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ABSTRACT

The Life Enhancement Counseling Model was developed specifically for the treatment of the problems of meaninglessness and purposelessness among depressed Cuban elders. The model is based on psychosocial development and ecological theoretical orientations. A life review approach is used to help the depressed individuals complete unfinished business and resolve regrets and self-reprcachments, and to identify capabilities or interests that they are not presently using. Once these strengths have been identified, the potential for reenacting them is assessed. Depending upon the assessment, directive counseling and ecological intervention strategies are carried out that may lead to the reenactment of the past strengths. Life Enhancement Counseling, as it operated in a Dade County, Florida, clinic, was evaluated by measuring its effect on 44 Cuban elders. Data indicated that the counseling method was highly effective with depressed older adults when meaninglessness of life was a critical target problem. (Author/MK)

LIFE ENHANCEMENT COUNSELING:

A PSYCHOSOCIAL MODEL OF SERVICES FOR CUBAN ELDERS

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LIFE ENHANCEMENT COUNSELING:

A MODEL OF PSYCHOSOCIAL SERVICES FOR CUBAN ELDERS

Whether a characteristic is defined as a virtue or a defect is largely a matter of perspective. The very same characteristics that make Cuban elders appear as poor candidates for many traditional psychotherapies can also be incorporated as components of alternate treatment strategies in improving their condition.

Life Enhancement Counseling is a psychosocial model of services developed by the Spanish Family Guidance Center in Miami, Florida, to enhance the meaningfulness of life in the Hispanic elderly. Life Enhancement is accomplished by building on elders' strengths, reducing environmental sources of conflict and stress, and facilitating acceptance of past life experiences. This model of counseling was designed to treat depressed individuals who have lost their sense of purpose in life usually as a reaction to physical, personal, or material losses, progressive isolation, displacement, learned helplessness, and/or ageism. In practice, Life Enhancement Counseling utilizes a life review approach (Butler, 1963) to facilitate completion of unfinished business and resolution of regrets and self-reproachments, and to identify capabilities or interests that have been historically available to the elder, but are currently not used. Once these strengths have been identified, the potential for re-enacting them in the context of current conditions is assessed. Depending upon these assessments, directive counseling and ecological intervention strategies are carried out that may lead to a re-enactment of past strengths.

The Life Enhancement Counseling Model was developed specifically for the treatment of the problems of meaninglessness and purposelessness among depressed Cuban elders. Within the context of Life Enhancement Counseling, meaninglessness and purposelessness is defined as the lack of a sense of positive direction and challenge. The problem of meaninglessness and purposelessness is not confined to Cuban elders; it is widespread and shared by elders throughout America. Therefore, basic concepts encompassed by the model address the problems of elders in general. For this reason, important aspects of Life Enhancement Counseling should readily generalize to other elderly populations, although specific cultural idiosyncracies must be considered. Before outlining further the Life Enhancement Counseling Model, a description is presented of the context and population for which this model was developed.

The Cuban Elder

Estimates of the number of Cubans in the United States tend to indicate that over 750,000 Cubans have settled in this country. Most of these individuals, over one half million, live in the Greater Miami/Dade County area of South Florida. In the migration waves of the early 1960's many middle and upper class Cubans left their country to seek political asylum in the United States. By 1978, however, the demographic distribution of Cuban exiles was reported by Clark (in press) to be representative of the Cuban population of the Island in the late 1950's in terms of socio-economic status. Regarding age, however, approximately 17% of this population is over 55 years of age; 7.8% over 65, which overrepresents

the elderly population.

The Cuban's exile in the United States has been a mixed blessing. While it provided for the opportunities that many Cubans sought for an alternate political reality away from their homeland, it has had its complications. In general, large sectors of the Cuban population have been highly successful in their adaptation to American life. Particularly, many Cubans have had remarkable economic successes. Their impact on the Miami area has been quite noticeable since they contributed significantly to the revitalization of the sagging Miami economy which previously depended almost solely on tourism.

Moreover, many Cuban elders have also adapted remarkably well. While some elders have suffered considerably with the disappearance of the extended family, many have adjusted well to peer group support systems. Their adjustment to these new forms of support systems is, indeed, remarkable given elders' advanced age and reduced resiliency. Others who have been less fortunate have required mental health or other supportive services to assist them in their transition and adjustment to the kinds of peer and social service support systems that are most prevalent in the United States. Thus, while there have been successes, there have also been difficulties. Adaptation to America has required the development of new styles of living that are faster, more impersonal and individualistic. The rapid rate of change has caused dislocations: Some, such as the young, may have rushed into assimilation, cutting off their roots and cultural heritage; others, particularly the elders, have been most affected by migration because of their lesser ability to adapt and have suffered the most. Cuban elders, in fact, face double jeopardy (cf. Szapocznik, Faletti, and Scopetta, 1978a): the mental health of this population is seriously threatened by (1) the usual predicaments confronting older citizens; and (2) the specific mental health hazards affecting Cuban elders.

Mental Health Problems of the Elderly

The elderly constitute about 10% of our national population. Of this group, it is estimated that 25% suffer from significant mental health problems, and over 25% of suicides reported are committed by the elderly. The mental health problems of elders are complex in their origins, including financial worries, unhappiness over the loss of social status, grief over death of loved ones, physical ailments and physical degeneration. In view of the dire mental health needs of elders, it is unfortunate that the necessary support and mental health services are alarmingly unavailable. For instance, only 2% of all the patients seeing private psychiatrists are elders, and less than 3% of the budget of the National Institute of Mental Health has been spent on the plight of older persons (Carter, 1979).

Among the elderly, there are two major mental health problems: senile dementia and depression. Senile dementia is the most terrifying mental health problem of the elderly, reported to be the fourth leading cause of death (Cohen, 1979). Depression, on the other hand, is the single most widespread mental health hazard affecting elders. It is considered to be a major factor in the very high levels of suicides among elders. The Life Enhancement Counseling Model presented in this chapter is primarily aimed at the treatment of depression among the elderly, with special emphasis on the enhancement of meaning and purpose in life.

Specific Mental Health Hazards of Cuban Elders

In addition to the usual problems of old age, Hispanic cultural back-

ground and the effects of forced migration and political exile conspire to produce especially complex and severe problems of adjustment for the Cuban elderly population of Dade County. Some of the major problems that have been identified are: (1) lack of knowledge of the language, the culture and the social service delivery system in America, (2) social isolation and loneliness, (3) loss of country and status, (4) the effects of transplantation and other complications of old age which would not have happened to these immigrant elders had they stayed in their country of origin, and (5) differential rates of acculturation in Cuban families. All of these interrelated sources of psychosocial stress work together to threaten the mental health of the Cuban elder.

(1) A study conducted by Hernandez (1974) among Cuban elders in Miami has revealed that the psychosocial problems represented by language barriers, discriminatory institutional policies and mental illness have impacted with substantial intensity on the Cuban elderly. Language seems to be the major problem affecting this population, rendering them ill-equipped to interact effectively with the host American culture.

(2) Social isolation and loneliness have been generally identified as major problems among the elderly (Smith, 1976). With the Cuban population, Hernandez (1974) also found that one-third of the sample surveyed reported feeling lonely and isolated. Clinical experience at the Spanish Family Guidance Center suggests that these feelings seem to be rooted in the isolation of elders that has resulted from the breakdown of the extended family. As revealed by the authors' own acculturation studies (e.g. Szapocznik, Scopetta, Kurtines and Aranalde, 1978d), isolation may also occur because of Cuban elders' lack of acculturation which limits their mobility within the host American social structure.

(3) Unresolved losses and grief reactions, as Patterson (1969) reports, are also a source of depression in the elderly. Clinical experience at the Center corroborates the generalizability of Patterson's findings to the Cuban American elderly population. With Cuban elders, in addition to the losses typically experienced by other elders, the loss of country and status is usually a source of anguish and grief which needs to be treated in therapy.

For many elderly persons, the expectation of a respected and dignified role within the extended family was a major source of meaning. They had expected that in their sunset years they would be the ultimate authority figure and major contributors to their family's well being. The reality, however, has turned out to be very different from these expectations. What was once a valued role for the elder, to be an authority figure in the family, is now considered by their modern Americanized children and grandchildren interference in their internal affairs. Furthermore, confronted by the many additional stresses that exile has brought on older persons, they are often perceived as a burden to their families rather than as a source of support.

(4) The effects of transplantation in old people -- depression, withdrawal, and other passive behaviors -- are counterproductive in facilitating adjustment to a foreign land. The Cuban elder's forced migration to a new environment, thus functions to foment passive behaviors and to inhibit initiative and other behaviors necessary for a more effective adaptation to the new environment.

(5) The differential rates of acculturation across generations of Cuban family members represents another threat to mental health and psychosocial adjustment among the immigrant elderly. The findings from an

acculturation study by Szapocznik, et al. (1978d), taken in the context of clinical experience with Cuban families with elderly members, suggest that intrafamily differences in acculturation contribute to the disruption of the nuclear and extended family. Experience also reveals that this familial disruption is an important etiological source of despair, depression, and feelings of meaninglessness and purposelessness in elderly persons. These problems become exacerbated when supportive systems other than the family are not available, either because the elder is unable to seek other alternatives, because community support systems do not exist in sufficient quantity, or because existing social programs discourage, through culturally insensitive institutional practices, their use by Hispanic elders.

Among Hispanics, the extended family has always been a major strength. Now, however, because of the intergenerational differential rates of acculturation, the extended family itself can become disrupted, and in those cases become a major source of stress for the elder. Exposure to these above mentioned sources of stress results in anxiety, depression, withdrawal, meaninglessness, anomie, and a loss of a sense of purpose in life.

The Need for Population Specific Treatment

The unique needs, characteristics, and problems of this population presented a dilemma concerning appropriate treatment modalities. Should existing community and mental health approaches be utilized with this population or should a specific strategy be developed to address the uniqueness of this population? This latter concept of matching treatment modalities with client variables has been discussed frequently by mental health treatment methodologists and has received widespread endorsement (Bergin, 1971; Kiesler, 1971; Paul, 1969; Sloane, Staples, Cristol, Yorkston and Whipple, 1974). Paul (1969), for example, has argued that mental health treatment research should be directed toward ascertaining which procedure is most effective for a person with specific characteristics and problems in a given set of circumstances.

The proper procedure for matching clients and treatment methods, however, has been a matter of debate. There are those who advocate that alternate treatment methods can be developed to match client characteristics (e.g. Hunt, 1960; Lorion, 1974; Magaro, 1969), and those who argue that traditional psychotherapy can be effectively extended to different client populations via special techniques that facilitate a therapeutic relationship (e.g. Gould, 1967; Heitler, 1976; Orne and Wender, 1968; Terestman, Miller and Weber, 1974).

As Heitler (1976) points out, there are important ethical considerations to both solutions. If alternative treatment methods are developed for special populations then they will be receiving separate and unequal therapeutic modes (cf. Lerner, 1972; Lorion, 1973). Yet if the second solution is adopted, there is the risk of forcing these unique populations into a mode of problem solving that does violence to their cultural expectations and life styles (cf. Goin, Yamamoto and Silverman, 1965; Lorion, 1974).

The philosophic and operational orientation of the Spanish Family Guidance Center has been based on the premise that psychosocial services should take into consideration the specific characteristics of the treatment population and should address the particular mental health hazards confronting each population group. Thus treatment is adapted to the client rather than attempting to force clients into pre-established treatment

modes. In the case of Cuban elders, there are two sets of characteristics that must be considered: one related to their ethnicity and cultural background, and the other to their advanced age.

Cultural Sensitivity

Clinical experience and previous research (Szapocznik, Scopetta, Aranalde and Kurtines, 1978b) suggests that Hispanic and Anglo Americans differ along several important dimensions. Some of the most basic differences between these groups can best be understood in terms of their value orientation (cf. Kluckhohn and Strodtbeck, 1961). Relative to Anglo Americans, Cuban immigrants tend to value lineality, a present time orientation, and lack the orientation to attempt to exercise control over natural forces and environmental conditions (Sandoval, 1976; Szapocznik, et al., 1978b).

The differences in basic value orientations between Cuban immigrants and Anglo Americans have implications for the delivery of mental health services. As Heitler (1976) points out, mutuality of patient-therapist expectations is crucial. If basic value orientations are indeed as fundamental as Kluckhohn and Strodtbeck (1961) postulate, value structure must be matched by a similar set of service delivery assumptions. Indeed, a culturally sensitive service delivery modality can be defined as one built on a set of assumptions that complement the client's basic value structure (Szapocznik, Scopetta and King, 1978c). The problem of developing a service delivery modality that is sensitive to Cuban value structure has been discussed extensively elsewhere (cf. Szapocznik, et al., 1978b,c). For our present purposes, it is sufficient to note that the Life Enhancement Counseling (LEC) Model was designed to be culturally sensitive to the following four basic value orientations identified in our previous research (Szapocznik, et al., 1978b):

First, the LEC model takes into consideration the Cuban elder's preference for a lineal relationship style. The Life Enhancement counselor relates to the client hierarchically, recognizing that the counselor's role is perceived by the client as a position of authority. With this recognition the counselor takes responsibility and charge of the newly formed "therapeutic system." Conceptualizing in terms of a therapeutic system, the emphasis is placed on the systematic contribution of the counselor as well as the client, with the counselor carrying a major share of the responsibility. The counselor capitalizes on the Cuban elder's preference for lineality to place her/himself in a position of authority which s/he later uses to move the treatment plan forward through strategies such as directive reinterpretation and restructuring maneuvers (defined below).

Second, the LEC model also considers the Cuban elder's sensitivity to environmental social pressures as documented by findings of high levels of need for approval among Cubans (Tholen, 1974) and the field dependence of Hispanic groups in general (Ramirez and Castaneda, 1974; Witkin and Berry, 1975). Given this characteristic of the population, it is important to conceptualize psychosocial functioning within a broad ecological framework (Auerswald, 1971). Ecological theory is discussed in a subsequent section.

Third, Cuban clients tend to perceive themselves as unable to control natural forces or modify detrimental environmental conditions (Santisteban, 1975). For this reason, when confronted with environmental pressures or tensions, the Cuban elder frequently adopts a passive, fatalistic attitude. The therapist uses his/her position of authority to creat new client-environmental transactions that will give the elder a greater sense of

mastery.

Finally, services for Cuban clients must be present-time oriented. The Cuban client is usually mobilized to seek services by the onset of a crisis and expects the counselor to provide immediate problem oriented solutions to the crisis situation. The Life Enhancement Counseling Model capitalizes on crises to engage clients and to promote restructuring of interpersonal relations and ecological conditions. For this reason, it is standard procedure to schedule the admission interview session within three days of initial contact with the Center to more effectively engage clients closest to the time when they feel the greatest sense of urgency. Further, in order to maximally utilize this characteristic of the Cuban population, the culturally sensitive service provider is not only cognizant of how to use crises to engage clients but also knows how to creat them within a therapeutic structure to promote change.

In addition to these basic value orientations described above, there are various customs, habits and mores which must also be considered by culturally sensitive counselors. For example, in Cuba it was customary for patients to give presents to their physicians. Cuban elders commonly continue this custom and generalize from physicians to their mental health counselors. Within the context of certain theoretical treatment approaches such as the psychoanalytic therapies, accepting presents from a patient is considered counter-productive. However, the culturally sensitive counselor needs to recognize that for Cuban elders, giving presents to their "healers" is a time honored tradition that need not be challenged, but simply and gracefully accepted.

Age Appropriateness

Clinical experience and research on the elderly reveal a set of age related characteristics and problems. The problem of meaninglessness and purposelessness, already mentioned above, is one characteristic of elders. It is noteworthy that struggles for meaning and purpose occur at various developmental crossroads in life. The adolescent, for example, seeks to develop a sense of direction and purpose where none previously existed. The middle age adult confronting a mid-life crisis seeks a re-direction in meaning and purpose. In contrast to these struggles for meaning and purpose that occur at earlier developmental periods, the elder's sense of meaninglessness and purposelessness is usually a consequence of a loss of meaning and purpose, where meaning and purpose once existed.

The loss of direction and challenge is most frequently related to Sigmund Freud's two areas of successful adult functioning: work and love. Losses related to work come about by such events as mandatory retirement or physical disability. Losses related to love come about through such events as the death of one's spouse or close friends. In the case of Cuban elders, a third type of loss compounds their sense of meaninglessness and purposelessness: loss of country.

In addition to the problem of meaninglessness, there are also other characteristics of elders that have provided a basis for the Life Enhancement Counseling Model. For instance, central to the strategies chosen for inclusion in Life Enhancement Counseling is making therapeutic use of the characteristic of elders to reminisce about their life experiences. Since reminiscence occurs spontaneously and is well accepted by elders, it is readily available for therapeutic use through a life review procedure — a therapeutic strategy which has been used widely with elders (Butler, 1963; Lewis and Butler, 1974).

Since elders tend to be plagued by social problems, the model was also designed to allow the therapist access to the elder's social environment through the use of an ecological approach to conceiving of problems and their solutions. Isolation, for example, is more typical among elders than other age groups because of their lesser physical mobility and their difficulties in using transportation. Moreover, some elders because of their greater passivity tend to be less effective in controlling/regulating/dealing with their environment.

Finally, the concepts of life review and ecological intervention are utilized to draw on elders' past strengths. In the course of life review the therapist identifies past strengths and interests which can be re-enacted within the context of current ecological conditions. The focus on re-enactment of past strengths is based on the recognition that, on the one hand, elders have a vast pool of experiences; and on the other, they are unlikely to adopt totally new interests at an advanced age. For this reason, it is felt that creative re-enactments of past strengths and interests are more feasible therapeutic strategies with elders than attempts at growth in totally new and foreign areas. An example is the case of the Cuban elder who as a younger woman had been a teacher and enjoyed caring for children. Upon immigration to the United States, she was no longer able to work as a teacher because of the language barrier, and was forced by economic circumstances to work in a factory. Upon retirement she became depressed and had frequent emotional outbursts. Through the life review process, this elder's former interests in child care were discovered. As part of the treatment plan, ecological interventions by the counselor included arranging for her to work as a volunteer teacher in a day care center for Hispanic children. Thus, by enabling her to re-enact past and cherished interests and competencies, Life Enhancement Counseling restored an important source of purpose and meaning. This regained sense of purpose in life was a crucial factor in ameliorating conditions that were sustaining her earlier depression.

The Life Enhancement Counseling Model as described below is intended to match the needs of Cuban elders as a mental health treatment population. It is noteworthy that the unique needs and characteristics of Cuban elders would typically appear to make this population poor candidates for psychotherapy. However, our effort in this section has been to demonstrate that whether a characteristic is defined as a virtue or a defect is largely a matter of perspective. The very same characteristics that make Cuban elders poor candidates for many traditional psychotherapies can also be incorporated as components of alternate treatment strategies in improving their condition and ameliorating their problems.

Life Enhancement Counseling Model

Basic Concepts and Assumptions

Life Enhancement Counseling was developed to meet the unique needs of Cuban elders while providing services in an age appropriate and culturally sensitive fashion. The Life Enhancement Counseling Model attempts to integrate two basic theoretical orientations: psychosocial developmental (Erickson, 1950) and ecological (Auerswald, 1971), with the latter borrowing heavily from general systems theory (von Bertalanffy, 1968). Life Enhancement Counseling aims primarily at developing strengths within the elder and his or her life context. The assumption underlying this approach is that for many elders, psychosocial maladjustment and psychiatric

symptomatology result from a sense of meaninglessness and purposelessness rooted in the loss of a positive direction and challenge in life characteristic of old age in today's society. In general, the basic problems of meaninglessness and purposelessness at the root of the depression in many Cuban elders can be treated successfully with Life Enhancement Counseling. It must be noted, however, that for some elders who manifest extremely high levels of depression/anxiety at admission, it might be advisable to use anti-depressive medication as an adjunct to Life Enhancement Counseling. Since the Life Enhancement Counseling Model is specifically designed for treating elders whose depression is a consequence of feeling a lack of meaning or purpose in their lives, this aspect of the approach receives primary emphasis in this chapter. The following basic concepts and assumptions provide the conceptual foundation for the Life Enhancement Counseling approach.

To begin with, it is stipulated that the parameters of meaningfulness are encompassed within a person's total experience, both past and present. For the past experiences of an elderly person to be a source of meaning to him or her, a basic level of acceptance and ego integration (Erickson, 1950) of the past must be achieved. For the current experience to be meaningful, ecological theory (Auerswald, 1971) would predict that current transactions must be fulfilling in the here and now. Thus, meaning and fulfillment arise from acceptance of the past as well as from the nature of the current transactions of the elderly person with her/his environment.

Borrowing from Erickson's psychosocial theory of life-span development (1950), it is a basic tenet of this model that a person's sense of meaning emerges from his/her past history when ego integrity is achieved. Ego integrity emerges with the acceptance of one's past as something that had to be and in fact was no other way. Without such acceptance, unresolved feelings about past events result in negative affective responses that block the emergence of meaning. This lack of acceptance by the elder of his/her life experience leads to despair. It is our contention that as completion is brought to these unresolved feelings, the meaning of past experiences gains clarity and areas of meaningfulness emerge.

Ecological theory (Auerswald, 1971) suggests that psychiatric symptomatology results from dysfunctional relations between the person and his/her ecology. In the case of depression in elders that is rooted in a lack of a sense of meaning or purpose, ecological theory would suggest that such feelings and behaviors are maintained and supported to some extent by the total ecology, either through actual suppression of meaningful behavior, or by the unavailability of opportunities for meaningful behavior.

The basic tenet of the Life Enhancement Counseling Model that integrates these two theoretical orientations, psychosocial developmental and ecological, is the assumption that what is fulfilling and how fulfillment and meaning can be obtained currently by an elderly person has already been established by the time the person has reached an advanced age. Therefore, it is assumed that the definitions of meaningfulness for each elderly person can be found within that person's past history. Thus, in order to enhance life's meaningfulness in older persons, new definitions of meaning need not be created. Rather, if each elderly person's own definition of meaning is accepted, then it is possible to create new environmental circumstances which allow important features of meaning to emerge in new behaviors and/or experiences that can be maintained by the current environmental circumstances. Ecological theory (Auerswald, 1971) suggests that these new experiences can be obtained by creating a new interplay between

a person's behavior and the environmental response to this behavior. Since the sense of purposelessness and meaninglessness is conceptualized as rooted in a lack of positive direction and challenge, one aim of Life Enhancement Counseling is to change the interactions between the individual and the social context in such a way as to provide the individual with a restored sense of direction and challenge.

Application of the Life Enhancement Counseling Model

In applying the Life Enhancement Counseling Model, it is essential to take into consideration that individual elders do not usually fit the model perfectly. The Life Enhancement Counseling Model, in fact, is merely a set of guidelines -- a working model comprised of a set of assumptions intended to represent the modal treatment characteristics that apply to this particular population. Using these guidelines as a reference point, the actual application of Life Enhancement Counseling has to be individually tailored to each elder's needs and conditions. What follows is a brief discussion of some of the techniques used in the application of the model to clinical cases.[1] The model encompasses two major concepts: (1) Life Review and (2) Ecological Assessment and Intervention.

Life Review: The life review procedure involves having an elder recount their life events and experiences. The life review procedure uses standard interviewing techniques and clinical methods to elicit reminiscences in elders. The procedure is administered flexibly and in such a fashion that the counselor encourages a general recounting by the elder of his/her life experiences. The counselor, however, using clinical judgement may decide to probe for further exploration in areas either not covered or not sufficiently covered. This procedure has been widely used as a therapeutic tool in mental health treatment with the elderly (e.g. Butler, 1963), although typically limited to recounting life experiences. The life review procedure is usually considered a therapeutic technique in itself: it has cathartic value because it allows expressions of fears, frustrations, and misgivings, and it also facilitates achievement of ego integrity by helping to organize memories in a way that brings closure to these experiences. However, as incorporated in Life Enhancement Counseling, life review is extended beyond the simple recounting of life experiences. As used here, it incorporates three additional strategies: (1) enhancing meaningfulness of positive memories, (2) facilitating acceptance of unresolved incidents which interfere with ego integration, and (3) rediscovery of past strengths, capabilities or interests that can be re-enacted as part of the treatment program.

(1) Enhancing the meaningfulness of positive memories. The emphasis in this strategy is on identifying events, incidents, relationships or periods in the elder's life that were filled with meaning and raison d'etre. Once these significantly meaningful aspects of life are identified, there is an effort to expand them and to gain clarity on them. Clinical techniques are used, as appropriate, "to bring to life" these meaningful life segments, creating a here and now experience around them. This strategy is particularly useful in the initial stages of treatment with

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[1] A more detailed presentation of application procedures is available in the form of a Life Enhancement Counseling Manual. A copy of the manual can be obtained from the Spanish Family Guidance Center, University of Miami, 747 Ponce de Leon Blvd., Suite 303, Coral Gables, FL 33134

the depressed elder for establishing an immediate sense of therapeutic efficacy — which is of critical importance with present oriented Hispanic patients who expect immediate therapeutic gains. For example, in the case of an 80 year old widower who became depressed after his wife died, happy memories of his married life could be used to counter his present state of abandonment.

(2) Facilitating acceptance of unresolved incidents. For many despairing elderly persons, the meaningfulness of their past history is often stored behind a wall of unresolved negative feelings. In these cases, clinical techniques are employed to facilitate acceptance of these feelings and events in order to achieve ego integrity. For this purpose, a number of clinical techniques have been found helpful, including gestalt and psychodynamic methods. Particularly useful in working with this population has been a technique which we have termed directive reinterpretation (cf. Life Enhancement Counseling Manual, in preparation). Levine and Padilla (1980) reported that directive styles of therapy are generally preferred by Hispanic clients, and as noted above, are consistent with Cuban value orientations. Directive reinterpretation as used here, refers to providing the elder with an alternative interpretation of events or experiences that helps to move the client toward some therapeutic goal. When used as part of life review, the therapeutic goal involved is the acceptance of past events or experiences. An example of the use of directive reinterpretation to facilitate acceptance of unresolved incidents is found in the case of Elvira. Elvira sought treatment for a reactive depression which was precipitated by the death of her parents within the last year in Cuba. In the course of life review, it was discovered that she felt responsible for the death of her parents whom she had left in Cuba several years before. In her view, she had abandoned them at the time when they needed her most. In order to facilitate resolution of these feelings, the counselor used directive reinterpretation to provide her with an alternative understanding of her behavior toward her parents: she had left Cuba because political circumstances endangered the life of her husband and the future of her children and grandchildren. Whereas her decision to leave Cuba had in effect forced her to leave her parents behind, the intent of her decision, the counselor explained, was not to abandon her parents, but rather to save her husband, children and grandchildren. Thus, by emphasizing that her decision to leave Cuba was, as a responsible wife and mother, the only decision that she could have made under the circumstances, the counselor directed her toward a more realistic interpretation of her decision, i.e., that it was inconceivable that she could have done otherwise.

(3) Rediscovery of past strengths, capabilities or interests. The aim of this strategy is to identify themes that run through the elder's history that have provided them with meaning and purpose throughout their lives and can be re-enacted as part of the treatment program. Throughout the life review, the counselor listens for features of these experiences that reflect each elder's values and definition of meaning. Later the counselor using ecological interventions will attempt to re-enact in the present these meaningful experiences, with meaning defined uniquely by each elder through the life review. Work with clients in the demonstration activity discussed here has taught the authors that themes ameanable to re-enactment are varied and may have had lesser or greater centrality in elders' lives. In some instances, the most relevant and re-enactable themes derive from experiences which were centrally meaningful such as a life-time of work or a life-time of dedication to raising a family. In other instances, however,

old age provides the unique opportunity to develop areas that may have played a secondary role in an individual's earlier life such an an interest in gardening, cooking, painting, fishing, or cultivating friends.

An example of a re-enactment of a central theme is found in the case of Marta who had dedicated her life to raising children, and who had thoroughly enjoyed caring for her many children. At the time that she sought treatment, her children were already grown and were out of the house. In this case her own children felt that it was an imposition to have her care for the grandchildren. Re-enactment of her interest in caring for children was accomplished by family counseling, by formulating an understanding within the family that for Marta to take care of her grandchildren was not an imposition, but rather a joy. Moreover, it was arranged for Marta to receive some remuneration for taking care of the children so that she would not feel used.

A second example of re-enactment that involves a theme that had been of secondary importance is provided by the case of Pedro. Pedro had been a simple, illiterate fisherman in Cuba. When he came to the United States he was so depressed shortly after arrival from Cuba that his landlady became concerned with his severe withdrawal and referred him to our program. In the initial session, Pedro was so severely depressed that he was not able to verbally communicate with his counselor. He did, however, after a while express himself through a short folksong (Punto Guajiro). Upon further exploration, the counselor learned that Pedro, while fishing, would always sing to himself, and he would freely compose as he went along. For the second session, the counselor obtained a tape recorder and, with Pedro's permission, taped one of his spontaneously constructed songs. For the third session, the counselor had had the song typed and provided Pedro with a copy. From then on, the treatment revolved around the compilation of a set of Pedro's folksongs with the notion that perhaps they might be published sometime in the future. As the reader might imagine, for an illiterate man to see his own creation prepared into a book format was a great source of excitement, and provided him with a renewed source of purpose and meaning. Thus, through the process of re-enactment, that which had seemed so secondary and which had never received very much attention, now became -- in old age -- a source of pride and hopefully, might even become a small source of income.

Ecological Assessment and Intervention: The ecological approach is derived from systems theory which focuses on interactions between the individual and the extrapersonal environment. An ecological approach conceives the problem of meaninglessness as rooted in the pattern of transactions between elders and their environment. This approach assumes that the person and the environment share the responsibility for the initiation and maintenance of the transactions that occur between them. Thus, in the ecological model of service delivery, the focus is on changing the transactions between the person and the environment. In the case of elders, the intended direction of change is from less to more meaningful and fulfilling transactions. An example can be found in the case of Rosa, an elderly woman who had become isolated and spent most of her time in her room in a boarding house. She had recently moved to this boarding house in a neighborhood new to her, and had become frightened of going out because of the reported high crime in the area. In this case, Rosa's transactions with the outside world were extremely limited. Within walking distance of the boarding house there was a church with various group activities. As part of treatment, the counselor facilitated a meeting

between Rosa and the priest of the church at Rosa's house. In a subsequent session, Rosa was invited to attend a church activity, accompanied by her counselor. At this gathering, the counselor facilitated her meeting a group of elders who also lived near the church. Arrangements were made for two of these elders to come by Rosa's house and pick her up to attend the next group's meeting on the following week. In this fashion, the counselor brought about a change in the way in which Rosa and the church group interacted without changing either her or the church group. Thus, the focus is not on intrapersonal or social change, but on changing the transactions between the person and the social environment. Note that within this approach, the counselor is viewed as a catalyst who precipitates change in transactions by creating new situations. The intention is to manipulate the parts in order to bring about new transactions that will maintain themselves, thus creating a new structural arrangement in the patient-social environment.

The ecological work of the Life Enhancement Counseling Model can be conceptually explained in two parts: assessment and intervention. In practice, these parts are closely interrelated and they occur throughout the entire treatment process.

(1) Assessment. Following or concurrent with the life review process, an assessment of the elder's ecological situation is conducted. Its purpose is to identify: (a) environmental sources of stress and (b) the resources that are available to each elder. The objectives of the ecological assessment is that of ascertaining the ecological possibilities of effecting current life experiences that are meaningful. The determination of what is meaningful is obtained in each case from the life review.

Within the Life Enhancement Model the scope of assessment is limited to identifying those transactions that contribute to the elderly patient's current conditions and those resources which could facilitate improvement in the person-social transaction. For this reason, the assessment does not dwell on the intrapersonal or the macrosocial condition, but on the interface between these as they affect the elderly patient. In the example of Rosa, the initial presenting problem was one of unmet emotional needs related to isolation. An important source of environmental stress was assessed to be Rosa's fear of going out because of the reported high crime in her new neighborhood. The symptom of isolation was a function of the stress produced by the environmental conditions of high crime rate. Neither Rosa's fear — an intrapersonal variable, nor the crime rate — a macrosocial variable, were targets of intervention. Within the Life Enhancement Counseling Model, the target of intervention was changing the relationship between the elder and her environment in such a way that her fear of crime no longer resulted in her isolation. Thus, the second step in the assessment involves the identification of resources that could be utilized to achieve desired changes.

In the case of Rosa, an assessment of available resources was aimed at identifying community support systems that could be mustered on behalf of the isolated elder. For the Cuban elder in general, the most frequently available support systems are the family, the church, volunteer groups, and senior centers. An important part of this phase of the assessment is determining which of these support systems are most appropriate for each individual elder. This is an aspect of the work in which clinical judgement must be cautiously exercised and decisions must be carefully individualized. Typically, the counselor will explore with the elder his/

her openness to each of these support systems as well as the relative availability of the various support systems to the elder. While the Hispanic family is often considered the most basic support system in our work, conditions may not always make it a viable support for a particular elder. The family itself, for example, may be so disrupted that engaging the family might hinder rather than facilitate problem resolution. In the case of Rosa, an assessment of resources revealed that a nearby church had an ongoing group which was available as a support system and acceptable to the elder. Hence, the ecological assessment of the problem of isolation revealed something about the source of the problem; the ecological assessment of the environmental resources revealed support systems which could be utilized in problem solving during the next phase of treatment, ecological intervention.

It is noteworthy that the assessment is focused in that (1) it is intimately linked with the nature of the presenting problem, (2) it yields specific treatment goals and a sense of how to achieve them, and (3) it is limited to understanding the nature and source of the transaction that can sustain or change the presenting problem, without probing into intrapersonal or macrosocial dynamics.

(2) Ecological Intervention. Ecological intervention can be conceptualized in terms of three phases: (1) testing the viability of the identified resources, (2) developing an ecological treatment plan, and (3) restructuring.

Concurrent with the identification of resources through ecological assessment, the counselor begins to test the viability of these resources. In this case, testing refers to determining the flexibility or rigidity of existing transactional patterns between the patient and the resources identified as potential support systems. For example, in the case of Rosa, several resources were identified by the counselor that had potential for extricating her from her isolated position. As the counselor identified each of these resources, he discussed with Rosa her willingness to change her transactions and/or explored the willingness of persons representing these resources to reach out to Rosa. Through this exploration, the counselor was able to assess the client's interest in church activities and subsequently the priest's willingness to reach out to her. Hence, because of the possibility for change in this direction, this was an area with potential for restructuring the transactions between an isolated woman and her environment.

Once one or more potential directions for changing transactions have been identified, the counselor then attempts to develop an ecological treatment plan to restructure the patient-environmental transactions. This phase of planning the restructuring strategies is closely interrelated with the previous and the following phase in the sense that testing, planning, and restructuring are all part of an ongoing process. As a rule, the entire process is handled with utmost clinical judgement. Each step of movement toward change in patient-environment interaction is a test of flexibility in the direction of movement. The movement process, in turn, is incorporated into a treatment plan that is, in effect, developed "on the march" as each test for flexibility is passed. The restructuring that occurs represents the successful and full completion of the movement process from isolation to patient-environmental interaction. The underlying assumption is that changes in transactions can take place; the testing process is aimed at identifying an appropriate path to follow for each individual client.

The case of Rosa provides an example of the interrelatedness of the testing, planning, and restructuring phases. Initially the counselor was able to assess the woman's interest in church activities and the priest's willingness to reach out to her. One the basis of this information, the counselor planned to use the church as a vehicle to bring Rosa out of her isolation. The first and least threatening step, getting the priest to visit Rosa, was accomplished successfully, and the counselor was ready for testing Rosa's willingness to take the next step of visiting the church. However, because she was still afraid of going out alone, the counselor had to modify his plan, and accompany her in her first visit. Having accomplished that step successfully, the counselor tested Rosa's willingness to return to the church, and again found that she continued to be afraid of going out alone. In order to successfully restructure her interactions with the environment, it was necessary to modify the plan in order to sustain the restructured transactions once the counselor moved out of the situation. This was accomplished by arranging for some elders from the church group to regularly walk her to the church.

There is one other aspect of the treatment of Rosa that merits discussion. Why was the church explored in her case as a potential resource? The counselor's attention was directed toward this potential ecological resource during the life review process. Rosa had on several occasions mentioned that she had always enjoyed attending church regularly. From this information obtained through the life review process, the counselor identified the church as a potential source of strength that could be re-enacted. The ecological intervention in the case of Rosa was thus directed toward the re-enactment of a past source of strength.

The Case of Miguel

The Life Enhancement Counseling Model can be perhaps best illustrated by a complete case history. The case of Miguel illustrates many of the most important features of the model. Miguel is an 80 year old Cuban man exiled in Miami. His two daughters and youngest son live in Miami. He lives with his wife in a run-down two bedroom house.

In spite of an extremely successful life history, Miguel's later years have been marked by psychiatric impairments. His psychiatric history reportedly began with a series of myocardial infarctions in 1971. In 1975 he had a cerebrovascular accident which left him with a residual right hemiparesia and motor dysphasia. There was one reported suicide attempt in 1976. At the time of admission into the counseling services in 1978, the client had been under psychiatric treatment since early 1974. The psychiatrist's evaluation of the client included the following observations: history of physical ailments, blunting of interest, and continual worsening of memory and intellect; complaints of nervousness, tension, depression, insomnia, and periods of confusion and disorientation along with numerous somatic complaints. The psychiatrist also reported unkept appearance, difficulty in hearing, and physical decay; labile mood; slow, broken and hesitant speech; and defective judgement and insight. The diagnostic impression from previous psychiatric evaluations was: Organic Brain Syndrom with Depressive Features. Accordingly, the prognosis given with this earlier diagnosis was poor.

An evaluation of the client at the time of admission indicated that Miguel hardly ever left his room, reportedly having lost all interest and motivation toward life. Miguel's wife reported that whereas he had always strived to be the center of attention, this characteristic had become an

obsession in recent years. This condition was particularly burdening to Miguel's wife, who was forced to remain home nearly all the time tending to her husband.

Life Review. A comprehensive life review indicated that events which had been particularly satisfying and meaningful to Miguel involved a high degree of innovation and creativity. Some included a touch of non-conformity and defiance such as his interest in journalistic writing in which he engaged in Castro's Cuba against the advice from Castro's secret police. Miguel particularly delighted in the challenge involved in such activities as well as the artistic value of the end product.

Ecological Assessment. A review of the immediate ecology of Miguel indicated a lack of extended family support. At the time, Miguel was receiving little support from his children. In addition, Miguel was confronted with a poor economic situation which was best reflected in sub-standard living conditions, living in an old house with holes in the ceiling, defective air conditioners, jammed windows, and a leaking roof.

Treatment Plan. In view of the results of the life review and ecological assessment, a treatment plan was developed for Miguel. The treatment plan included Miguel and his wife, and the children living in Miami as relevant support systems. In order to draw him away from his inertia at admission, it was necessary to engage Miguel in an activity that was meaningful to him. Based on the information gained through the life review, this activity appeared to have to be creative, productive, preferably even an obstacle-defying activity — that is, one which at first appeared difficult, at least to the client. One of Miguel's previously successful activities consisted of painting. At the time of admission, he insisted that he would never be able to paint again, providing the counselor with a welcome "obstacle" to be overcome. A major aim in the treatment plan was therefore defined as providing Miguel with the self-esteem and confidence necessary to return to this most satisfying activity. A secondary aim was defined in terms of pooling together the efforts of the immediate family in order to better the client's living conditions.

Rediscovery of Past Strengths. The positive aspects of Miguel's life review were constantly re-enacted during the early counseling sessions, with subsequent sessions turning attention gradually to the present situation, also emphasizing the positive aspects of his current condition. In this regard the first two counseling sessions were devoted to a review of Miguel's collection of articles on Cuba, with emphasis not only on the subject matter, but also on his taking an active, tutorial role within the relationship.

Counseling also addressed Miguel's lack of mobility and "walking habits." For over two years prior to admission into the program, Miguel refused to walk out of his house. During a session conducted in the client's home, the counselor, using the excuse that he had had such a big Latin lunch that he needed to walk a bit in order to "walk off" some of the heaviness caused by the food, casually asked Miguel if he would oblige him and walk with him while they talked. Miguel did, and has since continued to walk outside the home at least once daily. At first Miguel dutifully dragged his right foot (due to hemiparesia and motor dysphasia, according to his physician), but recently has started to pick up his foot and walk properly. Had the counselor asked Miguel to walk for his own good, he probably would not have complied. However, since the need was presented as being the counselor's, Miguel happily obliged, consequently restoring his own ability to walk again.

Miguel's interest in scientific discovery was also rekindled mostly by setting up situations which, within a supportive environment, allowed his scientific curiosity to re-emerge. The counselor casually took Miguel and his wife to a beautiful botanic park located near their house but unknown to them. Typical of Miguel's depressed condition, he initially insisted that he was not up to par and could not go. At the park, Miguel immediately set out to look for snails, his specialty within the field of zoology, and to self-gratifyingly lecture on their behaviors.

These re-enactments of Miguel's past strengths and interests were based on the information revealed by Miguel's life review. They were aimed at placing him in situations that demanded the very kind of competency which Miguel had insisted "is all in the past, now." The counselor attempted to create situations where Miguel had an opportunity to behave competently, and perceive his strengths in areas that he believed had been eroded by old age and infirmity.

Ecological Intervention. The immediate aim of the ecological intervention was to improve Miguel's living conditions. The counselor began by obtaining an application for public housing and helping Miguel and his wife to fill it out, subsequently presenting it at the appropriate agency with an accompanying statement regarding the urgency of the petition. However, recognizing the time it takes to process such an application and for vacancies to occur, the counselor immediately turned to the problem of the present living conditions. Working largely through Miguel's wife -- who generally kept good relations with the entire family, including Miguel's siblings — one of Miguel's brothers was engaged in fixing the leaking roof and a hole in the kitchen ceiling. In addition, a friend of the family was engaged to repair faulty plumbing. Finally, and perhaps most satisfying to Miguel, the counselor also mobilized the family to clear out their garage, which was to be used as an art/work room by Miguel. Generally, Miguel's living condition will truly improve only when he and his wife move to a better house under public housing, but improvements in his present condition have indeed been notable and have had a noticeable positive effect on Miguel.

The process of improving Miguel's current housing conditions had a two-fold purpose. On the one hand, it was necessary to improve the living conditions, but this could have been accomplished in several ways. The counselor chose to engage the family and friends in this process to use the existing circumstances to promote their involvement with Miguel in a fashion that would be supportive.

At the time of Miguel's termination from treatment, considerable progress could be observed. Miguel was at the point where he had engaged in a number of activities that he had previously abandoned. He had become more active at home, having regained interest in his physical appearance such as shaving and showering daily and was also more careful about his choice of clothing. His motor functioning had also improved to the extent that he could prepare breakfast and walk to nearby stores. The client had also become less demanding of others and was taking more care of himself. He had even reactivated some of his creative abilities, having sketched a bouquet of flowers brought by a friend. This was a most significant expression of progress since Miguel had ceased to paint over six years ago.

In terms of his psychiatric sympotomatology, Miguel still complained much about his condition, but he no longer "lives for his illnessness" in order to draw attention. He reported less nervousness and anxiety, very slight insomnia, and hardly any numbness in his right limbs. Improvement

had particularly been observed within the realm of interest and motivation with consequent improvements in memory, intellect, and speech quality. Self-esteem and confidence had been largely regained and were beginning to find expression again. Miguel, his wife, his daughters, and his counselor all agree that prognosis at this point had been greatly improved.

There are several aspects of the treatment process illustrated in the case of Miguel that are typical of the innovative approach to counseling elders presented here. One of these is the lack of emphasis on insight or the development of knowledge and understanding on the part of the client of his own dynamics. Intrapsychic awareness is eliminated as an intermediary step to a better life. Rather the therapeutic strategies were aimed, on the one hand, at alleviating real ecological stresses and, on the other, at setting up the situations which allowed the client to circumvent his imagined short-comings. Another aspect of the Life Enhancement Counseling Model that this case illustrates is its simplicity. For elders who are neither technologically nor psychologically wise, a simple approach to treatment is necessary. What is needed is an approach that capitalizes on their wisdom without trying to teach them our technological understanding of their situation. Life Enhancement Counseling thus attempts to create with great simplicity situations from which the elder can profit from his/her strengths given the current physical, personal, and ecological conditions.

RESEARCH AND EVALUATION OF LIFE ENHANCEMENT COUNSELING

Life Enhancement Counseling was developed as part of a three year (1977-1980) demonstration model project funded by the Administration on Aging. The research reported in this section was conducted to ascertain the overall effectiveness of Life Enhancement Counseling applied to Cuban elders, to identify the specific treatment components that contribute to its effectiveness, and to determine the parameters of the population for which this approach is appropriate.

Client Characteristics

In an earlier section, it was noted that Dade County has a large elderly population, including a sizable group of Hispanic elders. The elders involved in the demonstration activity reported here were identified through agency referrals and self-referrals. Self-referrals were encouraged through a systematic community outreach program that included public service announcements, newspaper articles, television and radio talk shows, as well as presentations to community and elderly groups. At the time of this writing, 175 elders had sought the services of the demonstration project. Not all of these elders seeking assistance from the program met the criteria for admission to treatment. Of the total 175 elders seeking assistance from the project, 141 were admitted to treatment. At the time of this writing, of those admitted to treatment, 30 had not continued in treatment for various reasons, 43 were still in treatment, and 68 had completed all pre and post evaluation measures.

As the project proceeded, clinical experience indicated that Life Enhancement Counseling was most appropriate for the treatment of depressed individuals, particularly those presenting depressions that had developed as a reaction to, or compounded by, various aspects of aging. Experience with the treatment population further revealed that Life Enhancement

Counseling was not entirely appropriate in the treatment of advanced senile dementia, psychotic, terminally ill, or very frail debilitated elders. Based on the clinical observations, a procedure was developed to identify those patients whose characteristics made them appropriate for Life Enhancement Counseling: depressed, purposeless individuals were considered appropriate; organic, psychotic and very frail elders were not considered appropriate. This procedure was used to identify the 44 Cuban elders considered appropriate and used in the evaluation research reported here. The 44 Cuban elders included 10 males and 34 females; average age = 67.5, SD = 9.1, range 51-85. There was a wide spread in the time spent in the United States by these elders, ranging from 3 months to 26 years, with a mean of 12.9 years and a standard deviation of 5.7 years. The overall education level of the sample was relatively low with a mean of 7.2 years of education (SD = 4.8, range 0-18 years). Fully 57% of this sample had never gone beyond elementary school and 89% never finished high school.

Counselors

Three counselors conducted the Life Enhancement Counseling procedures. These counselors were bilingual and bicultural (Cuban and American). There were two men and one woman. Their levels of training varied to include one bachelors degree in social work, one masters degree in social work and one doctorate in counseling psychology. Their clinical experience was also varied, ranging from two to fifteen years of clinical experience. The counseling supervisor was a bilingual, bicultural individual with a masters degree in social work who had previous experience in directing demonstration and clinical research services. Extensive training in providing Life Enhancement services was conducted by the Principal Investigator at the beginning of the project and the Clinical Director later on. Case supervision and case conferences were used as mechanisms for training. The Counselors were also trained in administration of the Psychiatric Status Schedule (PSS) and the Older American Resources and Services Project's Multidimensional Functional Assessment Questionnaire (OARS) until they reached acceptable interater reliabilities among each other and with other professionals knowledgeable in the administration of these instruments.

Evaluation Measures and Variables

Outcome Measures. The literature available on service delivery to the elderly (e.g. Pfeiffer, 1975) emphasizes the need to examine the elderly person within the context of his/her ecology. This requires taking into consideration the different systems which impact upon the elderly and the different levels and areas of functioning of this population.

As noted by Pfeiffer (1975), the range of problems experienced by older persons include mental health problems, social and economic problems, and impairments in capacity for self-care. Moreover, different areas of functioning influence each other. For instance, he notes that physical illness in the elderly person can lead to depression. On the other hand, ample social resources can positively influence both mental status and assist the individual in obtaining appropriate health care services.

Taking these factors into consideration, the choice of measures was guided by an attempt to obtain a fairly comprehensive profile of the project's elderly clients. The two outcome measures chosen were the OARS Multidimensional Functional Assessment Questionnaire (OARS) and the Subjective Distress Macroscale of the Psychiatric Status Schedule (PSS).

(i) The OARS Multidimensional Functional Assessment Questionnaire

was designed to evaluate the extent and degree of impairment of older persons. This instrument was developed by the Older American Resources and Services Project, a Division of the Duke Center for the Study of Aging (Pfeiffer, 1975). According to Pfeiffer (1975), older persons who have problems tend to have multiple problems in multiple areas of functioning. The OARS represents a technology for assessment of multiple areas of functioning simultaneously, thereby providing a comprehensive profile.

The OARS measures an elder's functional level at the time of administration, in each of the following areas: social resources (extent, quality, and availability of social interactions), economic resources, mental health, physical health, and capacity for self-care in activities of daily living (Pfeiffer, 1975). Its emphasis on current functioning makes it an excellent instrument for outcome evaluation. Utilization of services is the focus of the remainder of the questionnaire. It collects information about a variety of services that elderly or impaired individuals might require. Data is systematically obtained regarding services the client is currenty receiving and also those services s/he feels s/he currently needs.

(ii) The Psychiatric Status Schedule (Spitzer, Endicott, Fleiss and Cohen, 1970) has been recommended by the National Institute of Mental Health (Waskow and Parloff, 1975) as one of the best measures of treatment outcome of its kind. The Psychiatric Status Schedule (PSS) is an instrument designed to improve the research value of clinical judgements of psychosocial functioning. The interviewer uses the PSS interview schedule to elicit information needed to judge the items of the inventory, most of which are brief nontechnical descriptions of small units of behavior. The focus us upon the subject's symptoms and functioning during the past week. The emphasis, therefore, is on current functioning.

Spitzer and his cbllaborators summarized the schedule into four factorially derived macroscales: Subjective Distress, Behavioral Disturbance, Impulse Control Disturbance, and Reality Testing Disturbance. Because of the nature of the present demonstration project, only the Subjective Distress section of the PSS is used in evaluating changes in psychosocial functioning. Five symptom scales comprise the summary symptom scale of Subjective Distress: Depression-Anxiety, Daily Routine/Leisure Time Impairment, Social Isolation, Suicide/Self-Mutilation, and Somatic Concerns. These fine symptom scales tap problem areas that are frequently encountered in elderly patients. In particular, it would seem that these five scales evaluate symptoms that would be expected to be negatively correlated with a feeling of meaningfulness in life and a joy of living.

(iii) Counselors Global Ratings. Because it is desirable to obtain outcome assessments that reflect various perspectives (Waskow and Parloff, 1975) in addition to the more standardized outcome measures, a global rating of improvement was also obtained from the counselors. The counselors' ratings were made at the time of termination. The ratings ranged from 1 = worse, 2 = no change, 3 = slight improvement, 4 = considerable improvement and, 5 = best outcome.

(iv) Adaptation of the Measures. With the permission of Drs. Spitzer and Endicott, the PSS was modified to make it more suitable for administration to an Hispanic population. The schedule itself has been completely translated into Spanish. In addition, the administration of the schedule has been modified to make it more culturally sensitive and appropriate to an Hispanic population. Similarly, the OARS was translated into Spanish. In the case of the OARS translation, studies have been conducted to

ascertain the reliabilities of the language parallel forms (Santisteban, Szapocznik and Kurtines, in preparation). These reliabilities were found to be consistent with the original interater reliability studies by Pfeiffer (1975).

Independent Variables. The basic dependent variable of the evaluation study is treatment effectiveness as measured by pre-post test scores on the outcome measures. In addition, four other measures were obtained to serve as predictors of treatment effectiveness: (1) level of acculturation, (2) extent of Life Enhancement Counseling, (3) medication, and (4) total number of sessions.

(i) Acculturation Behavioral Scale (Szapocznik, et al., 1978d). Level of acculturation was measured by the Acculturation Behavioral Scale. This scale is a 24 item factorially derived instrument designed to measure individual language usage, customs, habits and preferred idealized lifestyle. Szapocznik, et al., (1978d) report high levels of reliability (internal consistency, retest and parallel forms), and evidence for construct validity (cf. Kurtines and Miranda, in press).

(ii) Extent of Life Enhancement Counseling. Whereas all the cases reported in the analysis below received some degree of Life Enhancement Counseling, the extent of Life Enhancement Counseling as defined by the model and provided to each elder varied from individual to individual. To account for these between subject differences, ratings of the "extent of Life Enhancement Counseling" were obtained. Each of the case histories were reviewed by four members of the professional staff who were not involved directly in the delivery of services. Each rater made an independent judgement using the following scale: 1 = slight Life Enhancement Counseling, 2 = moderate Life Enhancement Counseling, and 3 = excellent example of the Life Enhancement Counseling Model.

(iii) Medication. After the initial admissions interview, the counselor determined if a psychiatric evaluation was necessary. In those cases in which the psychiatric evaluation indicated it necessary, appropriate medication (usually elavil, serentil, or norpramine) was prescribed. Medication was regularly monitored by a psychiatrist.

(iv) Total number of sessions. The total number of sessions refers to all sessions with the counselor and/or psychiatrist, including admission and evaluation as well as treatment sessions.

Procedure

Pre-treatment measures obtained during the admission interview were the OARS, PSS, Behavioral Acculturation Scale and demographic information. All the pre-treatment measures were administered by the same individuals who would become that elder's counselor. Experience in previous studies revealed that continuity of contact with one person is vital to maintaining clients engaged in treatment. In fact, in previous studies when pre-treatment assessment was handled by a person different from the counselor, a high attrition rate occurred between admission and first counseling sessions.

Clinical procedures in providing treatment to this largely Hispanic population required that the initial admission session be scheduled soon after initial request for services. Consistent with the crisis orientation of this population, in all cases, initial admission sessions were scheduled within three working days of initial contact.

In order to enhance the objectivity of the evaluation procedure, it was necessary to have someone other than a client's counselor administering

post treatment outcome measures. The post treatment outcome administration was performed by counselors who were in the same Life Enhancement Counseling unit, but who had not been directly involved in the treatment of the client being post-tested.

RESULTS

The data on Cuban elders constitute the core of the findings reported in this section. Two main sets of analyses will be reported in this section: (1) pre-post analyses on the outcome measures, and (2) regression analyses to determine parameters of treatment effectiveness.

Outcome Analyses

The data on the outcome measures for the 44 Cuban elders who had completed the study at the time of this writing were analyzed as follows. Two tailed t-tests were calculated to compare the mean pre and post scores on the OARS and Subjective Distress PSS Macroscale. The mean, standard deviation, t-values, and levels of significance for the pre-post scores are presented in Table 1.

As Table 1 depicts, mean post-test scores for all OARS variables were significantly lowered, reflecting significant improvements in the multiple dimensions of functioning assessed by this instrument. While significant reductions occurred for all variables, the most dramatic improvement is not in any one area, but in overall functioning as assessed by OARS total score. The largest improvement for a single scale was predictably, Mental Health. Table 1 also reveals that there were significant improvements in all areas evaluated by the Subjective Distress Scale of the PSS. It is noteworthy that the single largest improvement on the PSS was obtained for the Depression-Anxiety subscale.

Although the thrust of this chapter has been to document the effectiveness of Life Enhancement Counseling with Cuban elders, analyses of the data obtained from a second sample on nonCuban elders (comprised of 7 nonCuban Hispanics and 3 nonHispanic whites) provide some tentative evidence for the generalizability of Life Enhancement Counseling as an effective intervention modality with nonCuban elders. As with the Cuban elders, the pre-post differences on overall OARS and the total PSS Subjective Distress were significant, reflecting the effectiveness of Life Enhancement Counseling with the nonCuban elders. However, for this sample, not all of the individual scales reflected significant improvement. The improvements were greatest in OARS-Mental and Physical Health and in PSS-Depression/Anxiety and least noticeable in OARS-Social Resources and Activities of Daily Living and PSS-Daily Routine/Leisure Time Impairment. Hence, the greatest improvement for this group took place in the mental health area and the least improvement in daily routine and social resources.

While it appears that Life Enhancement Counseling is highly effective with depressed elders, the data from the project indicates that it is not generally recommended for the treatment of certain types of impairments common to the elderly. In fact, the model was specifically designed for enhancing meaning of life, thereby assuming meaninglessness to be a critical target problem. Clinical experience suggests that while Life Enhancement Counseling can be an adjunct to the treatment of elders with other impairments, it does not directly apply to the treatment of organic, psychotic, or frail, debilitated elders. In order to assess the impact of treatment on such individuals, outcome analyses were conducted on the sample

TABLE 1

MEANS, STANDARD DEVIATIONS, t-VALUES, AND LEVELS OF SIGNIFICANCE FOR OARS AND PSS SCALES FOR 44 CUBAN ELDERS

	M(SD)			
	pre	post	t	p<
OARS				
Social Resources	2.66(.89)	2.20(.95)	3.81	.000
Economic Resources	3.20(.82)	2.39(.78)	6.66	.000
Mental Health	3.02(.55)	2.20(.51)	7.50	.000
Physical Health	2.64(.86)	2.16(.74)	4.53	.000
Activities of Daily Living	2.32(1.14)	1.68(.91)	4.88	.000
OARS Total	13.84(2.71)	10.64(2.49)	9.37	.000
PSS- Subjective Distress Macroscale[2]				
Depression-Anxiety	52.52(14.05)	33.91(5.66)	8.86	.000
Daily Routine/ Leisure Time Impairment	44.48(13.16)	39.09(4.18)	4.85	.000
Social Isolation	46.36(12.20)	41.16(3.19)	3.31	.002
Suicide/Self mutilation	45.95(8.77)	42.00(0.00)	2.99	.005
Somatic Concern	56.39(19.45)	45.02(5.45)	3.66	.001
Subjective Distress Total	51.14(16.49)	33.93(4.76)	6.91	.000

[2]The small amount of variance in post tests of the PSS Subjective Distress subscales was due to floor effects at the normal end of these scales. It should be noted that one finding of this study was that the PSS, which was originally validated on inpatient populations, displays a floor effect when used with outpatient populations, limiting its use as an outcome measure with outpatient populations.

of clients (N = 14) who had completed treatment, but who had been excluded from the previous analyses because the nature of their impairment went far beyond problems of meaninglessness. Generally, this sample was more impaired than the other samples at the time of admission and at the time of termination. Generally, there was overall improvement as assessed by the total OARS and PSS scales. However, in many of these cases the degree of Life Enhancement Counseling that was possible to conduct was limited because of the deteriorated state of the clients. What is critical to point out here is that in some of the areas that represented crucial target problems for these individuals such as physical health and impairment in activities of daily living, little improvement was achieved through our treatment. Hence, Life Enhancement Counseling does not appear to affect some of the most critical target problems of severely deteriorated elders.

Regression Analyses

The analyses reported in this section aim at identifying variables that are predictive of success in Life Enhancement Counseling. In order to conduct these analyses it was necessary to develop a composite measure of treatment effectiveness by factor analyzing the outcome measures. The factor analysis revealed the existence of two distinct outcome factors. One factor was the Composite Score of OARS Gain scores and Clinical Global ratings. The second factor consisted of the Subjective Distress Gain scores.

(i) Client Variables. A stepwise regression analysis was conducted using the OARS and Global Rating Composite Score as the dependent variable, and acculturation, age, sex, number of years in the U.S., and education as independent variables. The results of this regression analysis indicated that none of these client variables were significant predictors of improvement as measured by this factor. A second regression analysis was conducted, this time using Subjective Distress Gain as a dependent variable. Again, the results of this analysis suggested that none of these client variables were significant predictors of Subjective Distress Gain.

(ii) Treatment Variable. A stepwise regression analysis was conducted using the Treatment Effectiveness Composite Factor (OARS Gain and Clinical Global ratings) as the dependent variable, and (a) extent of Life Enhancement Counseling, (b) medication, and (c) total number of sessions as predictor variables. The result of this analysis indicate that the single significant predictor of treatment effectiveness on the Composite Factor was the extent of Life Enhancement Counseling $F(1,42)^2 = 21.21$, $p < .001$. A second regression analysis was conducted, this time using Subjective Distress Gain as the dependent variable. The results of this analysis indicate that the single significant predictor of improvement in this factor was medication, $F(1,42) = 5.28$, $p < .05$.

The regression analyses of the effect of treatment variables upon outcome revealed that extent of Life Enhancement Counseling was the best predictor of OARS gain while the use of medication was the best predictor of improvements in levels of subjective distress. These findings would suggest that each of these two treatments have differential effects on different types of problems: Life Enhancement impacts on multidimensional functioning; medication relieves subjective distress. Further analyses were conducted to examine in closer detail these interesting effects and their interaction.

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[2] One subject was deleted from the analysis because of missing data.

The first set of analyses was designed to determine whether Life Enhancement was also effective in reducing subjective distress in those clients who received no medication. From the total sample of 44 Cuban elders, 17 received no medication. Analyses conducted on pre-post test scores of subjective distress revealed a significant improvement in total Subjective Distress Macroscale scores, $t(16) = 3.39$, $p < .01$. The Depression-Anxiety subscale decreased significantly, $t(16) = 4.01$, $p < .001$. The remaining subscales (Suicide/Self Mutilation, Somatic Concerns, Social Isolation, and Daily Routine/Leisure Time Impairment) did not improve significantly. However, an examination of the pre-post means indicated that the lack of apparent improvement was a result of very low initial scores which were already close to the "floor" in each of these scales. Thus, although medication was the best predictor of improvement in subjective distress, clients who received no medication, but received Life Enhancement Counseling, improved in subjective distress generally and depression/anxiety specifically.

A second set of analyses examined the interaction between the two treatment variables under discussion, Life Enhancement Counseling and medication. Two 2 x 2 analysis of covariance were conducted separately on post OARS total and PSS Subjective Distress Total, with pre-treatment scores as covariates. The independent variables for the ANCOVA's were (1) low vs. high levels of Life Enhancement Counseling and (2) medication vs. no medication. For the OARS variable, there was a significant trend for level of Life Enhancement, $F(1,39) = 3.24$, $p < .08$, and a significant Life Enhancement x medication interaction effect, $F(1, 39) = 4.51$, $p < .006$.

Plotting of these data revealed several interesting findings. First, patients who tended to receive medication, also tended to be the most dysfunctional on all measures at admission. Second, patients who received no medication improved significantly with counseling alone. Finally, and perhaps most interesting, is the finding that among those subjects on medication, those who received extensive Life Enhancement Counseling improved more than those subjects who received little Life Enhancement Counseling, indicating that medication alone is not the most desirable treatment strategy.

COUNSELING AND THE ELDERLY:

THE LIFE ENHANCEMENT MODEL IN PERSPECTIVE

For too long, mental health services have been unavailable to the elderly. Although there are many reasons for the present state of affairs, perhaps the most important reason has been the dearth of appropriate treament procedures. This dearth is rooted in a lack of understanding of the ways in which elders function and the unavailability of creative strategies for turning elders' characteristics, typically perceived as weaknessness, into their strengths. Too often, the many psychological symptoms of the elderly are viewed as inevitable aspects of growing old, rather than as symptoms of psychosocial problems that are reversible once appropriate interventions are identified. In this section, Life Enhancement Counseling is presented within a broader perspective, and its potential and limitations discussed.

Life Enhancement Counseling represents an attempt to redirect the mental health service delivery effort along new lines by offering an

alternate model for conceptualizing counseling for the elderly. This approach builds on elders' strengths and natural proclivities, while utilizing environmental resources to buttress elders' functioning. It has been developed specifically for the treatment of the most pervasive mental health problem confronting the elderly: a problem that is typically diagnosed as depression, but conceptualized here as a loss of meaning and purpose in life. As an intervention approach, Life Enhancement Counseling has been designed to provide a replicable intervention methodology, with clearly delineated steps and procedures.

Life Enhancement Counseling for Whom?

When Life Enhancement Counseling is applied to a depressed population, it is effective for a broad range of clients. Within the Cuban sample included in the results section above, for example, regression analysis using client characteristics as predictors of treatment effectiveness reveal that this approach was effective for a wide range of ages: The Cuban elders in this sample ranged from a relatively young age of 51 to a very elderly 85. Treatment was also equally effective along a wide range of levels of acculturation and years in the United States, the latter ranging from 3 months to 26 years. Similarly, while there tended to be more women than men, the results showed that treatment was equally effective for both groups. Remarkably, Life Enhancement Counseling was equally appropriate for a wide range of educational levels, ranging from illiterates with no education to an elder with a doctoral degree.

Life Enhancement Counseling was also found to be effective when applied to a group of 10 nonCuban elders (7 nonCuban Hispanics and 3 nonHispanic whites). This finding has important implications for the generalizability of the counseling model to nonCuban elders and warrants further investigation. Replications on this work with nonCuban elderly populations should be encouraged.

The clinical experience and research findings suggest that Life Enhancement Counseling us not entirely appropriate for elders with senile dementia, for the terminally ill, or for frail or handicapped elders. For these individuals, the improvements were limited and Life Enhancment Counseling functioned at best as a supportive therapy. For this group, gains were usually not as impressive as with the depressed-only patients.

Implications for Treatment

The work in this chapter has important implications for mental health treatment of elders. The most clinically relevant findings can be summarized as follows:

1. Life Enhancement Counseling is an acceptable and effective method in the treatment of depressed elders, particularly those who have lost their sense of meaning and purpose in life.
2. Life Enhancement Counseling is effective with a wide variety of elders across age, sex, socioeconomic status, education, acculturation levels and ethnic background.
3. Life Enhancement Counseling is particularly effective in bringing about multidimensional improvement in the areas of social resources, economic resources, mental health, physical health and activities of daily living.
4. Life Enhancement Counseling should be used in conjunction with antidepressant medication with clients who present severe levels of subjective distress. With these clients, the medication was highly

effective in reducing subjective distress, although Life Enhancement Counseling had a substantial effect beyond that of the medication alone.

5. Life Enhancement Counseling by itself (i.e. without medication) is effective in reducing subjective distress, particularly depression/anxiety in those clients presenting initially moderate levels of dysfunction.

Conclusions

The Life Enhancement Counseling Model described in this chapter represents an innovative integration of treatment strategies for providing mental health services to elders. This approach utilizes elders' natural proclivity to reminisce and recognizes the significance of their current ecological conditions. Life Enhancement Counseling thus draws on elders' past strengths and competencies; and re-enacts these in the present in an effort to ameliorate those conditions that contribute to elders' mental health distress. The development of this method is rooted in a philosophic orientation of service delivery that encourages tailoring treatment to client characteristics and needs, rather than forcing clients into pre-existing treatment modes.

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