

## Dissertation Abstracts

*Congratulations and best wishes to Tom Charles, Cheryl Irmiter, and Yujin Kim. The dissertation topics continue to represent the diversity of interests and the commitment to clinical practice of our Ph.D. students. Dissertations are available on the 8th floor of Loyola's Lewis Library, 25 E. Pearson.*

### **What are the Lived Experiences of Nonresidential Fathers Who Maintain Parenting Role Identities Postdivorce?**

**Tom Charles**

This was an exploratory study of 33 nonresidential fathers divorced for the first time with at least one child twelve years of age or younger. This project combined quantitative and qualitative methods. Participants responded to survey questions, completed a card sort, and shared experiences about their lives. The purpose of the research was to find out how nonresidential fathers maintained parenting role identities postdivorce. The statistical analyses of the seventeen variables of the proposed fatherhood model revealed that there was an association between levels of education, hours worked, perception of former spouses' communication styles and nonresidential fathers' levels of engagement. Nonresidential fathers ranked the role of teacher/mentor/role model as the most salient fathering role and half of the sample balanced two or more of the seven roles during the card sort. Nine themes surfaced from thematic analyses of the narrative data gathered from interviews with four engaged and four disengaged nonresidential fathers. The topics included: personal strengths, community resources, parental concerns, coparental relationships, development of fathering roles, fatherhood norms, concerns about the legal system, and reasons for participation. It is important for practitioners to recognize the pain suffered by nonresidential fathers following separation and the importance of helping them build connections. A gender-neutral approach is recommended to assist nonresidential fathers renegotiate relationships. Policy changes are needed to insure greater equity in divorce outcomes, protection of ties between nonresidential fathers and their children, promotion of further education to improve nonresidential fathers' employment options, creation of laws to establish child support accountability, and development of legislation that is aimed at helping families help themselves. Further study is needed to assess nonresidential fathers' personal strengths, to understand the nature of community resources utilized, and the cultural influences on level of engagement. Those investigations should also incorporate designs that include other family members.

### **How Can We Slow Down the Revolving Door?: Developing Predictive Models to Improve Service Planning for Patients with Severe Mental Illness**

**Cheryl A. Irmiter**

**Objective:** People rehospitalized with severe mental illness struggle to stay connected with outpatient treatment, family/significant others, and housing. These people contend with pervasive medical and psychological symptoms and pathology. As a result, their recovery process is compromised and they wander through various institutions. The goal of this study was to determine: 1) whether there are significant patterns of stay and rehospitalization (number, time between and length of hospitalizations) and 2) which categorical predictor variables (characteristics, admission and discharge disposition, and medical and psychiatric diagnoses) influence patterns of hospitalization.

**Method:** Psychiatric records (N = 5,902) for those admitted between 1982 through 1987 and rehospitalization records through 2003 were examined. A clustering procedure was used to assign cases to four possible categories based a priori grouping. Baseline categorical predictor variables were correlated to the four category-dependent variables via a series of logistic regression models. Zero-order and higher-order associations with predictor variables were estimated.

Results: Twenty-three percent of rehospitalized patients averaged the most hospitalizations (6) and the longest time hospitalized (49 days). Seventy-seven percent averaged half as many hospitalizations and one-third the time hospitalized. For time between hospitalizations, Clusters I and II averaged similar time between hospitalizations (1 year), whereas, Cluster III averaged six years (6 years). People with the most hospitalizations, Cluster I, were more likely to have Medicare (OR = 2.06), endocrine/immunity illnesses (OR = 1.7), and multiple psychiatric diagnoses, yet were least likely to have a substance-induced diagnosis. Cluster II patients (55%) were more likely to be male (OR = 1.2), older (OR = 1.11), and to have Medicaid (OR = 1.78), circulatory system illnesses (OR = 1.4), ill-defined illnesses (OR = 1.4), and/or endocrine/immunity illnesses (OR = 1.3). They were more likely to be diagnosed with multiple psychiatric diagnoses, including substance-induced diagnoses (OR = 1.49). Cluster III patients (22%) were more likely to have Medicaid and be diagnosed with a diagnosis of schizophrenia (OR = 2.39).

Conclusion: Ultimately, people with severe mental health problems have distinct patient characteristics that influence patterns of hospitalization, and they can be grouped based on their need for long-term housing and community care. From this study, a template for discharge care can be developed in an attempt to improve service delivery and to stop the institutional revolving door.

## **Understanding Korean American Family Caregivers' Experiences of Living with Alzheimer's Disease: A Phenomenological Inquiry**

**Yujin Kim**

This transcendental phenomenological study was conducted in an effort to develop understanding of the experiences of caregiving from the perspective of primary caregivers in Korean American families residing in the Chicago area. Interviews with ten primary caregivers of elderly patients with Alzheimer's disease (AD) and vascular dementia were analyzed with the systematic procedure of Moustakas' (1994) modification of the Van Kaam method of phenomenological analysis. This analysis was designed to uncover both caregivers' explicit and implicit descriptions of their caregiving experiences.

The findings revealed that caregiving had different meanings for each caregiver and that the meaning of the experience changed with the progression of the disease in each patient. However, there were six core themes that characterized these caregivers' experiences: (1) understanding about elderly patients with AD by accepting AD as a disease, (2) self-definition and self-appraisal of caregiving, (3) contemplating existential thoughts, (4) polarity of ambivalent feelings, (5) questioning of the transgenerational continuity of filial piety, and (6) different experiences with the formal care system.

This study was based on a small, but relatively heterogeneous sample. It advanced the understanding of the experiences faced by Korean American caregivers. The findings unveiled how caregivers and families coped with the transition into caregiving for their elderly family members both before and after the onset of dementia as well as what caregivers experienced after their patients died, which is useful in developing a stage-specific systematic intervention for family caregivers.

The findings of this study will be helpful to professionals in their understanding of the underlying and dynamic context of Korean American family caregiving. Contrary to previous research on Korean American family caregiving, the accounts of caregiver participants suggest that the sense of filial piety alone does not seem to be sufficient motivation for caregiving of the elderly with dementia. Rather, it was the history of a close relationship and/or affection between the patient and the caregiver that led the caregiver to actively participate in the caregiving process. Another distinctive finding from this study was that these caregivers actively utilized formal elder care services.

Implications for both policy and social work practice with Korean American families with dementia are addressed. Followed by three illustrative questions that need future investigation, the researcher's epilogue on conducting research with family caregivers is presented.