

# The Chinese University of Hong Kong The Nethersole School of Nursing

## Cadenza Training Programme CTP002: Psychosocial and Spiritual Care

### Chapter 2: Assessment for psychosocial well-being of older adults: issues and challenges

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# Lecture Outline

- Ø Relationship between gerontological care and psychosocial assessment
- Ø Definition and areas of psychosocial well-being
- Ø Psychosocial well-being of older adults
- Ø Types of psychosocial assessment
- Ø Assessing psychosocial well-being of older adults
- Ø Additional areas of psychosocial assessment of older adults with physical or chronic illness
- Ø Overcoming the challenges in psychosocial assessment of older people

# Relationship Between Gerontological Care and Psychosocial Assessment

- Ø Gerontology care is holistic and concentrate on the **physical, social, mental, and spiritual** health of older people.
- Ø To provide good quality care to older people, an understanding of their aforementioned state of health is essential.
- Ø Thus, psychosocial assessment is an important element in the provision of good quality gerontology.

# Psychosocial Well-being

The term “psychosocial” implies a link between the psychological and sociological concepts.

- Ryff (1989, 1995) considers “psychological well-being to have six components, namely **autonomy, environmental mastery, positive relations with others, self-acceptance, purpose in life, and personal growth.**”

- Keyes (1998) notes, “social well-being has five components, i.e., **social coherence, social integration, social acceptance, social contribution and social actualisation.**”

# Psychosocial Well-being

Psychosocial well-being:

- ∅ is feelings about **social relationships and self**
- ∅ refers to the absence of mental disorder and the presence of self-recognised **happiness, maturity and success**

# Psychosocial Well-Being of Older Adults

Psychosocial well-being for older people is regarded as being able to deal with change and living well emotionally and socially in older adulthood. Psychosocial well-being of older people can be determined from the following four aspects:

- 1) **Purpose of life**: whether older people can find meaning in life. If they do so, they may remain active and productive in daily life.

# Psychosocial Well-Being of Older Adults

2) **Self reliance**: whether older people retain autonomy in their lives and can live independently.

3) **Harmonious relationship**: whether older adults can develop and stay a harmonious relationship with family and friends. A harmonious relationship is indicated by a trusting, caring and confiding interpersonal relationship with them.

# Psychosocial Well-Being of Older Adults

- 4) **Personal growth**: whether older adults accomplish personal growth through active participation in the community or society, although they may encounter different weaknesses during late life.



# Types of Psychosocial Assessment

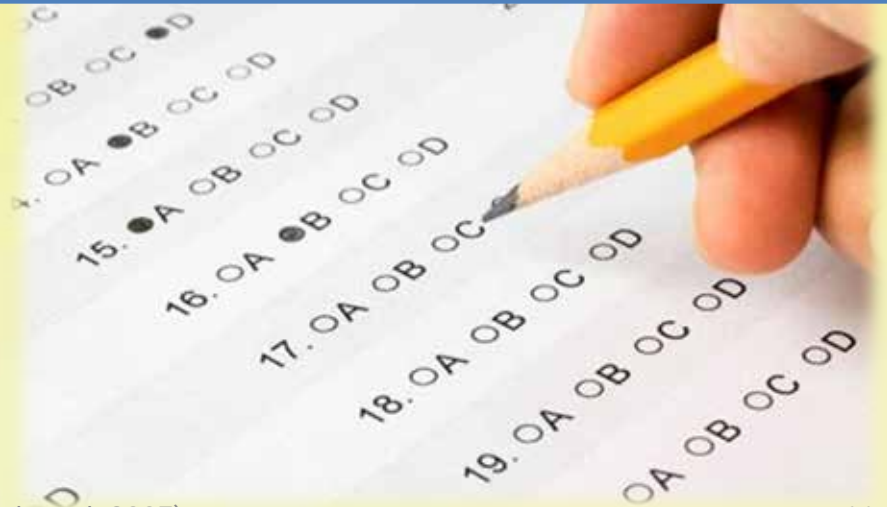
# Self-Report

- Choose or fill in appropriate answers
- Conducted through interview or completion of a survey
- Easy to handle, cost-effective method

# Standardised Assessment Instruments

Suggested instruments are as follows:

- 1) Clinical Assessment Scales for the Elderly (CASE)
- 2) Positive and Negative Affect Schedule (PANAS)
- 3) State-Trait Anger Expression Inventory-2 (STAXI-2)
- 4) Self-esteem scale
- 5) Derogatis Interview for Sexual Functioning-Self Report (DISF-SR)



# Direct Observation

- Investigator records specific response occurrence. Data is collected either in a **natural environment or in contrived situations**.
- Fewer biases than self-report, but reactions and observer bias may distort findings.

# Assessing Psychological Well-being of Older Adults

# Overall Mental Status

I Assessors can evaluate the overall mental status of older people by measuring the level of the following symptoms:

- 1) disorientation
- 2) serious confusion
- 3) speech
- 4) memory problems
- 5) hallucinations
- 6) bizarre behaviour
- 7) delusions
- 8) other symptoms of serious cognitive impairment

# Mental Disorders / Dysfunction

Using the Clinical Assessment Scales for the Elderly (CASE), assessors can evaluate whether their older people have any evidence of mental disorders.

I For older people (i.e., 55-90 years of age).

I Completed in 20-40 minutes and hand scored in 10 min.

I Consists of 10 clinical scales: cognitive competence, mania, depressions, paranoia, fear of aging, anxiety, obsessive-compulsive, psychoticism, somatization, and substance abuse.

# Life Satisfaction

I Assessed by response to the degree of satisfaction with the following aspects:

- relations with friends
- relations with the family
- ability to help the family
- physical health
- mental ability
- life in general



# Mood

- I Assessed by response to mood as follows:
- feeling sad and in a bad mood
  - feeling depressed
  - feeling nervous
  - feeling happy (reversed scoring)
  - feeling at ease and relaxed (reversed scoring)

# Mood

I Assessors can evaluate their older clients' overall emotional condition by considering the level of the following symptoms:

- 1) anxiety
- 2) obsessional thinking
- 3) depression
- 4) overall emotional state

# Positive and Negative Affect

There are two areas to distinguish mood and affect:

- 1) **Temporal dimension**: mood is sustained, affect is transient
- 2) **Subjective/internal versus objective/external dimension**: mood is viewed as internal and affect as external

Using the Positive and Negative Affect Schedule (PANAS, Watson et al. 1988), respondents can rate the extent they have experienced each particular emotion (as follows) within a specified period of time:

**I positive affect**: attentive, interested, alert, enthusiastic, excited, inspired, proud, confident, determined, etc.

**I negative affect**: sleepy, sluggish, tired, downhearted, tormented, distressed, upset, hostile, angry, etc.

# Personality and Interpersonal Style

Assessors can evaluate the personality and interpersonal style of older people by using the **State-Trait Anger Expression Inventory-2 (STAXI-2)**.

- A concise self-report 57-item measure for individual or group administration. Takes 5-10 minutes to administer. Assesses the dimensions of anger and anger expression.
- The State Anger scale (3 subscales) assesses the intensity of anger at a particular time.
- The Trait Anger scale (2 subscales) measures the frequency with which angry feelings are experienced, expressed, and controlled over time.

# Self-Esteem

I It is assessed by the self-esteem scale (Rosenberg, 1965).  
Questions cover the following aspects:

- self satisfaction in general
- whether a person dislikes oneself (reversed scoring)
- whether a person acknowledges good qualities
- whether a person feels useless (reversed scoring)
- whether a person takes a positive attitude towards self

# Independent Living

By using the **Independent Living Scales (ILS)**, assessors can evaluate the ability of older people to live independently.

- I A reliable and valid performance-based 68-item instrument to assess whether clients with a decline in cognitive functioning are capable of self care and managing their property.
- I Composed of 5 scales: social adjustment, managing money, managing home and transportation, memory/orientation and health and safety.

# Self Care

I Assessors can also evaluate their older clients' performance in the following areas:

1) taking care of personal hygiene

2) maintaining sleep patterns

3) taking care of eating

4) caring for themselves

5) managing their household

# Sense of Control

I Assessed by the following questions:

- Many times I feel that I have no influence on things that happen to me (reversed scoring).
- Many times I feel that I have influence on people who are close to me.
- I believe that I can control my health.
- I have always believed that I can control my health.



# Impulse Control

I Assessors can evaluate the overall behaviour of older adults by considering the following conditions:

- 1) ability to express themselves effectively
- 2) tendency to verbally or physically lash out at others
- 3) ability to work at things patiently
- 4) prone to impulsive, criminal, or drug-abusing behaviour
- 5) harm themselves
- 6) run away

# Coping Skills

I Assessors can evaluate the abilities of older people to cope with problems and everyday stresses by doing the following things:

- 1) assess problems and situations
- 2) deal with triggers
- 3) adopt stress reduction strategies
- 4) find possible problem-solving methods
- 5) seek help from others

# Social Support

- I Assessed by several similar questions, i.e., “To what extent do you have a close and warm relationship with the following?”:
- 1) spouse/partner
  - 2) closest daughter
  - 3) closest son
  - 4) other family members
  - 5) a friend
  - 6) other people

# Immediate Social Network

I Assessors can evaluate older adults' quality of relationships with friends, family and spouse etc., with respect to the following conditions:

- 1) intimacy
- 2) closeness
- 3) conflict
- 4) effective communications
- 5) general interpersonal satisfaction
- 6) level of aggression
- 7) level of hostility
- 8) level of abuse

# Extended Social Relationships/Network

I Assessors can evaluate the overall relationship of older people with the community by considering the following areas:

- 1) the involvement in organisations
- 2) the involvement in social groups
- 3) general feeling of integration into the wider community

# Use of Substances

I Assessors can evaluate the overall functioning of older people by considering the use of alcohol, prescription medication and the following illicit substances:

- 1) cocaine
- 2) heroin
- 3) marijuana
- 4) PCP (Phencyclidine)
- 5) hallucinogens

# Recreational Activities

I Assessors can evaluate older peoples' overall involvement in recreational activities by considering their participation in the following:

1. hobbies
2. fun (alone or social)
3. relaxation (reading, TV, video games, playing cards, etc.)
4. physical exercise (walking, jogging, biking, etc)

# Living Environment

I Assessors can evaluate the overall living environment of older people by considering whether the following areas are adequate:

1) shelter

2) safety

3) food

4) clothing

5) level of restrictivity



# Work Satisfaction

- I If an older adult still works outside home, assessors can evaluate the work productivity of older people by considering the type of work they are engaged in.

# Additional Areas in Psychosocial Assessment for Older Adults with Physical or Chronic Illness

# Sense of Normalcy

- u whether older people are hiding, minimising illness and/or responding to inquiries of others
- u whether living normally despite regular therapy and obvious symptoms

# Role Change

- u whether older adults can cope with losing their role in aspects of social, work and family
- u whether they can cope with taking roles as dependent help seekers, self-care agents, chronically ill patients

# Social Stigma of Illness or Disability

- U whether older people can deal with the social stigma of their disease or disability?

# Feeling of Being in Control

- whether older people maintain a feeling of being in control by using behavioural control, decisional control and cognitive control

# Daily Routine and Lifestyle

- U whether older adults can arrange their daily routine or modify their lifestyle by including therapy and symptom control in their daily routine?

# Knowledge and Skill for Continuing Self-care

- u whether older adults obtain knowledge and skill by internal awareness or by monitoring effects of therapy



# Handling Physical Discomfort

- u whether older people can cope with illness-induced discomfort
- u whether older people can handle pain caused by therapy

# Compliance with Prescribed Regimen

u whether older people conform to medication

# Grieving Over Losses Concomitant with Illness

- u Losses include:
  - u status
  - u social relationships
  - u dignity
  - u income
  - u roles
  - u physical abilities and functions
- u Whether older people experience grief over these losses
- u Whether they experience the following feelings:
  - u powerlessness
  - u hopelessness
  - u uncertainty

# Self-Concept

- u whether older people can keep or enhance a positive self-concept by integrating illness into self-concept

# Adjustment to Alter Social Relationships

- u whether older people experience social isolation or loneliness
- u whether they are undergoing patient- or other-initiated disengagement
- u whether they are preserving relationships with friends and family who satisfy dependency needs
- u whether they are maintaining family solidarity

# Maintaining Hope

- u whether older people can maintain hope despite uncertainty or deterioration of health
- u whether they can experience hope
- u whether they can find meaning in physical changes

# Acceptance of One's Own Death

- u whether older people can accept the inevitability of their own death

# Overcome the Challenges in Psychosocial Assessment of Older People



# Fear of being labelled as psychiatric

- ⊃ Older adults may fear being labelled 'psychiatric' if they talk about their strong feelings.
- ⊃ In order to overcome this challenge, interviewers should do the following:
  - ∅ build up good rapport with older adults
  - ∅ explain to them that talking about their feelings is normal and acceptable
  - ∅ give sufficient encouragement or time to them for talking about their feelings

# Reluctance to cooperate due to inexperience in interpersonal relationships

Some older people may have insufficient experience in interpersonal relationships. This may cause them to feel uneasy when they are asked to share their thinking or feelings during psychosocial assessment. To overcome this challenge, interviewers may do the following:

- ∅ prepare to spend extra sessions with them to build up an adequate working relationship before arranging an assessment interview
- ∅ explain to them that the psychosocial assessment would help to provide useful information for designing suitable gerontological care

# Client's sensory impairment may hinder the process of psychosocial assessment

- U Communication problems due to sensory impairments affecting older adults, or time constraints within the assessment process.
- U Older adults take longer to interview.
- U To overcome this challenge, interviewers should do the following:

- Ø find a setting with minimal disturbances or noise
- Ø use portable microphone and speaker
- Ø allow sufficient time for conducting the interview

# Selective assessment due to limited time available for a complete assessment

- ⊃ It is very important to conduct the assessment in a holistic manner, including biological, psychological, sociological, spiritual, cognitive and behavioural aspects.
- ⊃ To overcome this challenge, interviewers should spare sufficient time or number of sessions to:

- ∅ cover all necessary aspects during the assessment
- ∅ let older clients take some rest during or within each session due to their shortened attention spans and lowered energy levels due to fatigue

# Inexperienced assessors may ask inappropriate questions during psychosocial assessment

- ⊃ Inexperienced assessors may overlook the potential influence of multiple losses experienced by this generation.
- ⊃ To overcome this challenge, interviewers should do the following:
  - ∅ remember that various kinds of loss may be experienced by the client: the interviewer should not ask the client unwise direct questions, e.g., “How is your wife?” “How many children do you have?”
  - ∅ prepare to handle the client’s grief when the loss is discussed

# Inexperienced assessors may not show interest when listening to clients

- ∪ The richness of past life experiences may be skipped by older people if the assessment is done by an assessor who is disinterested in learning of their past experiences.
- ∪ To overcome this challenge, assessors should do the following:
  - ∅ show interest in their past life
  - ∅ give sufficient time to them to talk about their past life

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