Aging Well: Counseling Older Adults Using a Strengths-Based Wellness Paradigm

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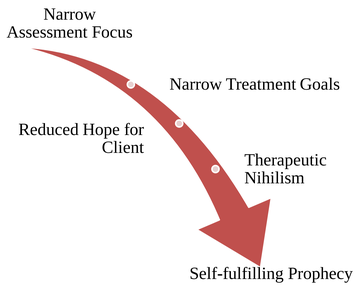
Introduction

The number of older adults is increasing rapidly. Unfortunately, assessment and treatment of older adults' mental health frequently focuses on deficits. Therefore, counselors should utilize treatment models that emphasize wellness, client strengths and resilience.

Although strategies to improve older adults' physical health increasingly incorporate wellness and prevention, treatment of their *mental* health often focuses on deficits. A narrow focus on client deficits leads to narrow treatment goals, as well as reduced hope for clients and therapeutic nihilism for practitioners. In sum, the deficit-focused treatment model overlooks areas of resilience in older adult clients, and may result in underutilization of mental health services.

One hypothesis for the underutilization of mental health services is related to therapeutic nihilism *on the part of the clinician*, or the belief that therapy will not benefit the client. Danzinger and Welfel (2000) studied whether age and health status of prospective clients affected the way mental health professionals perceived them. They found that mental health professionals viewed older adults as less competent and having a poorer prognosis than younger clients. The authors suggest that professionals may commence treatment of older adults with an assumption that it will not be helpful, leading to a therapeutic style "structured around coping with day-to-day problems rather than substantive changes in the client's behavior, affect, or cognition" (p. 146).



Literature Review

Currently, between 5.6 and 8 million people age 65+ have a diagnosable mental health or substance use disorder, and that number is expected to nearly double by 2030 (Bartels & Naslund, 2013). Older Americans are disproportionately likely to die by suicide (NAMI, 2009). Furthermore, less than 3% of older Americans report seeing mental health professionals for treatment, the smallest percentage of any age group (American Counseling Association, 2011).

Meanwhile, the wellness movement has been described as the healthcare paradigm of the future (Granello, 2013). It is an emerging trend in modern healthcare that emphasizes *integration of multiple domains of personhood*, rather than the dualistic body/mind split emphasized in the traditional biomedical model. A wellness perspective shifts from a focus on disease and pathogens to an *emphasis on prevention*, optimal functioning and salutogens. Finally, a wellness approach incorporates *client strengths* into treatment.

Recent studies have provided support for the notion that wellness initiatives are useful with older adults. Kogan et al. (2012) looked at a wellness intervention used to improve nutrition, exercise, weight management, and depression. They utilized a program consisting of bi-weekly sessions of low-impact physical activity and nutrition education, including a nutrition counseling session with a registered dietitian. Over the course of the program participants' depression level was reduced. Zechner & Kirchner (2013) studied a pilot wellness program used at a geriatric psychiatric hospital. The program included nine domains of wellness, including spiritual, physical, emotional, intellectual, social, occupational, environmental, metabolic health, and sexuality. Over the course of eleven weeks the participants were provided with education about skills related to these domains and the construction of a personal wellness plan. While statistical analysis was not completed, the authors provide participant responses indicating that the program effectively broadened participants' perspectives on health and well-being.

Clinical Results

Integrative Model of Loss & Resilience
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Developmental Context	Integrative Domains		
	BODY	MIND	SPIRIT
THEN			
NOW			
Key Losses:			
Key Gains/Resilience:			
FUTURE			
Treatment goals:			

Case Study: George, 84 yo, Italian-American male in long-term care facility. Dx: Symptoms of depression, anxiety, mild dementia

Developmental Context	Integrative Domains		
	BODY	MIND	SPIRIT
THEN	Fit Korean War vet Able to take on anyone/anything	PTSD symptoms Able to think more quickly	Nominally Catholic Work took up all my time
NOW	Oxygen use Restrictions on leaving LTC Health troubles	Better able to cope Have to use other tools to remember things Fear about aging	More time for spiritual practice Leading others in rosary
Key Losses:	Less time with family Less independence	Youthful mind	Siblings are deceased
Key Gains/Resilience:	Physical limitations keep me out of trouble I get around better than most	Know myself better Can handle anxiety better	Increased involvement in spiritual practices
FUTURE	Maximize time with family Maximize physical health and freedom	Keep brain as sharp as possible Age as gracefully as possible	Maintain a sense of hope throughout my life Know what I believe about aging/death
Treatment goals:	*Attend physical therapy to improve health *Leave long-term care facility when I can, but know my limitations	*Learn memory aides to enhance communication and decrease social anxiety *Define healthy aging for me	*Participate weekly in long-term care religious activities *Lead other Catholics in rosary and practices which give hope

In the case of George and clients with similar circumstances, the use of a strengths-based wellness model provided an alternative perspective from treatment as usual. Whereas other long-term care facility staff focused on his physical/biological deficits, the use of this model challenged both client and counselor to identify and utilize George's strengths, while not overlooking his losses. Over the course of treatment, he showed significant improvement. His score on the Geriatric Depression Scale went down, he demonstrated the ability to maximize his memory skills and he adapted to the social life of the long-term care facility. George may continue to face adversity, but he uses strengths like spirituality, a sense of humor and a close relationship with his daughter to show others how to age well.


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Conclusions

1. Assessment and treatment of older adults' health has often focused on physical/biological needs. There is an increasing awareness of the psychosocial needs of older adults.
2. Unfortunately, assessment and treatment of older adults' mental health needs has often emphasized deficits, leading to therapeutic nihilism and reduced hope for clients.
3. A strengths-based wellness paradigm provides an alternative model that promotes holistic assessment and treatment of numerous domains of personhood.
4. There are numerous wellness models available, and there are recommendations available for how to implement these models in counseling (Granello, 2000).
5. Additional research is need to demonstrate the clinical utility of wellness models for assessment and treatment of older adults' mental health needs.
6. The Integrative Model of Loss & Resilience provides a helpful tool for clinicians who work with older adults. Its structure encourages both client and counselor to attend to multiple domains of personhood, the client's perception of past, present and future selves, and key areas of loss and resilience.

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