GROVE
NORTH CHICAGO SENIOR CENTER--NORTH CHICAGO
ROUND LAKE AREA SENIOR CENTER--ROUND LAKE
*SHELTERING OAK--ISLAND LAKE
THE TERRACE--WAUKEGAN
VICTORY LAKES CONTINUING CARE--LINDENHURST
WAUKEGAN ADULT DAY HEALTH SERVICES--WAUKEGAN
WAUKEGAN PAVILLION--WAUKEGAN
*WAUKEGAN SENIOR CENTER--WAUKEGAN
WESTMORELAND--LAKE FOREST
*ZION SENIOR CENTER--ZION

* Indicates organizations that were not able to participate.

TABLE II

THE CENTER FOR APPLIED GERONTOLOGY (CAG)
WORKSHOP TOPICS

Family Caregivers
Working with Alzheimer's Patients
Ethical Issues in Caring for the Elderly
Nursing Diagnosis in Long-Term Care
Improving Communication Skills:
      Empathic Listening and Appropriate Touch

Aging Family Issues
Social Policy/Long-Term Care Insurance
Clinical Social Work Issues
Managing Difficult Elderly
Ethnic/Values/Cultural Minorities

Images of Aging (in literature)
Death and Dying
Mental Health Issues
Film Series: Reflections on Aging
Protective Services/Elder Abuse

Healthy Aging
Inter-Generational Programs
Medical Geriatrics
Counseling Issues/Case Management
Innovations in Services for the Elderly

TABLE III

RATINGS OF CAG WORKSHOP TOPICS

HIGEST SCORING INTEMS ON USEFULNESS

1.	IMPROVING COMMUNICATION SKILLS	2.83
2.	ETHICAL ISSUES IN CARING FOR ELDLERLY	2.58
3.	WORKING WITH ALZHEIMER'S PATIENTS	2.58
4.	MANAGING DIFFICULT ELDERLY	2.58
5.	INNOVATIONS IN SERVICES FOR THE ELDERLY	2.42

TABLE IV

RATINGS OF CAG WORKSHOP TOPICS

HIGEST SCORING INTEMS ON IMPORTANCE

1.	IMPROVING COMMUNICATION SKILLS	2.75
2.	MANAGING DIFFICULT ELDLERLY	2.67
3.	WORKING WITH ALZHEIMER'S PATIENTS	2.58
4.	ETHICAL ISSUES IN CARING FOR ELDERLY	2.50
5.	INNOVATIONS IN SERVICES FOR THE ELDERLY	2.42
6.	PROTECTIVE SERVICES/ELDER ABUSE	2.42
7.	AGING FAMILY ISSUES	2.42