

Family-Social Tasks in Long Distance Caregiving

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Introduction

The lifetime costs of military service and the military lifestyle are not well understood. This is particularly true for military families when consideration is given to the tremendous growth in America's aging population and the rapidly growing concerns among adult children who maintain contact with their aging parents from a distance (Climo, 1992; Parker, Call, Toseland, Vaitkus, & Roff, in press; Parker, Fuller, Koenig, Vaitkus, Bellis, et al., 2001). Adult children who live far from their parents may ultimately face the prospect of elder care with the complication of geographical separation, or their aging parents may confront them with critical decisions that involve a geographical move following a health crisis.

Research with military families and national survey work by the National Council on Aging suggests maintaining contact and providing care from a long distance is a growing challenge for American families (NCOA, 2000; Parker, Call, Dunkle, & Vaitkus, 2002; Parker, Call, & Barko, 1999). Approximately seven million family members provide long distance care to their elders, and these numbers are expected to double in 15 years (NCOA, 2000). Military families represent the most stable members of this group, yet little has been done to assist them. The purpose of this

article is to provide geriatric care managers and other health care professionals with information and resources to assist military families as they prepare for the eventualities associated with the developmental task of parent care. Typically, this care is provided by military families from a great distance. In three separate studies of senior military officers, over 90 percent lived more than 300 miles from their parents (Parker, Call, & Barko, 1999; Parker & Call, 2001; Parker, Roff, & Toseland, 2003). While the focus of this special journal issue is on military personnel and their families, much of the information provided in this article can be applied to both military and non-military families who live long distances from their parents.

Human service professionals typically work with military personnel in one of two circumstances. Military members and their spouses may be the long distance, primary caretakers for their parents, and they may engage the services of a health care professional (e.g., a geriatric care manager) that lives in the elder's home community to help with parent care. In this situa-

tion, the primary form of contact with the care manager is by telephone or e-mail. Typical long distance caregiving issues are made more complex when military families experience reloca-

tions, frequent deployments and other duty demands that may make it difficult for the military member (or family member) to react to an emergency situations or to respond to more chronic problems that require sustained assistance (Martin & McClure, 2000).

In other circumstances, the military member is not the primary caregiver. Rather, the military member is one of many family members involved in developing or carrying out a parent care

plan. Here, the care manager's job is to help the military member find a comfortable and appropriate role in parent care—a role he or she can play at a distance and that is acceptable to the older parent and deemed fair by other family caregivers.

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The geriatric care manager needs to be aware of some of the special family dynamics that may be involved when an adult child is a military member or a military family member. Care managers need to be alert to how the military member is perceived by other family members, and to what they can realistically do to help families organize for parent care. Is the military member considered the natural leader or the inappropriately bossy outsider? Is there rivalry among the siblings about who should have primary responsibility for decision-making? Is there resentment of the military member who comes into town a few times a year and tries to tell everyone how to handle things? These and similar issues will affect the

tenor of family conferences concerning parent care.

The premise of this article is that military members (and their spouses) have a special responsibility to engage proactively in parent care. This responsibility is consistent with the notion of individual military preparedness, a hallmark of military service. Preparedness is required because of military duties and military career requirements may make it difficult for military members to assume care responsibilities for their parents or in-laws in the same way as their civilian counterparts. Military men and women typically have no choice about where they reside, and they are invariably stationed long distances from their home communities and extended families. In these circumstances, providing parents with regular daily assistance is impossible.

Travel costs and available leave time necessitate careful planning in scheduling "trips home."

It is usually unrealistic for a military member's parent to move in temporarily or even on a long term basis because of the frequent relocations and the constraints of base housing. Therefore, military members, even more so than their civilian counterparts, need to give careful attention to the familial/social tasks associated with elder care long before their parents show any signs of needing help from the younger generation. Thoughtful planning with parents, siblings and other family members is critical to this process. For the military member, this represents an important aspect of their personal military readiness plan.

Early awareness and attention to elder care issues is important for

younger military members who have been reared in grandparent-headed households or by other relatives who are now approaching their sixties or seventies. These younger persons, in their twenties and thirties, may be expected to assume primary caregiving responsibilities for elders in their families (or will have developed that expectation based on their strong childhood and adolescent bonds with their grandparent).

Tables 1, 2, and 3 present three sets of related tasks for organizing family parent care. The first set of tasks involves the military member's sharing information with his/her parents about normal age-related changes and preparations for

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TABLE 1

Family-Social Tasks: Preparing for Normal Age-Related Changes and Emergencies

Task	Specific Content of Each Task	Web Resources
Task 1	Encourage and assist your parent in organizing personal information that will be needed in crisis situations as well as for medical services, support services, and facilities and store in fireproof location.	www.aarp.org/contact/lifeanswers/gathering.html www.caregiver.org/work&eldercare/papers.html
Task 2	Make sure that you know the name, address, e-mail and phone number of at least three people who live near your parents and whom you could telephone if you could not reach your parents. Make sure that these people have your work, e-mail, and home phone numbers, and identify who would immediately phone you in case of a problem with your parents.	
Task 3	Be aware of specific strategies to help your parents age successfully: avoid disease and disability, maximize their physical and cognitive fitness, remain actively engaged with life, and grow spiritually. This includes provision for nutrition, exercise, social interaction, intellectual stimulation, emotional well being, and spiritual nourishment and growth.	www.nia.nih.gov/exercisebook www.mayoclinic.com www.eatright.org
Task 4	Thoroughly familiarize yourself with the full range of home health and social service resources available in your parents' home community.	www.eldercare.gov www.caregiver.org/factsheets/community_care.html www.aarp.org/contact/caregive/parents/home.html

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emergencies. These tasks are appropriate for all families that want close contact between the generations and a high level of preparation for future contingencies. The second set of tasks is a series of conversations about caregiving values and wishes. These family conversations should be intergenerational and include parents, siblings and other relatives likely to be involved in parent care. The third set of tasks flows logically from the second and involves specific planning for a variety of possible parent care needs. Most relate directly to practical issues that arise when a parent is unable to manage independently, either temporarily or on a long term basis. Ideally, a geriatric care manager will be able to help military members complete these tasks well before unanticipated crisis forces hasty actions.

Preparing for Normal Age-Related Changes and Emergencies

Midlife is a time when adults need to take an active role in locating and exchanging a variety of different kinds of information with their parents. The information to be shared and discussed together includes basic personal information useful in a crisis, emergency contact information, information about how to age successfully and maximize health and fitness, and information about community health and social service resources (See Tasks 1-4, Table 1).

Sharing emergency information with close relatives can save valuable time in a crisis. Military members are likely to have experience with this task—updating and sharing personal information is part of the long “to do” list recommended for all military families when they relocate or deploy. Geriatric care managers should encourage military members to regularly update their parents with emergency information about themselves, and request that their parents reciprocate by organizing their own complete personal information and making it available to the adult child. Cook and Moore (1999) recommend that adult children work with their parents to put together all information concerning full names, birth certificates, social security numbers, photocopies of insurance and Medicare cards, mortgage or landlord information, bank account and credit

card numbers, special information about pets, location and keys for safe deposit box and other similar important information. Wills, trusts, health care proxies and other advance directive information should also be included if they are available. A copy of this information should be in a fireproof location, and the adult child should know how to access the information in case of an emergency (Task 1).

As part of the same information exchange process, the adult child should have the names and phone numbers of trusted people who live near the parent and who could be called upon to check on the parent if he or she couldn't be reached by phone (Task 2). Because of their frequent relocations, military personnel are well accustomed to the process

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T A B L E 2

Family-Social Tasks: Family Conversations About Caregiving Values and Wishes

Task	Specific Content of Each Task	Web Resources
Task 5	Together with your spouse (if applicable), clarify your own values about where parents' care fits with your other life responsibilities.	www.aarp.org/contacts/caregive/longdistance.html www.caregiver.org/factsheets/work_eldercare.html www.lifelines2000.org/services/fam_support/index.asp?AttribID=726
Task 6	Assess your relationship with your parents, siblings and/or other relatives who would realistically be an acceptable resource for your parents' care.	www.ec-online.net/Knowledge/Articles/ohbrother.html www.aarp.org/contacts/caregive/others.html
Task 7	Discuss candidly with your siblings how division of labor might be shared in case your parents can no longer manage on his/her own; if you are an only child, identify other extended family members who might be able to help.	http://fcs.tamu.edu/Aging/siblings.htm
Task 8	Call a family conference to formulate plans. Address who can and will do what, when, and how for your parents. If possible, enlist the help of a mediator or facilitator for this conference.	www.caregiver.org/work&eldercare/family_meeting.html www.howtocare.com/conversation2.htm
Task 9	Develop a plan that would allow your parents to remain safely in their home as long as possible. Evaluate the safety of your parents' current living situation (possibility of falls, isolation, scams). Employ strategies (e.g., panic-button service) and home enhancements to help prevent falls (e.g., take less than five medications, balance-related exercise, grab bars, etc.).	www.bobvila.com/Features/index.html?/Features/AccessibleDesign/AccessibleDesign.html www.aarp.org/universalhome

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of sharing their new contact information with family and friends. It may be obvious whom to call if a parent has lived in the same community for many years, but it may not be so obvious if the parent moves to a new community or neighborhood, where the adult child may not know the parent's new friends or neighbors well. For many, it is important to know the name and telephone number of their parent's spiritual advisor. To avoid any misunderstandings, it is best if the adult child and parent try to come to an agreement about whom the adult child should call if there are concerns about the parent's well being. Military personnel should be sure that their own up-to-date contact informa-

tion is posted prominently near the telephone in the parent's home or is otherwise readily available.

Task 3 emphasizes the importance of preparing for the later years by engaging in healthy behaviors throughout the life course. Adult children can help themselves as well as their aging parents by becoming aware of how exercise, good nutrition, avoidance of health risk behaviors (smoking and excessive use of alcohol), positive social interaction, intellectual stimulation and spiritual nourishment contribute to successful aging (Rowe & Kahn, 1998; Crowther, Parker, Koenig, Larimore & Achenbaum, 2002). Even at a distance, military personnel can share this information with their parents. One strategy may be to ask one's parent to be a partner in changing or improving a health behavior. For

example, both parent and child could begin a regular walking program and compare notes on their progress when they talk on the telephone or correspond via e-mail.

In preparation for future needs, adult children and their parents can explore the health and social service resources in the parent's community (Task 4). Local geriatric care managers can be helpful in identifying programs and services that might meet current or future needs. Some elders may want to take advantage of resources they learn about that they are not currently using. For others, it may be useful simply to know what is available if the need arises. Military caregivers, particularly those who live at a distance, gain knowledge about community resources that they can use in the future. Caregivers and older adults often report that it is

comforting to know that resources exist (including a care manager who can guide the older adult and children to the best resources to meet their needs), even if they are not needed immediately.

Family Conversations about Caregiving Values and Wishes

Adult children are often forced to make difficult decisions about the priority they place on helping parents because helping can conflict with career and family needs and responsibilities. Unfortunately for military personnel, career and active involvement in parent care are not easily combined. Military personnel rarely reside in the communities

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T A B L E 3

Family-Social Tasks: Planning Strategies to Meet Parent Care Needs

Task	Specific Content of Each Task	Web Resources
Task 10	Provide strategies for possible crises (e.g., health event, break-in, and natural disaster).	www.redcross.org/services/disaster/beprepared/seniors.html www.redcross.org/services/disaster/beprepared/familyplan.html
Task 11	Discuss with your parents the possibility that at some point it may be unwise for him/her to continue driving and ask how your parents would like you to take action if you perceive he or she should no longer drive. Identify local or regional driver education programs for seniors (AAA, AARP) that can reduce the costs of auto insurance when completed and identify medical driver education and evaluation programs.	www.aarp.org/55alive www.aoa.dhhs.gov/aoa/PAGES/AGE/PAGES/drivers.html www.aarp.org/confacts/caregive/transportation.html
Task 12	Identify signs of your parents' health that indicate when your parents can no longer live independently. Evaluate at regular intervals.	www.aarp.org/confacts/caregive/assess.html
Task 13	Identify evaluation criteria for a home care worker, geriatric care managers and other employed caregivers, and understand the employment process.	www.aarp.org/confacts/caregive/parentshome.html www.aoa.dhhs.gov/wecare/hire.html www.caregiver.org/factsheets/hiring_help.html
Task 14	Identify evaluation criteria for the quality of care provided in a care facility.	www.caregiver.org/factsheets/out_of_home_care.html www.medicare.gov/nhcompare/home.asp www.aarp.org/confacts/health/choosingnh.html

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where their parents or in-laws live. Under current policies, they do not have the opportunity to take extended leaves of absence for parent care or to cut back work to a part-time status in order to assist their parent in a health care crisis. For a military member this kind of commitment to parent care typically requires resignation (hardship discharge) from military service or premature retirement from a military career. Alternatively, it may mean a separation from spouse and children, with the non-military spouse (and children) returning to the parent's home area to act as the parental caregiver.

Married military members should have a series of frank discussions with their spouse about the extent of commitment they are willing to make to parent care (Task 5). The couple should consider situations where either the husband's or the wife's parents need assistance. Who is prepared to do what to help whom? A military husband, for example, may assume that his wife will return to their hometown to care for his mother following her cancer surgery while he remains at his duty assignment. The wife, on the other hand, may not believe this is her responsibility. A situation of this kind requires considerable discussion and creative problem solving. Together, the military couple must assess how the caregiving responsibilities will alter the division of labor in the household and how each spouse will handle the added emotional strain. Close communication and agreement about family priorities and values are very important in maintaining a marriage through a period of elder care. Planning positive experiences to strengthen the marital relationship and preparing for the financial costs of caregiving will help limit the stress that parental caregiving places on their own marital relationship.

Military members need to take a close look at potential helpers and assess the likelihood of their being

able to provide assistance to the elderly parent (Task 6). Usually an older person's spouse is first in line as a caregiver, followed by nearby adult children. However, family dynamics are always involved in decisions about who will provide care. Some adult children are emotionally distant, unavailable due to other responsibilities or unacceptable to the parent even if they are close in proximity. Longstanding family rivalries or problems may affect who will participate. Resources, other than adult children, may include grandchildren, nieces or nephews, or siblings of the older adult. In some families there are "fictive kin," friends and neighbors so close they are considered relatives. These individuals may wish to participate in an elder's care. One of the most important criteria in identifying potential helpers is their acceptability to the older person.

Military members should take advantage of times when they can be present in their parent's home community to arrange for one or more family conferences to formulate plans about potential parent care (Tasks 7 & 8). The conference can include a safety assessment of the current home situation with steps for modifications so that the home will remain an environment for independent living for as long as possible (Task 9). Discussion about elder care plans should begin with general plans at a time when there is no pressing need. These plans can be updated and made more concrete

when an illness or medical crisis occurs and requires more specific planning.

In most cases, the older parents should be present at all family conferences, as well as all family members who are potential helpers. A professional mediator who is skilled in helping to develop family care plans is often in the best position to facilitate a family conference. The point of the conference is to respect the parent's wishes and to help the parent express his or her wishes for care, if and when independence is threatened. The facilitator can discuss realistic service

alternatives in the community and the resources that adult children and other family members can bring to the development of a comprehensive parent care plan. Plans for sharing labor and expenses can be developed. Geriatric care managers can be excellent resources in convening and facilitating such conversations. They can produce written reports of the meeting's conclusions that are given to all family members as a record of family agreements.

Completing a formal parent care plan is likely to have several benefits. It provides a framework for

action that includes the parent's expressed wishes that adult children and others can follow when an illness or crisis occurs. It provides peace of mind to the parents, who will know that agreed-upon provisions for care are in place. Moreover, recent

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research indicates that military personnel worry significantly less about their aged parents when they are satisfied with a specific plan for their parents' care (Parker, Call, Dunkle, & Vaitkus, 2002).

Planning Strategies to Meet Parent Care Needs

Family conferences can help

parents and adult children develop specific plans for crisis situations (Task 10). For example, are emergency numbers readily available for police, fire department and paramedics? Family members can make sure these are clearly posted in the older adult's home. Because older adults often call children first when things are amiss, adult children, even in distant locations, are wise to keep handy these same emergency contact numbers. That way, they can contact emergency response teams to help their parents. Are plans in place for the older adult's safety in case of fire, flood, hurricane, tornado or power outage? Has the older person mentally rehearsed how he or she would

handle a home invasion to protect personal safety? Is information about emergency response systems readily available? *Lifeline* and other services can help to ensure prompt response if a frail parent falls, or becomes incapacitated while at home alone.

Another specific concern is automobile safety (Task 11). Proactive steps to promote safe driving include encouraging parents to complete an objective assessment of driving skills and/or a refresher driver education course, particularly if there are reasons for concern (accidents, tickets, erratic driving behavior). Medical check-ups are useful to be sure that hearing and vision are appropriate for driving and that medications do not interfere with alertness or ability to drive. Older adults want to be safe drivers and will voluntarily limit night driving, high speed driving, and driving in heavy traffic, bad weather or unfamiliar situations if they perceive that their skills are declining. Discussing issues about limiting or ceasing driving with parents long before the need arises involves them in the process and helps them to prepare for what can be a difficult conversation later.

Concluding that a parent can no longer live independently is a painful judgment for a family. This is particularly difficult when an adult child is far away and must

rely on information from others about the parent's health status and abilities to perform activities of daily living safely. There may be disagreements among siblings about whether a parent can manage on her/his own, and family members may or may not be taking the parent's own opinion and wishes into account in their planning.

In preparation for a time when such a decision must be made, military caregivers should familiarize themselves with simple scales that measure functional impairments in activities of daily living (ADL) and instrumental activities of daily living (IADL). Using these scales, military caregivers or care managers can periodically monitor the parent's functioning in these areas. When serious questions about ADL or IADL functioning begin to arise, the military caregivers residing at a distance from an adult parent can call on a geriatric care manager to make a more thorough assessment (Task 12). A comprehensive assessment of the parent's ability to manage at home, with or without home health care supports and local family caregivers, can help the military member advise his or her parent and local family members about necessary next steps.

Should the assessment indicate the need for formal services, either to be provided in home or in a care facility, it becomes necessary for the adult child to consider criteria for the services to be chosen (Tasks 13 & 14). If parents are able to participate in the decision making, it is always desirable to follow their wishes when engaging care managers, employing caregivers, home care workers, and other in-home personnel. Similarly, if at all possible, older adults should visit potential care facilities and be fully involved in the decisions about which one they will enter. Geriatric care managers have experience with the various providers in a community and know which are most likely to meet the older person's and family's needs.

Conclusion

While there has been considerable advancement during the last decade in the Department of

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"Concluding that a parent can no longer live independently is a painful judgment for a family. This is particularly difficult when an adult child is far away and must rely on information from others about the parent's health status and abilities to perform activities of daily living safely."

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Defense's efforts to meet the needs of families within the context of military duty obligations and the unique stress of military family life, the military has not adequately considered the aging of the American population and its effect on service members, especially career service members, who face inter-generational responsibilities. This article highlights ways that military members' caregiving responsibilities for family and social tasks differ from typical civilians' responsibilities, presents the issues and tasks associated with family and social needs, and demonstrates how military personnel can successfully address these tasks with the help of geriatric professionals.

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