**CAT (Classroom Assessment Technique) OPTIONAL (For Participation)**

CAT.

Read the following information on counseling aging clients.  Please respond by telling me what you learned and how this information might help you in groups for the elderly or aging.

 An Overview of Aging and Long-Term Care

*Introduction*

Growing old in American culture is not an easy process. Older adults are discriminated against in many different domains. They are virtually invisible in popular culture and the media. The demands on older adults to remain young are overwhelming and cause a significant amount of distress and poor self-esteem. "Throughout history, humans have tried to prolong youth and delay aging" (Hooyman & Kiyak, 2010, p. 1). Older adults often receive the message from society that they are no longer worthwhile and have lost their place of importance within the family structure. These are but a few of the difficulties that mature adults face on a daily basis. Like any other specific population, older adults require treatment that is suited to their stage of human development; counselors who work with this population must understand the specialized needs of older adults and their families in order to be effective.

All stages of life are uniquely distinct. The needs of a 3-year-old boy differ greatly from those of a 15-year-old teen or a 30-year-old man. As such, counselors must be well versed in human development in order to tailor interventions to meet the social and emotional needs of the client. There are various models of development that have been created in the field of psychology to describe the tasks inherent in each stage of life. Some of the most well-known models were created by Sigmund Freud, Jean Piaget, Erik Erikson, and Lawrence Kohlberg, among others. Erikson's model is based on the psychosocial theory of development and describes the specific tasks associated with each stage of life. Erikson believed that the successful resolution of each stage allowed individuals to fully develop their potential. Unsuccessful completion of each stage hinders development and creates a poor foundation for the next stage of life. It is Erikson's model that will be the focus of attention for this particular module and throughout the course (Hooyman & Kiyak, 2010).

Ego Integrity Vs. Despair

Erikson was heavily influenced by Sigmund Freud when developing his model of psychosocial development. However, unlike Freud, Erikson identified developmental tasks related to middle and later adulthood that are helpful in determining the needs of these populations. Erikson's model is as follows

• Trust vs. Mistrust: Birth – 18 months

• Autonomy vs. Shame: 18 months – 3 years

• Initiative vs. Guilt: 3 years – 5 years

• Industry vs. Inferiority: 6 years – 12 years

• Identity vs. Role Confusion: 12 years – 18 years

• Intimacy vs. Isolation: 18 years – 35 years

• Generativity vs. Stagnation: 35 years to 65 years

• Ego Integrity vs. Despair: 65 years + (Hooyman & Kiyak, 2010, p. 217)

Erikson identified the task of older adulthood to be the tension between ego integrity and despair. He felt that the purpose of this stage is to reflect on one's lifetime and either feel a sense of satisfaction or hopelessness. Older adults are faced with the reality that their life is ending; oftentimes, their feelings about death are heavily influenced by the resolution or lack thereof regarding this task. Older adults who feel satisfied about their life experience are far more likely to contemplate death with acceptance and a sense of peace; those who do not feel satisfied, frequently experience feelings of bitterness and resentment that their life is coming to an end.

One of the inherent responsibilities of a therapist treating older adults is to assess where the client stands with the developmental task and assist him/her with a resolution if necessary. Oftentimes, this population will seek help for symptoms of depression and anxiety. It is vital that therapists differentiate between the normal processes associated with aging versus organic pathology. An individual who enters treatment with depression related to their developmental life task requires different types of interventions than one who seeks relief for a depression that is inherently biological. A thorough discussion of assessment will be addressed in later modules to explore how therapists are able to differentiate between symptoms that are normal to the aging process and ones that are caused by an underlying psychiatric condition.

Therapists Role

"Contrary to the messages on birthday cards, aging does not start at age 40 or 65" (Hooyman & Kiyak, 2010, p. 5). Each stage of life contains its own unique developmental needs and subsequent tasks associated with those needs. Marriage and family therapists (MFTs) are well suited to address the developmental needs of their clients due to an understanding of the different life stages as well as the processes of family dynamics. MFTs should operate from a framework to understand the basic tasks of older adulthood as well as potential roadblocks that can impede the resolution of this process. It is imperative that counselors do not pathologize clients who are engaging in the struggle of completing their Eriksonian tasks, but rather assist the client with this process.

*Managing Cognitive and Physical Changes of Aging*

An accepted colloquialism used to describe forgetfulness is having "a senior moment." This is typically spoken without regard to the implicit message of the phrase, which is that growing old

is synonymous with losing one's memory, or, in some cases, one's "mind." Though certain changes do occur within the mental and physical processes of aging, it is important to recognize that these changes can be celebrated, rather than feared, as an individual moves into a new phase of life.

Cognitive and Physical Changes

Hooyman and Kiyak (2010) discuss the various changes that occur with an individual's ability to absorb and store information as he/she ages. Per their results, older adults typically do not lose their cognitive abilities but may sometimes lose ability to record and retrieve information. The fear of losing one's memory or competency can haunt mature adults as they pass into old age. Oftentimes, these individuals are afraid that they may be developing dementia, Alzheimer's, etc. A therapist's role in this process is to educate older clients about what types of changes are developmentally appropriate versus those that may need to be assessed medically. For example, forgetting one's keys or why one went into the kitchen is merely forgetfulness. However, walking out into a snow storm in one's bare feet might be a signal of something more serious.

Physically, the human body tends to slow down as it ages: broken bones take longer to heal, infection and illness must be treated more aggressively, and the individual is at higher risk for developing chronic illness, such as heart disease. Bearing this in mind, assisting clients with managing their physical problems may be addressed during mental health services, as therapists are in a unique position to treat and provide education simultaneously. Facilitating medication management (such as creating a schedule) or referring clients to appropriate medical doctors are just two of the many interventions that can be used to relieve psychic distress that is related to physical issues.

Death and Dying

"Death involves an interaction of physiological, social, and psychological factors" (Hooyman & Kiyak, 2010, p. 539). Death does not occur merely as a result of old age; it transpires due to the interplay of these three factors. The subject of death certainly raises many questions about life, spirituality, and personal beliefs. Birth and death are the two great universal experiences of the human race regardless of religion, culture, gender, creed, etc. In working with older adults, therapists have the opportunity to assist with the dying process and facilitating the transition from one phase to another.

The Dying Process

Opinions about death are largely shaped by one's spiritual and cultural background. Some religions view death as a doorway to a different state of consciousness, while others view it is the beginning of a new cycle or the end of everything. Therapists are able to assist with the

process of dying, regardless of differing views on death. Individuals who are diagnosed with terminal conditions frequently pass through various stages of acceptance, such as the model developed by Kubler-Ross. An aspect of working with these clients is to assist them through the stages and facilitate an understanding of what death means to that individual.

End-of-life care can also be an aspect of mental health treatment. Older adults who are in the last part of their lives may need support in order to say goodbye to family and friends, plan a funeral service, rectify life mistakes, or attend to any life "business" that is identified in session. Family therapy sessions can be helpful in this context to acknowledge the feelings of various family members and provide support for what they are experiencing. Therapists may also assist in helping older clients grieve the end of their life and come to an acceptance of what they will soon be experiencing.

Conclusion

Though cognitive and physical issues may not, at first glance, appear to be concerns that arise during mental health treatment, these two areas are highly relevant and often interrelated; it is vital for therapists to be aware of typical cognitive and physical development for all age groups, including the elderly, as this will help differentiate pathology from "normal" presenting issues.

References

Hooyman, N., & Kiyak, A. (2010). *Social gerontology: A multidisciplinary perspective*(9th ed.)*.*Boston, MA: Allyn & Bacon.

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