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## Developmentally Disabled Elderly: Reflections of the Aging Network Workers' Readiness

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Developmentally Disabled Elderly:

Reflections of the Aging Network Workers' Readiness

A Thesis

Presented to the  
Department of Gerontology  
and the  
Faculty of the Graduate College  
University Of Nebraska

In Partial Fulfillment  
of the Requirements for the Degree  
Master of Arts in Social Gerontology

University of Nebraska at Omaha

by

Daniel Alan Kash

December, 1996

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THESIS ACCEPTANCE

Acceptance for the faculty of the Graduate College, University of Nebraska, in partial fulfillment of the requirements for the degree Master of Arts in Social Gerontology, University of Nebraska at Omaha.

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## **ABSTRACT**

This study looks at the readiness of the aging network workers to work with the developmentally disabled elderly. The developmentally disabled elderly population will grow along with the rest of the aging population. As this occurs, the aging network workers may be called upon to work with the developmentally disabled elderly population. This study surveyed the aging networker workers to determine their attitudes and opinions in serving the developmentally disabled elderly population. Specifically, the survey looked at the attitudes and opinions of the aging network workers of the developmentally disabled elderly population in the following areas: perceptions of the field, meeting the needs, and training.

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Chapter 1  
Introduction

Professionals in both the developmental disabilities services and aging services are realizing that the developmentally disabled population is aging along with the rest of the population. Much of the existing research considers the beginning of old age for people with a developmental disability starting at the age of 55. It is commonly accepted that developmentally disabled elderly people want to live their later years like that of their "normal" counterparts. What does it mean to be developmentally disabled? (There is a glossary of terms in the Appendix at the end of this paper.)

Defined as a disabling condition that has had early onset, (as distinguished from arthritis or dementia in late life) developmental disabilities are defined in Section 102(5) of Law 100-146 as a severe, chronic disability which:

- 1) is attributable to a mental or physical impairment or combination of mental and physical impairment;
- 2) is manifested before the age of 22;
- 3) is likely to continue indefinitely;
- 4) results in substantial functional limitation in three or more of the following areas of major life activities: a) self care, b) receptive or

expressive language, c) learning, d) mobility, e) capacity for independent living, and g) economic self-sufficiency; and

5) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, and other services which are of life long or extended duration and are individually planned and coordinated (Thorson & Powell, 1992, p. 7).

The largest group within the developmentally disabled population are those people who have mental retardation; therefore, most of the research dealing with the developmentally disabled concentrates on the various aspects of the mentally retarded. There are many subcategories among the developmental disabilities that do not have service providers like that of the mentally retarded population (Weyant, et al., 1990). Many of the developmentally disabled who have a mental impairment have usually had someone watching out for their best interests. In the young adult years, this has usually been provided by social workers, the parents of the developmentally disabled adult, developmental disability specialists, or other concerned professionals. After careful consideration of these providers, one will realize that the following dilemmas may become apparent as the developmentally disabled age: the parents of the developmentally disabled are elderly themselves and may need

services, and many of the developmental disability specialists deal primarily with the younger developmentally disabled population.

#### Statement of Problem

The problem that will be investigated in this study is: Do the aging service providers believe that they can provide effective aging services to the developmentally disabled elderly population?

#### Purpose of Study

Given the fact that the American population is aging, including those who are developmentally disabled, this study will attempt to determine if aging service providers feel equipped to deal with the growing number of developmentally disabled aged.

#### Hypothesis

The hypothesis of this study is that service providers for the aged do not feel adequately trained to work with the developmentally disabled elderly population.

### Scope and Delimitations of the Study

#### Assumptions :

1. The hands-on service provider of the aging in this study are from the Omaha, Nebraska area and will respond to the questionnaire that they are sent.

#### Limitations:

1. Service providers of the aged are randomly selected among all of the aging services available in the Omaha, Nebraska, area.

2. Much of the literature relating to the developmentally disabled aged deals with the mentally retarded population.

3. This study would be better if it could include a larger geographical area.

### Importance of the Study

Due to medical technology and other health care improvements, the developmentally disabled population is living longer. As the normal elderly population is growing in numbers, so are those who have lifelong disabilities (Ossofsky, 1988). The age for an elderly person with a developmental disability has increased in the last twenty years making this population more age equal to that of the "normal" elderly population. Seltzer (1988) reports in her

study that, "As recently as 1984, when Janicki, Ackerman, and Jacobson (1985) surveyed state Developmental Disabilities Councils and state units on aging, more than half of the developmental disabled state plans and fully 91% of the plans of the state units on aging made no mention of the population of persons with developmental disabilities" (p. 181). This may be in the process of changing as more and more developmentally disabled people age and as the developmental disability service providers acknowledge this population aging. Hawkins, et. al. (1991) believe that the developmentally disabled aging population should be given the opportunity to show their humanness by having the choice of self-determination given to older adults. One of the options that the developmentally disabled elderly should have is to use the programs already set up and provided by aging services. This would maintain the structure of activity for the developmentally disabled person but in a more age-appropriate setting. This could alleviate some concerns that researchers have with the developmentally disabled population needing to retire "to something" (Janicki,1988).

## Chapter 2

### Review of the Literature

As the nation ages year by year, the people who will seek and need the resources and services of the aging network will increase in number and vary in their abilities to seek the delivery of these services. "The **aging network** refers to the system responsible for furnishing services to persons age 60 and over" (Community Intergration Project in Aging and Developmental Disabilities, p. 9). The following areas will be addressed in this literature review: growing population, age appropriateness, behavior, rights and self determination, aging service providers: social workers, community aging service workers, and nurses; aging adult's reaction to developmentally disabled elderly, and conclusions. One growing group that will need aging services will be the developmental disabled elderly.

Gibson (1991) used three methods in collecting data that showed the diversity of the clients. The three avenues were: a library search, interviews with disabled elderly (using a snowball approach), and surveys mailed to different service settings. Gibson states, "Presently, we lack trained personnel at all levels with the skills and knowledge to address both aging and developmental disabled issues" (Gibson, 1991, p. 608).

Cotten and Spirrison (1988) assert that providers of aging services are more inclined to use diagnostic categories than functional categories to serve the developmentally disabled aging population. Those in the aging network did not feel that they were responsible for serving the elderly population who happened to be mentally retarded (Cotten & Spirrison, 1988).

### Growing Population

As both the developmental disability service providers and the aging service providers begin to consider the need for services, they will need to start planning for this growing population. One of the 1987 amendments to the Older Americans Act involves the cooperation between the state unit on aging and the state developmental disability agency to plan and serve the developmentally disabled elderly (Janiki, 1991). Thorson and Powell (1992) looked at the number of people who are developmentally disabled and aging. Their research had conflicting numbers of developmentally disabled aging according to different experts. They estimated the number of developmentally disabled aged to be between 2 to 4 out of 1,000 of the regular aging population. Gibson (1991) argued that 25 percent of the developmentally disabled population in the state registries are seniors. The aging network is made up of a variety of different entities and

programs that can and will serve the developmentally disabled elderly.

### Age Appropriateness

Due to the nature of past services offered to the developmentally disabled, the issue of appropriateness will have a great effect on the available services to the developmentally disabled elderly. Related to the issue of appropriate placement of the developmentally disabled elderly is the issue of age-appropriateness. Seltzer (1988) conducted a telephone interview using 47 staff members that served the mentally retarded in Massachusetts. These staff members served a mentally retarded population of 1,911 clients that were 55 and older. The objective of the study was one to determine service patterns. The results showed 66 strengths and 65 weaknesses of age-intergrated programs. In her study, Seltzer (1988, p. 184) reported that one of the 66 strengths found was, "a commonly voiced view that age-integrated programs offered clients a higher quality of social experience, with a large and varied peer group." The placement of a developmentally disabled elderly person may not be easy for the aging network workers, but they need to keep in mind that their job may require this. In a dual article looking at the different sides of the developmentally disabled aging issue, Clark (1988) stated the aging systems' point of view that if developmentally disabled elderly found



participation in a program enjoyable and it enhances their life, it is an appropriate retirement placement.

### Behavior

Seltzer and Seltzer (1985) looked at the behavior problems that the mentally retarded may show at aging services. They state that one of the characteristics of the mentally retarded is that they have a deficit in adaptive behavior. These authors define adaptive behavior as: "The effectiveness or degree with which an individual meets the standards of personal independence and social responsibility expected for age and cultural group" (p. 101). The developmentally disabled elderly may have a high tendency toward showing mal-adaptive behavior in the aging services. This may be primarily because they grew up in institutions which did not teach them many appropriate behaviors, or their disability may cause their inappropriate behavior. This mal-adaptive behavior may also be magnified because of the new experience of the developmentally disabled elderly when it comes to using aging services. Jacobson and Harber (1989) looked at a variety of issues concerning elderly people with developmental disabilities or mentally retarded people placed in specialty facilities or nursing homes. One of

the major problems that had to be dealt with were the behaviors that the developmentally disabled elderly exhibited, such as temper tantrums, disrupting activities, and withdrawal (Jacobson & Harper, 1989).

Some of the mal-adaptive behaviors that the developmentally disabled elderly may show could be due to the lack of support that they feel. Jacobson and Harper (1989, p. 307) state "...that persons with lifelong disabilities (and who may never have achieved an independent lifestyle) and individuals who for one reason or another could not sustain viable support should evidence comparatively high rates of behavior problems." The support that the developmentally disabled elderly feel they have will have a great impact on their choice of aging network programs they will use.

#### Rights and Self Determination

With proper support the decision to participate in an aging service needs to be made by the developmentally disabled elderly person. Giving the developmentally disabled elderly the option to decide which activity they would like to do in their senior years is extremely significant. This is illustrated by Browder and Cooper (1994), who examined the issue of support needed in order for mentally retarded elderly people to transition to post-employment activities. Border and Cooper argued that, "the opportunity to make

choices is especially important for older individuals with mental retardation because it can encourage independence, dignity, and control over one's life" (p. 95). This viewpoint is one that is not new, but it is building on past information. This can be seen in the Bill of Rights For Elderly Developmentally Disabled developed by Cotten and Spirrison (1985) from the combination and adaptation of the Bill of Rights for the Elderly, and the Bill of Rights for the Mentally Handicapped. This document has 14 rights dealing with the developmentally disabled elderly. One of the rights states that the developmentally disabled elderly population has "the right to an array of services which are generally available to other elderly groups" (p.216). This right alone should open up many more avenues in which the developmentally disabled elderly can participate in their later years.

With regular aging services opening their doors to the developmentally disabled elderly, developmentally disabled elderly persons have more options in their post-employment years which increases their sense of empowerment (Browder and Cooper, 1994). Even if developmentally disabled elderly persons are given the opportunity to choose their aging service placement, the direct aging service provider needs to accept the fact that their aging services may be called upon to serve the developmentally disabled elderly.

### Aging Service Providers

The aging network workers will find themselves as the direct line providers for the developmentally disabled aging population in the future. In her research, Seltzer (1988) found that many generic aging workers do not have the training to work with the developmentally disabled. Currently, aging services seem to be working with a small number of the developmentally disabled elderly, but they seem to be unaware of this population's future growth. Anderson (1989) states, "only 11 per cent of responding agencies on aging indicated that nursing homes in their state had preadmission screening which included assessment of mental retardation" (p. 291). Another issue that will need to be determined is which of the aging network system programs will be the most appropriate placement of the individual developmentally disabled elderly person.

The aging service providers need to realize that their program could be placements for the developmental disabled elderly. The future service providers of the developmentally disabled elderly that will have a major influence concerning this population are: social workers, community aging agency workers, and nurses.

### Social Workers

There are two types of social workers that may deal with the population of the developmentally disabled elderly. They are the field social worker and the policy makers. Social workers usually have been part of the lives of many developmentally disabled people since they were first diagnosed as having a disability. The aging of the developmentally disabled population will give the field of social work a new set of challenges. Using a snow-ball technique Gibson, Rabkin and Munson (1992) interviewed twenty-nine people knowledgeable about the developmentally disabled elderly in need of health and social services. This study revealed three critical issues and three training issues that need to be dealt with concerning the developmentally disabled elderly. One of the conclusions of this study was, "as social work has historically identified the most vulnerable and oppressed groups as clients, aging persons who are also developmentally disabled are a vulnerable group in need of social work services" (Gibson, Rabkin, & Munson, 1992, p. 44). This is indeed the position in which many of the developmentally disabled elderly find themselves. The need will be great for specialists in the combination areas of developmental disabilities and aging (Gibson, et al., 1992). This is pertinent to the fact that many of the developmentally disabled elderly may need a lot

of support from the social worker in order to successfully participate in the aging network system. The social worker may be the only one that the developmentally disabled elderly has as an advocate.

Being the extended family and advocate for the developmentally disabled elderly person, social workers will take on a new role in advocating for their client. The developmentally disabled elderly will need formal supports to obtain services that were once obtained for them by their parents (Gibson, et al., 1992). This is one reason that the social worker needs to be knowledgeable about the developmentally disabled elderly. The social workers who will work with the elderly will need to be well-versed in what the developmentally disabled elderly client may need in terms of services. This knowledge is very important for the future social workers who are planning to either work directly in the area of developmental disabilities or with the entire realm of the elderly population.

The social workers that are not directly working with the developmentally disabled elderly will also need to be knowledgeable of this group. The current and future social workers who will work with making and evaluating social policy will need to fit the developmentally disabled elderly and the aging service providers groups together as the aging developmentally disabled population continues to grow. Not only will the social policy social worker need to fit these

two populations together, but also make sure that the services are appropriate for the developmentally disabled elderly. Hanley and Parkinson (1994) look at the importance of social workers in the area of developmental disabilities. They state that one of the duties of the policy making social worker for the developmentally disabled elderly is ". . . to effect legislative changes that result in provisions of appropriate services for them, and to design programs that recognize their special needs" (p. 429).

#### Community Aging Service Workers

Another group that will deal with the future demands of the developmentally disabled elderly population is that of the community aging service worker. The aging service system includes the following programs: senior centers, adult day centers, and specialty programs.

For the first time, the aging service providers are having to deal with the developmentally disabled elderly population. "Aging network personnel may express discomfort at serving elderly developmentally disabled people, concerns about being able to respond to their medical needs, or because they fear inclusion may upset their regular clientele" (Weyant et al., 1990 p. 39).

How do most aging service workers see the population of developmentally disabled elderly fit into their services? With this new area of concern to the aged

services, they may not be knowledgeable about this population. "As a consequence they may overestimate the extent of problems that they may face and not want to admit an older person with a developmental disability into their program" (Janicki, 1991 p. 36). Aging service providers need to begin dealing with this issue because they will see more developmentally disabled elderly people wanting to participate in their programs. The aging services provider can learn about the developmentally disabled elderly through a co-sponsored aging network and developmental disability network cross-training program.

The anxiety the aging service providers may have about serving the developmentally disabled elderly is in regard to the feelings that the "normal" elderly population may show. As Hawkins and Kultgen (1991) report, older developmentally disabled people are not much different from other elderly people in many ways. Even though they may not be very different, developmentally disabled elderly people using the community aging services may bring some problems with them. The "normal" elderly population using the community aging services may have their first experience with a developmentally disabled person in this setting. This will be different for both populations due to the fact that when they were younger, most of today's developmentally disabled elderly were placed in institutions or other separate living arrangements.



This could give the aging service providers a challenge in terms of how they deal with the reactions that the "normal" elderly have towards the developmentally disabled elderly. Aging service providers will need to know their own attitudes and feeling about the developmentally disabled elderly before they can effectively deal with the reactions of the "normal" elderly population.

### Nurses

Due to the nature and mobility of the nurses working with the elderly, they will have a great deal of contact with the developmentally disabled elderly. The nursing staff will be looking at different areas than that of both the social worker and the service provider to the developmentally disabled elderly. According to the Nursing Division of the American Association on Mental Retardation, all people, including the developmentally disabled, have the right to services provided by a registered professional nurse (Steadham, 1993). In order to serve the developmentally disabled elderly population, those in the nursing profession will need to look at the following issues: the lack of knowledge the nurses have dealing with the developmentally disabled aged, the potential interactions of the medications that the developmentally disabled may be taking for the disability and their aging problems, and the communication

difficulties that the developmentally disabled elderly may have about explaining their health problems.

One might assume that education about the developmentally disabled would have been part of nurses' training. It might have. But the nurses who are looking into geriatric nursing might have only limited class exposure to the developmentally disabled elderly population. Gibson (1991) found that health care providers felt that they had a lack of the physiological and psychological knowledge of the regular aging population. If research found that nurses did not have enough information about the different aspects of the regular aging population, they probably would not be knowledgeable about the developmentally disabled elderly. This lack of knowledge is not only true for nurses, but also for other health care professionals that will probably deal with the developmentally disabled elderly. As Gibson (1991) states, "Service providers noted difficulty in finding physicians, dentists, and mental-health specialists to work with their clients" (p. 609). In my experience, most health care professionals that have knowledge about the developmentally disabled are trained in pediatrics to young adults. Therefore, they will not be knowledgeable concerning older peoples' health care. Not only is there the problem of finding health care personnel trained to work with the developmentally disabled elderly, but there may be a bigger

problem with the mixing of medications used for a person's developmental disability and the aging process.

As the problem of the drug interactions with the normal population are just beginning to come to light within the medical area, the interactions of medications for the aging and developmentally disabled medications need to be looked as well. As Gibson (1991) reports, "Similar considerations and concerns are important in monitoring for drug problems and negative interactions between drugs for older persons with developmental disabilities who must take various medications" (p.609). This monitoring will have to be done closely by the nursing staff who are dealing with the developmentally disabled elderly. This may be vital for the nurses working with the developmentally disabled elderly population. This population may not have the cognitive ability to link the medicines that they take in combination to strange behaviors or feelings they may experience. These kinds of reactions may come from prescription drugs, but they may also come from the mixing of prescription and over the counter drugs, such as aspirin. It is also vital that the nurses who are now planning to deal with the developmentally disabled elderly keep up with the new medicines for both populations and the interactions they may have. Along with the possibility of the medications given to these adults interacting with each other, the geriatric nurse needs to

know how to communicate with the developmentally disabled elderly person.

Some of the developmentally disabled have had a communication problem from their youth right on through their elderly years. Though nurses may be knowledgeable of the communication patterns that accompany old age, they may find it helpful to know how the developmentally disabled elderly communicate in order to identify age ailments without much assistance from the elderly person (Gibson, 1991). The communication system should be developed between the nurse and the developmentally disabled elderly person. It would be beneficial for the nurse working with the developmentally disabled elderly to assess the developmentally disabled patient with limited or no communication from the developmentally disabled elderly person (Nehring, 1991).

#### Aging Adults' Reaction to Serving the Developmentally Disabled Elderly

One of the major reactions that all three service providers will see from the "normal" elderly population having a developmentally disabled elderly person in the aging services will be the concern that they may develop a disability through the aging process. This may give aging service providers a problem as they try to deal with the concerns and anxieties of the regular clientele (Weyant et al., 1990).

We in the aging services need to learn more from the experiences of those who serve the mentally retarded and developmentally disabled not only as we serve more of "your" traditional clients who have grown old, but also those who age in place in our programs increasingly show signs of emotional and mental problems, including dementia (Ossofsky, 1988, p. 391).

### Conclusion

This literature review suggests that direct service providers may not be completely at ease in serving the developmental disabled elderly population. As the current estimates of elderly people with life-long developmental disabilities increase, so will the need for appropriate aging services.

The aging service providers must look at their services as possible appropriate placements in the future for the developmentally disabled elderly. They will have a major influence on how effectively the aging services will be on serving the developmentally disabled elderly and the entire elderly population as a whole.

## Chapter 3

### Methodology

#### Research Design

#### Research Question

Do the aging network workers believe that they are ready to provide aging services effectively to the developmentally disabled elderly population?

#### Description

The survey will represent three areas: perceptions of field, meeting the needs, and training. Eight questions will cover each of the three areas.

#### Selection of Sample

The sample of subjects are employed at a variety of different aging services in the Omaha, Nebraska, area. There are an equal mixture of social workers, direct community providers, and nurses working within the aging network participating in this study. The aging service available in the Omaha area was obtained from the Eastern Nebraska Office On Aging 1995 Aging Services Directory and the Omaha phone book. These aging services come from city, county, or private programs. From this, a small sample of social workers, direct service

workers, and registered nurses from each program was selected to participate in this study. The number of the three groups of people surveyed from each program depended on the type of the program.

In order to fill out the survey for this study, the social workers, the direct service providers, and nurses needed to be at their present level of job for at least one year. This was to ensure that they were knowledgeable about their agency's viewpoint toward the developmentally disabled elderly population. The nurses needed to be registered nurses in order to be eligible to complete the questionnaire.

### Procedure

Based on the past research of problems that the aging network sees in serving the developmental disabled elderly, a survey was developed (see Appendix A for survey). The survey looks at the level of readiness of geriatric social workers, the direct aging service providers, and the nurses who serve the developmentally disabled elderly population in their programs.

The survey in Appendix A contains closed-end and demographic questions.

To make sure that the survey was relevant and appropriate for the aging services, a pilot study was done by sending 5 surveys to one nursing home, one adult day center, and one area service provider. The following workers were

surveyed: social workers, community aging service providers, and nurses. The aging network providers who took the pilot survey were asked to critique the survey. The researcher took results of the critiqued pilot study and revised the survey from the critiques that were received.

After the pilot study was completed and the corrections were made, the survey was ready for mailing to the aging service providers. Five copies of the survey were mailed to the sample of agencies along with a letter explaining the intention the study. The researcher sent a self-addressed stamped envelope for easy return of all surveys. There was a time frame of 10 working days to return the survey to the researcher. After the 10th day if the survey was not received by the researcher, a follow up letter and a survey was mailed to the aging service providers reminding them about the survey. The aging service providers were able to make copies of the survey for their social workers, direct service providers, and nurses as needed.

#### Data Collecting and Recording

After the researcher received all the surveys, responses were compiled by the categories of social workers, direct service providers, and nurses of the elderly. A comparison of the responses was completed.



### Data Processing and Analysis

The data collected was statistically analyzed using various procedures. First, a table was prepared that illustrates the measures of central tendency for the demographic variables, i.e., age, sex, occupation, work place, years of employment in aging, years of employment in Developmental Disability service, cross-training of sample, and the Developmental Disabilities Scale.

A Pearson Correlation was obtained by comparing the DD Scale with the respondent's age, years of working with elderly, and years working with Developmental Disabled. An ANOVA procedure obtained f-scores among the three groups of Aging Service Providers and their place of employment. A confidence level of  $p = < .05$  is used. A t-test was used to determine the differences between males and females and between those who have received cross-training and those who have not obtained such training.

### Limitations

The limitations of this study are:

1. There may actually be a low number of developmentally disabled elderly that use the aging services in the area. They either do not know about them or choose not to participate in aging programs.

2. Due to the nature of developmental disabilities and the aging process, the social workers, aging service providers, and nurses may have a difficult time identifying a true developmentally disabled person.

## Chapter 4

### Results

#### Demographic Data

Of the 51 area aging service providers that were asked to participate in the study, 25 (49%) responded. Of the 250 surveys that were distributed to area aging service providers, 47 (18%) usable responses were returned. The demographic data of the usable responses are shown in Table 1.

The average age of the aging service provider respondents was 43.8. The ages reported by the respondents ranged from 22 to 67.

In the sample of respondents the study obtained a fairly even representation of the occupation of the three aging service providers. The sample broke down as follows: 27.7% were social workers, 34.0% were aging service providers, and 36.2% were registered nurses. Slightly less than half of the respondents reported that they worked in a nursing home setting.

The sample of respondents had a mean score of 11.3 years of working with the elderly. The sample also reported a mean score of 3.8 years of working with the developmentally disabled population.

Roughly one-fourth of the respondents reported they had participated in a cross-training workshop, while three-

fourths of them had not participated in a cross-training workshop.

The mean score of the total Developmental Disabled Scale obtained from the sample was 52.2. The reliability of the DD Scale was .92.

Table 1

---

<u>Demographic Data</u>			
<u>Age:</u>		<u>Sex:</u>	
Mean: (SD)	43.8 (11.0)	Male:	5 (10.6)
Median:	45.0	Female:	41 (87.2)
Mode:	45.0	No Response:	1 (2.1)
<u>Occupation of Aging Service Provider</u>			
<u>Occupation:</u>	<u>Number</u>	<u>Percent</u>	
Social Worker	13	27.7	
Aging Service Provider	16	34.0	
Registered Nurse	17	36.2	
Missing	1	2.1	
<u>Work Place of Aging Service Provider</u>			
<u>Work Place</u>	<u>Number</u>	<u>Percent</u>	
Nursing Home	23	48.9	
Adult Day Center	12	25.5	
Area Service Provider	11	23.5	
Missing	1	2.1	

**Years Working with the Elderly**

Mean: (SD)	11.3 (7.3)
Median:	9.5
Mode:	7.0

**Years Working with the Developmentally Disabled**

Mean: (SD)	3.8 (5.7)
Median:	1.5
Mode:	0.0

**Participated in Cross-Training Workshop**

	<u>Number</u>	<u>Percent</u>
Yes	11	23.4
No	35	74.5
Missing	1	2.1

**Developmental Disabled Scale  
(Total = 96)**

Mean: (SD)	52.2 (17.3)
Median:	58.5
Mode:	66.0

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The data in table 2 shows that there are several statistically significant correlation coefficients. For example, the DD scale and working with DD had a correlation of  $r = .38$ ,  $p < .01$ . The age factor had strong correlations

with two other factors. The age correlation with working with the aging came out to be  $r = .47$ ,  $p = < .01$ . Age also correlated with working with DD at  $r = .36$ ,  $p = < .01$ . The last strong correlation was between working with the aging and working with the DD, which was  $r = .30$ ,  $p = < .05$ .

Table 2

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Correlation Coefficients:  
DD Scale, Age, Work with Aging, and Work with DD

	DD Scale	Age	Working With Aging	Working with DD
DD Scale	..			
Age	-.12	..		
Work With Aging	-.13	.47**	..	
Work With DD	.38**	.36**	.30*	..

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\*  $p = < .05$

\*\*  $p = < .01$

Table 3 shows the f-scores of the occupation and work place among the three groups that were surveyed with the DD Scale looking at the mean scores and standard deviations among the sample sub-sets. The f-scores among the sub-sets and the occupation is  $f = 4.9$  with  $p = < .01$ . The f-scores among the sub-sets and the work place is  $f = 12.7$  with  $p = < .000$ .

Table 3

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**Developmental Disability Scale**  
**Mean Scores and Standard Deviations**  
**Among Sample Sub-Sets:**  
**f Scores by Occupation and Work Place**

DD Scale	
Occupation	Mean, Standard Deviation, f-score
Social Worker	(M 54.8, sd 12.1)
Aging Provider	(M 42.3, sd 22.4)
Nurse	(M 59.4, sd 10.2)
Statistical Significance	f = 4.9, p = < .01
Work Place	Mean, Standard Deviation, f-score
Nursing Home	(M 56.3, sd 10.3)
Adult Day Care	(M 60.9, sd 14.6)
Aging Service Provider	(M 33.8, sd 19.4)
Statistical Significance	f = 12.7, p < .000

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Table 4 shows the scores of the t-tests and the differences between males and females and cross training in relation to the DD Scale. The t-score of the difference between males and females is 1.68. This shows that there is not a statistically significant difference in males and females. The t-score between those who have received cross training and those who have not is 0.66. This shows that there is not a statistically significant difference between the respondents who have received training and those who have not.

Table 4

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**DD Scale Differences Between  
Male/Female and Cross Training**

Sex Differences	Means (sd)	t-value and p.
Male	58.4 (6.8)	t = 1.68, p. > .05
Female	51.4 (18.1)	
 Crosss Training Differences		
Received Training	55.2 (18.1)	t = .66, p. > .05
Did Not Receive Training	51.2 (17.2)	

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## Chapter 5

### Summary, Conclusion and Recommendations

#### Summary of Findings

The study gathered attitudes and opinions from individuals who work as service providers to the aging. The study placed an emphasis on tapping the opinions of providers from Area Agencies on Aging, Nursing Homes, and Adult Day Care facilities as potential service providers for the developmentally disabled.

The assumption in questioning these individuals was that they would be the logical providers of services to the developmentally disabled elderly in the future. The major question posed by the study was, "does the aging network perceive that they can provide services effectively to the developmentally disabled elderly?"

Previous studies have addressed developmental disabled elderly to some extent; however, these works have not directly addressed the question of service provision to this population. Therefore, an instrument was needed which could measure the opinions of providers regarding their ability to deliver services. Such an instrument was developed and appears in Appendix. The instrument developed for the measurement of attitudes and opinions found in this study returned a reliability coefficient (alpha) of .92.

These data suggest that a positive attitude exists among service providers in regard to delivering services to the developmentally disabled. These providers were nurses, social workers, and aging service providers. Examining the scale scores we find that the nurse sample obtained the highest score among the three groups sampled and were followed by the social worker group and the aging providers.

The DD Scale provided the same positive results when administered at the point of service delivery: nursing home, adult day care, and the aging service provider. The adult day care point of delivery had the most positive score and was followed by nursing home and aging service provider.

It is encouraging to note that the data for the DD Scale showed no difference between the male and female respondents in regard to scores. Likewise, there was no significant difference between those who had received cross-training and those who had not obtained this training.

### Conclusion

As we move into the future, it is reasonable to assume that ever-increasing numbers and percentages of developmentally disabled will live into old age. This is a reality, and we must prepare for this increasing population. Therefore, this small study casts some light on attitudes that the developmentally disabled may encounter as they age.

It is important to encourage other researchers to continue this search for improved conditions in providing care to the developmentally disabled from birth into old age.

#### Recommendations for Future Research

The results of this study will assist in implementing ideas for further research. The data may influence a state wide study of the readiness that social workers, aging service providers and nurses have in providing aging services to the developmentally disabled elderly. Further research should include the study of opinions and attitudes that the developmentally disabled service providers have toward their elderly population, and allowing the developmentally disabled elderly persons to retire to more appropriate aging activities. Another area in which these data could lead to further research is looking at the effectiveness of cross-training for both the developmental disability network and the aging network. Through the completion of this survey, this study can give the aging network workers an increased awareness of serving the developmentally disabled elderly population.

### References

Anderson, D. J. (1989). Health care needs and residential settings: A national survey and policy perspectives.

Australia and New Zealand Journal of Developmental Disabilities. 15,(3 & 4), 289-300.

Broader, D. M., & Cooper, K. J. (1994). Inclusion of older adults with mental retardation in leisure opportunities. Mental Retardation, 32,(2), 91-99.

Clark, S. (1988). Persons with life long disabilities-room in the aging network? A view from the aging system. Perspective on Aging. 18(5), 121 3,20-23.

Community Integration Project in Aging and Developmental Disabilities Wit to Win Workshop. V. 6.

Cotton, P. D., Spirrison, C. L. (1985). Bill of rights for the elderly and the bill of rights for the mentally handicapped. RRTC Consortium on Aging/DD.

Cotton, P. D., Spirrison, C. L. (1988). Development of services for elderly persons with mental retardation in a rural state. Mental Retardation. 26,(4)187-190.

Gibson, J. W. (1991). Aging and developmental disabilities: service provider health-care training needs. Educational Gerontology. 17. 607-619.

Gibson, J. W., Rabkin, J., & Munson, R. (1992). Critical issues in serving the developmentally disabled elderly. Journal of Gerontological Social Work. 19,(1) 35-49.

Henley, B. & Parkinson, C. B. (1994). Position paper on social work values: practice with individuals who have developmental disabilities. Mental Retardation. 32,(6),426-431.

Hawkins, B. A. & Kultgen. P. B. (1991). Activities and adaptation: A call for innovations to serve aging adults with developmental disabilities. In M. J. Keller (Ed.). Activities with Developmental Disabled Elderly and Older Adults. (pp. 5-17). New York: Haworth Press.

Jacobson, J. W., & Harper, M. S. (1989). Mental health status of older persons with mental retardation. Australia and New Zealand Journal of Developmental Disabilities. 15,(3 & 4) 301-309.

Janiki, M. P. (1988). Persons with lifelong disabilities-room in the aging network? A view from the disability system. Perspective on Aging. 18,(5), 12-13, 20-23.

Janiki, M. P. (1991). Building the Future Planning and Community Development in Aging and Development Disabilities. New York State Office of Mental Retardation and Developmental Disabilities. Albany, New York: Community Integration Project in Aging and Developmental Disabilities.

Nearing, W. M. (1991). Historical look at nursing in the field of mental retardation in the united states. Mental Retardation. 29,(5),259-267.

Ossofsky, J. (1988). Connecting the networks: Aging and lifelong disabilities. Educational Gerontology. 14, 389-397.

Roberto, K. A., & Nelson, R. E. (1989). The developmental disabled elderly: concerns of service providers. The Journal of Applied Gerontology. (2), 175-182.

Seltzer, M. M., & Seltzer, G. B. (1985). The elderly mentally retarded: A group in need of service. In G. S. Getzel, & M. I. Mellon (Eds.), Gerontological Social Work Practice in the Community. 99-119. New York: Haworth Press.

Seltzer, M. M. (1988). Structure and patterns of service utilization by elderly persons with mental retardation. Mental Retardation. 26, (4) 1 81-85.

Stadium, C. I. (1993). Role of professional nurses in the field of developmental disabilities. Mental Retardation. (31), 3, 179-181.

Thorson, J. A., & Powell, F. C. (1992). Position paper on persons with developmental disabilities: Focus Group. Unpublished manuscript, University of Nebraska at Omaha.

Anita, D. P., Bratka, C., Evans., E., Foster, B., Leibowitz, J. M., McClain, J. W., & Thorson, J. A. (1990). Nebraska plan for individuals with developmental disabilities. Unpublished manuscript. University of Nebraska Medical Center.

**Appendix**

Aging Network Workers and the Developmental Disabled Elderly

Please answer the following statements with the following responses:

Strongly Disagree, Disagree, Agree, Strongly Agree. Please answer the personal data information located on last page of this survey.

Perceptions of field

1. Our facility would not be an appropriate aging service for the developmentally disabled elderly.

Strongly Disagree\_\_\_ Disagree\_\_\_ Agree\_\_\_ Strongly Agree\_\_\_

2. The developmentally disabled elderly will bring mal-adaptive behaviors to our aging service.

Strongly Disagree\_\_\_ Disagree\_\_\_ Agree\_\_\_ Strongly Agree\_\_\_

3. The developmentally disabled elderly have the right to participate in our aging services.

Strongly Disagree\_\_\_ Disagree\_\_\_ Agree\_\_\_ Strongly Agree\_\_\_

4. I am aware of some of the interactions among medications used by both the aging and developmentally disabled population.

Strongly Disagree\_\_\_ Disagree\_\_\_ Agree\_\_\_ Strongly Agree\_\_\_

5. People who use our services do not have a problem with the developmentally disabled elderly population using our aging service.

Strongly Disagree\_\_\_ Disagree\_\_\_ Agree\_\_\_ Strongly Agree\_\_\_

6. The developmentally disabled elderly do not have the right to participate in our aging service.

Strongly Disagree\_\_\_ Disagree\_\_\_ Agree\_\_\_ Strongly Agree\_\_\_

7. Our facility would be an appropriate aging service for a developmentally disabled elderly person.

Strongly Disagree\_\_\_ Disagree\_\_\_ Agree\_\_\_ Strongly Agree\_\_\_



8. I could handle the mal-adaptive behaviors the developmentally disabled population brings to the aging services.

Strongly Disagree\_\_\_ Disagree\_\_\_ Agree\_\_\_ Strongly Agree\_\_\_

Meeting the Needs

9. I have knowledge about the Bill of Rights For Elderly Developmentally Disabled.

Strongly Disagree\_\_\_ Disagree\_\_\_ Agree\_\_\_ Strongly Agree\_\_\_

10. Our aging service would provide appropriate retirement activities for the developmentally disabled elderly.

Strongly Disagree\_\_\_ Disagree\_\_\_ Agree\_\_\_ Strongly Agree\_\_\_

11. I can effectively communicate with the guardians of the developmentally disabled elderly person.

Strongly Disagree\_\_\_ Disagree\_\_\_ Agree\_\_\_ Strongly Agree\_\_\_

12. I can select appropriate therapeutic activities to use with developmentally disabled elderly.

Strongly Disagree\_\_\_ Disagree\_\_\_ Agree\_\_\_ Strongly Agree\_\_\_

13. I would be able to assist the developmentally disabled elderly person's transition into the aging service.

Strongly Disagree\_\_\_ Disagree\_\_\_ Agree\_\_\_ Strongly Agree\_\_\_

14. I could identify medication interactions without help from developmentally disabled elderly.

Strongly Disagree\_\_\_ Disagree\_\_\_ Agree\_\_\_ Strongly Agree\_\_\_

15. I can effectively communicate with the developmentally disabled elderly person.

Strongly Disagree\_\_\_ Disagree\_\_\_ Agree\_\_\_ Strongly Agree\_\_\_

16. I could respond effectively to mal-adaptive behavior of the developmentally disabled elderly.

Strongly Disagree\_\_\_ Disagree\_\_\_ Agree\_\_\_ Strongly Agree\_\_\_

Training

17. I feel comfortable utilizing appropriate interventions to assist developmentally disabled elderly.

Strongly Disagree\_\_\_ Disagree\_\_\_ Agree\_\_\_ Strongly Agree\_\_\_

18. I would be willing to go to a workshop dealing with behavior management in order to work with the developmentally disabled elderly.

Strongly Disagree\_\_\_ Disagree\_\_\_ Agree\_\_\_ Strongly Agree\_\_\_

19. I am knowledgeable about the medications that are commonly taken by the developmentally disabled elderly.

Strongly Disagree\_\_\_ Disagree\_\_\_ Agree\_\_\_ Strongly Agree\_\_\_

20. I have received formal training serving the developmentally disabled.

Strongly Disagree\_\_\_ Disagree\_\_\_ Agree\_\_\_ Strongly Agree\_\_\_

21. I am knowledgeable about what the Americans with Disabilities Act and the Older Americans Act says concerning the developmentally disabled elderly.

Strongly Disagree\_\_\_ Disagree\_\_\_ Agree\_\_\_ Strongly Agree\_\_\_

22. I am adequately trained to serve the developmentally disabled elderly.

Strongly Disagree\_\_\_ Disagree\_\_\_ Agree\_\_\_ Strongly Agree\_\_\_

23. I would be willing to go to a cross-training workshop dealing with the developmentally disabled elderly.

Strongly Disagree\_\_\_ Disagree\_\_\_ Agree\_\_\_ Strongly Agree\_\_\_

24. I know basic sign language needed in order to communicate with a developmentally disabled elderly.

Strongly Disagree\_\_\_ Disagree\_\_\_ Agree\_\_\_ Strongly Agree\_\_\_

Personal Data

What is your occupation? (Choose only one.)

Social Worker\_\_\_ Aging Service Provider\_\_\_  
Registered Nurse\_\_\_

I work in the following aging network setting: (Choose only one.)

Nursing Home\_\_\_ Adult Day Center\_\_\_  
Area Service Provider\_\_\_

I have been working with the elderly\_\_\_\_\_number of years.

I have been working with the developmentally disabled\_\_\_\_\_number of years.

I graduated from my professional schooling between:

1971-1975\_\_\_ 1976-1980\_\_\_ 1981-1985\_\_\_  
1986-1990\_\_\_ 1991-1995\_\_\_

My age is \_\_\_\_\_.

I am

Male\_\_\_ Female\_\_\_

I am

White\_\_\_ Black\_\_\_ Native American\_\_\_  
Asian\_\_\_ Hispanic\_\_\_ Other\_\_\_

I have gone to a cross-training workshop dealing with the developmentally disabled elderly.

Yes\_\_\_ No\_\_\_

Thank-you for your time in filling out this survey, it is very much appreciated. Please return your survey to your administrator.

### Survey References

Janiki, M. (1991). Building the future planning and community development in aging and developmental disabilities. New York State Office of Mental Retardation and Developmental Disabilities. Albany, NY: Community Integration Project in Aging and Developmental Disabilities. p. 28.

Leibowitz, J. M., & McClain, J. W. (1987). Development of consensually validated interdisciplinary curricula for service providers for elderly persons with developmental disabilities. Omaha: University of Nebraska Medical Center, Meyer's Children's Rehabilitation Center.

Roberto, K. A., & Nelson, R. E. (1989). The developmentally disabled elderly: concerns for service providers. The Journal of Applied Gerontology. 8. 175-182.

### Glossary of Terms

Adaptive Behavior- "The effectiveness or degree with which an individual meets the standards of personal independence and social responsibility expected for age and cultural group (Seltzer, M. M. & Seltzer, G. B., 1985, p. 101).

Aged- "A commonly accepted definition of Aged" for the DD population is 60, but they assume conditions that are usually associated with geriatrics that have earlier onset with persons with developmental disabilities. Many individuals with Down's Syndrome, for example, develop Alzheimer's disease some time between their 40s and 50s years." (Anita, p. 13)

Aging Network- "The system responsible for furnishing services to persons 60 and over." (Community Integration Project in Aging, Wit To Win Workshop). This is comprised of the following: US Administration on Aging (Hawaii), State Unit on Aging (SUA), Area Agencies on Aging (AAA). (Community Integration Project in Aging, Wit To Win Workshop)

Cross-Training- "Mutual in service training on topics offered to staff in the aging network and the developmental disabilities network at the same time." (Janiki, 1990, p. 85)

Developmental Disabilities- "The term "developmental disabilities" encompasses a variety of conditions that originate prior to or after birth or in childhood. These can

include autism, cerebral palsy, epilepsy, mental retardation, learning disabilities, other similar neurological impairments, and a number of other conditions" (Community Integration Project in Aging and Developmental Disabilities, Wit to Win Workshop). Any one of these 3-5 disabilities can be present with another disability. "They constitute a lifelong cognitive or physical impairment that became apparent during childhood and has hampered an individual's ability to participate freely in mainstream society, either socially, or vocationally." (Community Integration Project in Aging and Developmental Disabilities, Wit to Win Workshop)

#### Categories of Aging of Developmental Disabilities

"Using age 60 as a reference point, the following categories, prevalent in the field of gerontology, can also be useful in planning for older persons with developmental disabilities:

-Late middle-age:	50-59 years of age
-Young old:	60-74 years of age
-Mid-old:	75-84 years of age
-Old-old :	85 years and up.

(Community Integration Project in Aging and Developmental Disabilities, Wit to Win Workshop)

Inclusion- "The act of including or the condition of being included." Include- To consider with or put into a

group, class, or total." (American Heritage Desk Dictionary, p. 495)

Normal Elderly- gerontological definitions can be viewed from three perspectives linked to functional aging. Each of the following could be used to define old age. These perspectives note that:

-biological aging, which is an individual's progressive loss of physiological reserves, find that defining aging only in biological aging is confronted by the substantial differences among people in terms of how and when they each physically age.

-psychological aging, which consists of changes in a person's adaptive capacities, we find that many people do not perceive themselves as old or elderly even when their chronological age equates stereotypical old age.

-social aging, which is the extent to which an individual fulfills the expected social and cultural roles, we find that even with the social roles, many older persons do not conform to societal expectations of what constitutes behavior or role expectations among the elderly (Janiki 1991).