The Petrakis Family

The Petrakis Family case study highlights the plight of Helen, a sandwich caregiver. Caring for Magda, who has self-care needs and dementia, significantly affects Helen’s familial and social relationships. This paper outlines Helen’s needs both from a caregiver’s and a social worker’s standpoints. Consequently, a program-level logic model will be developed to outline the most effective intervention for Helen. The logic model will keep participants in Helen’s interventions on the same page by offering a common language and reference point.

Table 1: Caregiver Needs

<table>
<thead>
<tr>
<th>Provider of information</th>
<th>Need identified</th>
<th>Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perspective of caregiver or care receiver</td>
<td>Lack of time for social activities and family responsibility</td>
<td>(Schulz &amp; Eden, 2016)</td>
</tr>
<tr>
<td>Perspective from social worker</td>
<td>Lack of coping skills</td>
<td>(Evans et al., 2016)</td>
</tr>
</tbody>
</table>

Logic Model

Program Title: Happy Families

Situation: Helen, a 52 y/o Greek woman who is a sandwich caregiver, presents to the facility with a complaint of being overwhelmed with her caregiving role. Caring for her 81 y/o mothers-in-law, Magda, has significantly affected her social and familial relationships. Her inability to cope with the situation has caused general anxiety disorder in the client.

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Outputs</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources needed for the program</td>
<td>Activities and Services that will be provided by the program</td>
<td>Changes by participants or recipients in attitudes, knowledge, or perceptions by the end of the program</td>
</tr>
<tr>
<td><strong>Available Resources</strong></td>
<td>Activity and service logistics of services provided</td>
<td>Changes by participants or recipients in abilities or behaviors that will produce long-term outcomes</td>
</tr>
<tr>
<td>Two Social workers</td>
<td>Who are the recipients and/or participants for the activity or service</td>
<td>Changes for participant, recipient, or others indirectly affected by the situation</td>
</tr>
<tr>
<td>Equipment and facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Needed Resources</strong></td>
<td>Activity #1 Details Provided to:</td>
<td>Activity #1 produced: 1. Knowledge of how to cope with</td>
</tr>
<tr>
<td>Psychodynamic group therapy (PGT)</td>
<td>PGT will be offered to reinforce</td>
<td>Ability to express her feeling openly and in a</td>
</tr>
<tr>
<td></td>
<td>This intervention will be offered</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. A cohesive family</td>
</tr>
<tr>
<td>A Psychotherapist</td>
<td>A Psychiatrist</td>
<td>Funds</td>
</tr>
<tr>
<td>-------------------</td>
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</tr>
<tr>
<td>sandwich caregivers’ resilience (Donorfio et al., 2010). The aspects of family conflicts, loneliness, anger, the changing roles in family dynamics, and guilt will be explored. Additionally, participants will be required to describe their feelings when caregiving. Helen will also be asked to imagine her relationship with her loved one before the onset of the accident and dementia and consider the current reality. This measure helps maintain caring relationships between the caregiver and receiver (Burlingame et al., 2018)</td>
<td>to sandwich caregivers such as Helen at the facility. Two-hour group sessions will be offered twice a month for three months. Outcomes will be assessed using a survey to gauge the client’s quality of life and familial relationships.</td>
<td>stressful conditions. 2. Knowledge how to balance between caregiving role and their everyday life friendly manner.</td>
</tr>
</tbody>
</table>
## Activity #2
- **Details**: This activity will be provided to Magda and other care receivers in a similar situation.
- **Provided to**: This activity will be provided to Magda to enhance her wellbeing.
- **Activity #2 produced**: 1. Knowledge of how to live with dementia. 2. Understand safety practices to minimize injuries and falls.
- **Participant effort enabled initial benefit**: 1. Ability to meet self-care needs. 2. Reduced wandering.
- **Participant effort enabled intermediate benefit**: 1. Improved quality of life denoted by healthy state and happy mood. 2. Enhanced physical wellbeing that is denoted by the absence of injuries.

### Referral to the supported living facility.
Magda will be referred to a long-term care facility to enhance her wellbeing. Living alone with dementia and while on medication poses a significant danger to her.

## Activity #3
- **Details**: This intervention will be provided to Helen. The assessment will be done once by a psychiatrist in the facility to determine the best medication for Helen’s anxiety.
- **Provided to**: This intervention will be provided to Alec. CBT will be offered by a psychotherapist in 30 minutes sessions for 18 weeks at the facility.
- **Activity #3 produced**: 1. Contentment with the shift in role and personality. 2. Development of a “caregiver’s declaration of rights” address concerns when caregiving.
- **Participant effort enabled initial benefit**: 1. Improved familial relationships. 2. Mental wellbeing.
- **Participant effort enabled intermediate benefit**: 1. Abstinence from drugs. 2. Enhanced productivity.
- **Participant effort enabled long-term change(s)**: 1. Improved physical health. 2. Improved quality of life.

### Psychiatric evaluation
This evaluation is essential to determine the best intervention to manage the client’s anxiety.

### What will the participants do to meet their goals?
- **Address Alec’s substance use disorder.**
  - **Details**: Helen should explore options of enrolling Alec into cognitive-behavioral therapy to manage his substance use disorder. This intervention will be provided to Alec. CBT will be offered by a psychotherapist in 30 minutes sessions for 18 weeks at the facility.
  - **Provided to**: This intervention will be provided to Alec. CBT will be offered by a psychotherapist in 30 minutes sessions for 18 weeks at the facility.
  - **Participant effort enabled initial benefit**: 1. Learn how to resist substance use urges. 2. Understand the dangers of substance use.
  - **Participant effort enabled intermediate benefit**: 1. Abstinence from drugs. 2. Enhanced productivity.
  - **Participant effort enabled long-term change(s)**: 1. Improved physical health. 2. Improved quality of life.
measure is necessary since Alec’s condition is significantly affecting Helen’s mental wellbeing.

Logic Model Template adopted from Yank (2021).

b. Elaboration

Helen, a sandwich caregiver, is overwhelmed by the change in her role. Caring for her 81 y/o mother-in-law has significantly affected her social and familial relationships. Her inability to cope with the situation has caused general anxiety disorder in the client. Also, Alec’s substance use disorder aggravates her situation. The most appropriate interventions to manage her condition include psychodynamic group therapy to instill resilience and learn how to manage her changing role. This intervention will bolster her knowledge to cope with stressful situations, express her feelings, and lead to a cohesive family. Also, Magda should be referred to an assisted living facility to get special medical care and living assistance. This measure will enhance her knowledge of living with dementia and reduce the risk of injuries. Finally, Helen should address Alec’s substance use disorder by referring him to a psychotherapist for CBT. Addressing Alec’s condition is crucial in Helen’s wellbeing. Improved mental and physical health will improve Helen’s productivity, social relationships and quality of life. Similarly, improved psychological and physical health will improve Magda’s quality of life.

c. Fact Related to Logic Models

Logic models help social workers comprehend composite relationships among elements or parts by outlining the implicit maps about an intervention visually. This property is essential since it minimizes the risk of making wrong assumptions about an intervention’s result/outcome.
References


