Aging & Long-Term Care

An Introduction to Treatment Issues for Helping Professionals

3 Units

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This course meets qualifications for 3 hours of continuing education credit for MFTs and/or LCSWs as required by the California Board of Behavioral Sciences.

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PCE # 3226

"To me, old age is always fifteen years older than I am."

Bernard Baruch (1870-1965)
US financier and presidential adviser

Aging & Long-Term Care

An Introduction to Treatment Issues
for Helping Professionals

Learning Objectives:

1. **Acquire a general understanding of the following aspects of aging:**

- Physical changes related to aging
- Social challenges encountered by older adults
- Psychological aspects of aging
- Ageism in modern Western cultures

2. **Recognize treatment implications unique to older adults as they relate to the following:**

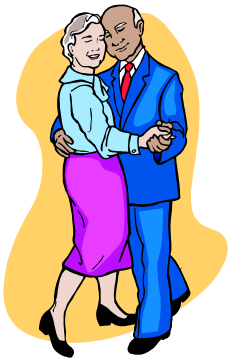
- Dementia
- Substance Abuse
- Bereavement
- Long-Term Care

3. **Learn how to respond appropriately to elder abuse.**

4. **Develop diagnostic hypotheses and comprehensive treatment planning in response to a clinical vignette.**

5. **Become familiar with resources available for older adults.**

The Aging Process



What is old? The short answer is, it depends. Age is both a linear, objective process, and a subjective experience. In examining the objective process we must note that "age is an index of time, and time does not 'cause' the aging of the body " (Whitbourne, 1996, p. 28). Nevertheless, advancing chronological age does correspond with a progressive decline in the body's systems. This is a natural occurrence that begins in early adulthood. However, the full effects of this process are not usually experienced for many more years. It is at this point that we have a change in our subjective experience, and this is when we think of ourselves as old.

Among the older adult population, some researchers distinguish between the younger old (60-74), middle old (75-84), and the oldest old (85+). Homogeneity among older adults becomes more pronounced as age increases. Among older adults over the age of 85, there are typically a "higher percentage of women over men, higher levels of comorbidity* and institutionalization, and greater consumption of medical and care services." (Smith, Borchelt, Maier & Jopp, 2002) [*Comorbidity: a concomitant but unrelated pathological or disease process.]

"It is external changes that largely drive the evolution of our inner experience."

External changes largely drive the evolution of our inner experience. This is a process not confined to older adults. It is experienced across the developmental milestones of the lifespan. For example, as a person ages she or he will experience multiple identities or roles such as child, adolescent, student, spouse, professional, parent, grandparent, etc. These are physical identities that are changeable,

though the inner experience of the self remains relatively constant. The essence of the person does not change. The value that modern society places on these roles changes, however, with the roles of the older person declining in significance as age increases. This can change the way older adults feel about

themselves.

Roles of older adults vary across cultural lines. This is especially evident when comparing traditional cultures with those of modern society. In traditional cultures, there is a secure place for older adults, whose archetypal roles become that of artist and storyteller, with a corresponding perspective that is understood to encompass a breadth and depth of experience that has value to society. In contrast, modern society—and this appears to be especially true of American society—is obsessed with individuality as well as productivity.

"In therapy with older clients, a relevant focus of treatment would be to identify areas where the client feels able to contribute meaningfully."

Because of this societal emphasis on individuality and productivity, older adults are at risk for a loss of self-esteem if they feel that they are no longer able to contribute their unique gifts in a meaningful and productive way in their community. This can be an especially difficult transition as a person ages, because the person still experiences himself or herself as the same, and yet the body is no longer true to this internal representation, and society's regard for the individual also changes. This disconnect can result in painful affective states.

In therapy with older clients, a relevant focus of treatment is to identify areas where the client feels able to contribute meaningfully. These ways may be different from ways that were formerly rewarding to the client, so time should be taken to process possible feelings of loss about changing roles, while validating the client's unique life story. The therapist can also utilize cognitive restructuring as a way of challenging limiting belief systems about a person's value. Existential and present-focused interventions can also encourage the client to move beyond a value of productivity and develop value in being. Ancillary exercises such as meditation and yoga can also be of great benefit, both physically and emotionally.

Narrative forms of therapy are well-suited to work with older adults, as are therapeutic systems that draw from archetypal and symbolic structures.

In recent years, gerontology has been rediscovering the importance of narrative in the meaning of old age. That importance has always been at the heart of traditional cultures, where the transmission of narratives and life stories has contributed to positive respect and dignity for old age. It is a condition of modern life that the remembered culture and life experience of old age are constantly rendered obsolete by the culture of modernity. Mass media are only a heightened version of this condition. The obsolescence of old age has far-reaching consequences for old people, who are likely to lose confidence in their own capacity as culture bearers or culture creators. (Moody, 1988, p. 258)

"It is a condition of modern life that the remembered culture and life experience of old age are constantly being rendered obsolete ..."

An alternative vision for the culture in relation to lifespan development "is a culture where memories and lessons of the past are not forgotten and where hope for a common future is transmitted to the next generation." (Moody, 1988, p. 260) The therapist can support the client in recording his or her life story in a meaningful way. Techniques for this process include journaling, audio/visual means, scrapbooks, etc. Eliciting the help of interested people in the client's life in this endeavor brings benefit on multiple levels, by strengthening and adding meaning to the individual as well as the family and community.

Physical Aspects of Aging

Even in normal aging, there is a certain inevitable "wear and tear" that ultimately takes its toll on the physical body. Lifestyle and environmental factors can impact this process positively or nega-

tively. Some of the most common physical symptoms found among older persons are disorientation, falls, incontinence, and immobility. These symptoms are common to a number of physical ailments. While there is some indication that subjective well being in old age is influenced by quality of health, with declining health correlating positively with advancing age, this effect appears to be the greatest among the "oldest old," or those above age 80. (Smith, Borchelt, Maier & Jopp, 2002). Some researchers postulate that there is a limited capacity for individuals to adapt to declining health, and that this capacity may reach a critical limit.

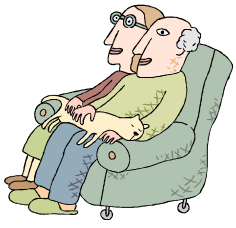
> The accumulated chronic strain of dealing with the effects of multiple physical illnesses, frailty, functional impairment, and social losses … appears to test the limits of adaptive self-related processes. Poor health in very old age may eventually be an overwhelming factor that either dampens the capacity to experience positive emotions or limits opportunities for such experiences. (Smith, Borchelt, Maier & Jopp, 2002)

Lifestyle and environmental factors can impact the aging process either positively or negatively.

Therapists should be especially cognizant of the physical implications of aging, and routinely screen for physical causes of emotional problems in older clients. Referring for a medical and/or neurological evaluation and requesting a release to speak with a client's physician should be considered at intake, and contact should be made as necessary throughout the course of treatment.

Social Aspects of Aging

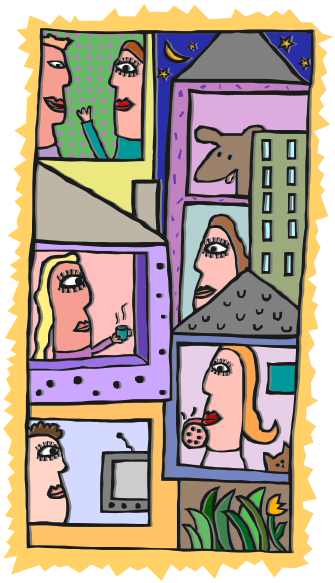
Social aspects of aging can include such factors as socioeconomic status, retirement, social activity, social networks, sexual behavior, and life satisfaction. There are a great deal of individual differences among older adults, and it can be



misleading to ascribe general labels in regards to these factors. The best single predictor of a person's status, attitude, or activity tends to be their position in relation to these variables at a previous point in time.

> Persons who were wealthier, healthier, more employed, more active, and more satisfied at the beginning of our studies tended to be wealthier, more employed, more active, and more satisfied at the end of our studies, despite all the age changes that took place. (Palmore, 1981, p. 109)

"There are certain forms of social activity that are strongly predictive of health and happiness."



There are certain forms of social activity that are strongly predictive of health and happiness. These include "more leisure activities, more secondary group activities, more people seen, and more hours in social activity." (Palmore, 1981, p. 109) Social participation and social contacts are important sources of well being, especially for older adults. When advancing age corresponds with health concerns that include increased difficulty seeing and hearing, and decreased mobility, there is a reduced opportunity for social contact. "The oldest old typically have to rely on the 'social world' to come to them." (Smith, Borchelt, Maier & Jopp, 2002) This reduction in social contact can negatively affect the well being of older adults. Because of the importance of social contact for older adults, the therapist should routinely assess the older client's social support system, and include goals relating to social needs in the treatment plan.

Psychological Aspects of Aging

Coming to terms with mortality can pose a significant psychological challenge in the aging

process. "Everyone appears to grapple with the view toward living and the view toward death, struggling with the extremes of immortality and ultimate separation from loved ones. " (Flinders, 2003) While this is true across the lifespan, it becomes especially significant with advancing age.

Erik Erickson's developmental theory postulates that the final stage of life is characterized by Ego Integrity vs Despair. In this stage, the person must face the ending of life, and accept successes and failures, aging, and loss. Ego integrity develops if the person is able to accept his or her life as it is, and develop what Erickson refers to as a "detached concern with life itself in the face of death itself." Conversely, if the person is unable to accept the reality of their life, a sense of despair develops. They may feel that it is too late to make changes, and dread their death.

The main element to making meaning of one's life has to do with the life story, or narrative.

The narrative of the personal life history is a story that is constructed in early childhood, sometime after the third year of life (Farnham-Diggory, 1966). The story is successively revised throughout life, as long as there is the capacity to remember (Schafer, 1980a,b, 1992). In Western thought, time is ordered linearly (Geertz, 1966 ; Ricoeur, 1977 ; Freeman, 1985). Lives and stories are presumed to have a beginning, middle, and end. Preparation for a good death, with a record of accomplishment in life and satisfaction with life as lived, is believed to be critical for the maintenance of morale at life's end. This appears to be particularly important in later life as part of settling accounts through the life review (Butler, 1963). (Galatzer-Levy & Cohler, 1993, p. 318)

"Erik Erickson's developmental theory postulates that the final stage of life is characterized by Ego Integrity vs Despair."

Therapy can play an important role in facilitating this process. The therapist is well-positioned to draw out this narrative and to assist the older client in making meaning of the events of his or her life. The therapist is able to bear witness to the client's life story, providing meaningful feedback, and re-framing as necessary, to assist the older client in developing a narrative that supports ego integrity instead of despair.

Ageism

There are many stereotypes associated with aging. However, most older adults do not easily fit into these categories, and this tends to be true of both the positive and negative labels associated with this population. In truth, older adults have about as many individual differences as any other distinct group. Even with regard to general declines in functioning, these are "neither universal, inevitable, nor constant." (Palmore, 1981, p. 115) Rather than looking for generalizations to older adults, it is more useful to consider the dominant pattern of the individual's life. Older adults tend to be quite consistently the same as they were when they were younger. Therapists who seek to discover the uniquely recurring patterns of thought, emotion, and behavior in their older adult clients will benefit from the context this exploration can provide, and will have a much more accurate representation of their clients. This exploration will enhance understanding of how these patterns affect the current challenges their clients face in the aging process. It also allows older adults the uniqueness of their experience.

"In truth, older adults have about as many individual differences as any other distinct group."

Therapists certainly need to consider their own ideas about working with older adults, and understand how they may be influenced by the negative stereotypes associated with aging in the popular culture. Therapists may find it helpful to ask themselves what assumptions they have about working with this population.

Possible assumptions based on these stereotypes may be that therapy with this population will be boring, unproductive, or depressing; that older adults are lower functioning due to cognitive decline; that their issues are not compelling. These assumptions may be conscious or unconscious. (Flinders, 2003) Therapists should also examine their feelings about their own aging process, as countertransference in this area will impact the therapeutic process.

Treatment Issues Unique to Older Adults

General Considerations:

There are a number of treatment issues that are of greater concern for older adults, many of which can preclude older adults receiving mental health treatment. These may include sensory deficits, cognitive impairments, and practical problems such as a lack of transportation, illness, or economic constraints. Additionally, it may be difficult for an older client or his or her family to recognize the benefits of therapy. (Lazarus & Sadavoy, 1996, as cited in Pachana, 1999, p. 107)

"It may be difficult for an older client or his or her family to recognize the benefits of therapy."

Dementia :

While dementia is by no means a significant factor for the majority of older adults, it is mentioned here because it is a serious condition with psychological ramifications for those older adults who suffer from this diagnosis, as well as their families. Among people 65 years of age and older, an estimated 2-4% have Dementia of the Alzheimer's Type. The prevalence increases markedly after age 75, and by age 85, 20% or more show symptoms of this disorder. (APA, 1994) There are a number of important considerations in the treatment of clients with dementia. These clients may be depressed, anxious, and exhibit neurobehavioral problems that include agitation, aggression, and wandering. These symptoms can impair quality of life for both the client and the caregivers, and may bring about institutionaliza-

tion.

Treatment strategies for clients with dementia are likely to include caregivers, and goals may include providing emotional support, maximizing cognitive, psychiatric and behavioral functioning,

and developing coping strategies for both the client and the caregiver. The therapist should take care to use clear, simple, language, free of metaphor or abstractions, and make use of written recommendations. This is necessary to deal with the memory and language impairments that are a feature of dementia. It can also be helpful to schedule shorter, more frequent sessions to avoid fatigue. Behavioral interventions can be most effectively constructed with the input of caregivers. The therapist can explore with caregivers both positive and negative behaviors, paying close attention to the possible triggers, or cues that may be present, as well as past habits and cultural norms that may be factors in current behavior.

Interventions for inappropriate behaviors may include cognitive/behavioral strategies (including token economies), modification of the environment, psychoeducation, emotional support, relaxation with guided imagery, and psychopharmacological treatment. Due to the dynamic course of dementia, treatment strategies must be frequently re-evaluated, and the therapist must be able to modify interventions as the course of the disease progresses. (Pachana, 1999, p. 107)

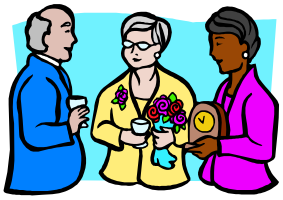
Bereavement:

The experience of loss becomes a more common theme as people age. Women in particular, because their lifespan is generally longer, and because they tend to marry men at least a few years older, are more likely to experience the loss of a spouse. Conventional wisdom holds the assumption that preparing for the loss through "anticipatory grief" in which the individual prepares in advance for the loss, may ease negative reactions when the loss is actually realized. However, this assumption has not been borne out in research. In fact, "older women who had antici-

"The experience of loss becomes a more common theme as people age."

pated or spontaneously rehearsed their loss by discussing financial security or funeral arrangements were more poorly adjusted after their loss, reported significantly more health problems, and tended to show greater levels of depression than widows who had not engaged in such preparatory tasks." (Hill, Thompson and Gallagher (1998). In Pachana, 1999, p. 107)

When working through the issue of loss in therapy, there are several factors that are especially relevant to older adults. Lack of skills to deal effectively with the problems of daily living may be an issue. There may be pressure from others to live their lives in a particular way, or even guilt about what they believe the deceased would want them to do. Loloneliness is perhaps the greatest difficulty for older bereaved spouses. However, addressing these issues in therapy can significantly improve psychological functioning. "In one study, older bereaved adults reported feeling increased self-esteem, independence, capacity to get along with others and ability to deal with their grief after learning new life skills following the death of their spouse." (Lund, 1989). In (Pachana, 1999, p. 107)



Perhaps surprisingly, the loss of a spouse does not necessarily contribute to poorer health or less life satisfaction among older adults. (Palmore, 1981, p. 109). One hypothesis is that older adults who maintain strong social connections tend to manage the loss of a spouse in more positive ways than those who are socially isolated.

Substance Abuse:

While substance abuse affects people across the lifespan, there are unique implications of substance abuse for older adults. Older adults are more likely to be taking prescription medications, and have greater physiological sensitivity to drugs and alcohol. These factors can make accidental or deliberate misuse of drugs and alcohol a significant risk.

"Older adults are more likely to be taking prescription medications, and have greater physiological sensitivity to drugs and alcohol."

A 1990 study by Kemp, Brummel-Smith, & Ramsdell of a US sample suggested that as many as 10% of older adults in the general population have a significant problem with substance abuse. Other studies produce prevalence rates as high as 25% among community dwelling older adults (Nirenberg, Lisansky-Gomberg, & Cellucci, 1998), 20% among geriatric outpatients (Holroyd & Duryee, 1997) and 60% among institutionalised (sic) older adults (Caracci & Millar, 1991). Generally, older men are at greater risk for substance abuse than older women. Establishing rates of drug use among older populations is hampered by factors such as the isolation of some older adults, and the tendency of older persons to drink alone and at home (Solomon, Manepalli, Ireland & Mahon, 1993). In (Pachana, 1999, p. 107)

Given the relative prevalence of substance abuse issues among older adults, therapists should routinely screen for potential problems, including intentional or unintentional misuse of prescription medications.

Long Term Care:

Long-term care facilities, such as nursing homes, are typically based on a medical model. There is a great deal of regimentation, formal rules, and strict adherence to routine. The focus tends to be on illness, rather than rehabilitation. "Hence, the elderly resident is viewed as a "patient," which reinforces the societal misconception of the aged as ill." (Osgood, Brant & Lipman, 1991, p. 19)

"Depression is estimated to affect...up to 25% of elderly residents in long-term care facilities."

Perhaps in part due to these factors, depression can have a significant impact on older adults in long term care. "Depression is estimated to affect 5 % to 10 % of the elderly population in the community and up to 25% of elderly residents in long - term care facilities." (Reynolds,

1995, as cited in Burke & Laramie, 2000, p. 426)

The issues associated with long term care are numerous. It can raise extreme psychological conflict within a family, striking at the heart of the meaning of home, and even life itself. Themes of disloyalty, abandonment, and multiple losses—of love, control, privacy, dignity, and purpose are all areas of concern when addressing this issue. (Flinders, 2003). Generally, therapists should be aware of the following issues when working with clients in long term care. These include bereavement, depression, family dynamics including perceived or real abandonment or rejection, physical and functional loss, and frequent moves within a facility and/or from one facility to another. All of these issues can contribute to significant psychological pain. "Emotional pain is often more than the vulnerable older person can endure, and the will to live under these circumstances rapidly disintegrates in many elderly in long-term care institutions." (Osgood, Brant & Lipman, 1991, p. 98) In these circumstances, suicide becomes a very real threat.

Elder Abuse

According to the United States' House of Representatives' Select Committee on Aging, "some 5 percent of the Nation's elderly may be the victims of abuse from moderate to severe... or more than 1.5 million elderly may be victims of such abuse each year" (Select Committee, 1990, p. xi). (Bergeron, 2000, p. 40)

"Therapists in California are mandated reporters of suspected elder abuse."

Abuse is defined in the California Welfare and Institution code as "Physical abuse, neglect, intimidation, cruel punishment, financial abuse, abandonment, isolation, abduction or other treatment with resulting physical harm, pain, or mental suffering, or the deprivation by a care custodian of goods or services which are necessary to avoid physical harm or mental suffering" (California Welfare and Institution Code). (Burke & Laramie, 2000, p. 561)

Therapists in California are mandated reporters of suspected elder abuse. Suspected abuse must be reported to the appropriate agency immediately or as soon as practically possible by telephone, followed by a written report within 2 business days.

The issue of elder abuse can pose difficult ethical dilemmas for therapists. Because older adults tend to be skeptical of people in the helping professions, trust may take considerable effort to establish. Older adults may also be reluctant to disclose abuse, especially if they fear that they will be removed from their homes and placed in residential care. "Wolf and Pillemer (1989) report that elder victims of abuse would choose to remain in their own homes and continue to suffer from the abuse than be uprooted to a nursing home setting." (Bergeron, 2000, p. 40) In light of these factors, special care must be taken in the establishment of the therapeutic alliance to clearly delineate limits to confidentiality, and to help the older adult victim of abuse work through feelings that will most certainly arise if a report of abuse is necessitated during the course of therapy.

Treatment Strategies

Nearly any traditional therapeutic approach can be used effectively with older adults, i.e. cognitive, behavioral, insight-oriented, systemic, group modalities, etc. Additionally, the use of art, writing, and creative drama can enable older adults to go beyond previous roles and explore new values. These tools allow the older adult client to "progressively express deeper aspects of the self. The impact of these experiences can be extraordinary." (Moody, 1988, p. 259)

"Nearly any traditional therapeutic approach can be used effectively with older adults."

Collaborating in the process of a systematic life review is another approach to working with older adults. In this process of life review therapy, a detailed life history is elicited, careful observation is made of the details of the client's life, and memories are systematically examined to aid in the process of constructing

meaning. Techniques for eliciting memories include writing or taping autobiographies, and focusing in detail on a specific person or event. Other techniques in this process include "pilgrimages to important places from the past, reunions (church, class, and family), genealogy construction, and the use of memorabilia (scrapbooks, photo albums, and old letters)" (Osgood, Brant & Lipman, 1991, p. 128).

This is effective work both with individuals and groups. The role of the therapist is to listen effectively, and to "use the skills of exploration, focusing, and probing to help individuals order their pasts as coherent wholes" (Osgood, Brant & Lipman, 1991, p. 128). Life review therapy encourages older clients to resolve former conflicts, reconcile family relationships, let go of guilt, transmit knowledge and values to others, and integrate aging and death into the life process. (Osgood, Brant & Lipman, 1991, p. 127).

Those in the helping professions are uniquely positioned to help redefine society's views on aging as they work with individuals and families. Ultimately, a society that values the richness and wisdom of age avails itself to a vast and potent natural resource. It is a society in which every person is allowed to reach their full potential in every season of their life.

Additional Resources

www.aoa.dhhs.gov

www.seniorlaw.com

www.aging-parents-and-elder-care.com

www.careguide.com

www.aarp.org

www.ncoa.org

www.nia.nih.gov

www.agingresearch.org

www.agingwithdignity.org

www.elderabusecenter.org

Vignette

Mary, a woman in her early-seventies, presents for therapy. She is referred by her adult daughter. Mary lives with her daughter, son-in-law, and their two daughters, ages 10 and 13. Mary came to live in her current home 2 years ago, when the death of her husband resulted in her being unable to handle her chronic health issues on her own. She has diabetes, and is beginning to exhibit some short-term memory loss. The family was concerned that Mary would forget to check her blood sugar or take her insulin while living alone. Additionally, the family recently decided that she is no longer able to drive safely, following a recent accident, and two incidences where she got lost on a formerly familiar route. Mary reports that she feels like a burden, and doesn't have any interest in life. When she moved into her daughter's home, her granddaughters had to give up their own rooms, and now share a room. This causes conflict between them, which adds to her feelings of guilt. Mary's adult daughter works full-time outside the home. The daughter reports that her mother is often irritable, and only want to watch television all day, at times refusing to get dressed. The daughter also reports that she feels overwhelmed with the situation at home, taking care of her mother and parenting her daughters as they enter adolescence.

Try to answer the following questions on your own, then continue reading to find some other possible responses.

- What are some possible diagnostic considerations?
- What referrals might be appropriate?
- What treatment modality might be appropriate and why?
- Consider some appropriate goals for therapy.
- Suggest an intervention that might be considered, and the possible rationale for its use?

Note: the answers that follow are not meant to be an exhaustive response to the above clinical scenario.

Diagnostic Considerations and Treatment Planning

What are some possible diagnostic considerations?

- Major Depression
- Dementia
- Adjustment Disorder With Depressed Mood

What referrals might be appropriate immediately or in the future?

- Neurological evaluation
- General medical evaluation to rule out drug interactions, metabolic or endocrine problems, vision or hearing problems, presence of other health issue (uncontrolled diabetes, tumor, infection, etc.) that could be contributing to symptoms
- Psychiatric evaluation for medication management
- Home health aide
- Respite care
- Therapy referral for caregiver
- Screen for elder abuse and report if necessary

What treatment modality might be appropriate and why?

- Individual therapy using cognitive interventions to address depression
- Individual and/or family therapy using behavioral interventions to address complications of possible dementia
- Family therapy using experiential and/or communication interventions to strengthen relationships

Consider some appropriate goals for therapy.

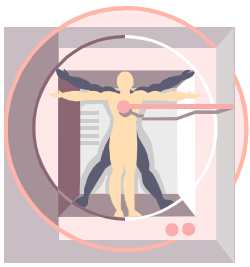
- Reduce client's symptoms of depression
- Improve client's self-care behavior
- Improve family communication
- Decrease caregiver stress

Suggest an intervention that might be considered, and the possible rationale for its use?

- Encourage client to begin an autobiographical project, such as compiling memorabilia in a scrap-book, or recording elements of her life story in writing or through the use of video. Enlist the participation of other family members in this project. Provide structure for this activity as necessary, such as suggesting books that include focused questions to elicit memories and reflections. The rationale is to increase the client's self-esteem and strengthen connectedness within the family.

- Suggest a weekly family meal in which the client participates in the planning and preparation of the menu. Encourage the family to include foods that have traditional significance for the client and/or the family. The rationale is to strengthen the sense of family cohesion for all members, and reduce client's feelings of being an intruder.

- Encourage client's daughter to develop a self-care plan that includes regularly scheduled time away from her family responsibilities. These times should be clearly scheduled on a calendar that is visible to all members of the family, and honored. The rationale is to strengthen the caregiver's resilience to stress, and to model appropriate self-care within the family.



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Health and Well-Being in the Young Old and Oldest Old
Journal article by Markus Borchelt, Daniela Jopp, Heiner Maier, Jacqui Smith; Journal of Social Issues, Vol. 58, 2002

Suicide among the Elderly in Long-Term Care Facilities
Book by Barbara A. Brant, Aaron Lipman, Nancy J. Osgood; Greenwood Press, 1991

Primary Care of the Older Adult: A Multidisciplinary Approach
Book by Mary M. Burke, Joy A. Laramie; Mosby, 2000

The Creative Age: Awakening Human Potential in the Second Half of Life
Book by Gene D. Cohen; Harper Collins, 2000

The Essential Other: A Developmental Psychology of the Self
Book by Bertram J. Cohler, Robert M. Galatzer-Levy; Basic Books, 1993

Abundance of Life: Human Development Policies for an Aging Society
Book by Harry R. Moody; Columbia University Press, 1988

Developments in Clinical Interventions for Older Adults: A Review
Journal article by Nancy A. Pachana; New Zealand Journal of Psychology, Vol. 28, 1999

Social Patterns in Normal Aging: Findings from the Duke Longitudinal Study
Book by Erdman Palmore; Duke University Press, 1981

The Aging Individual: Physical and Psychological Perspectives
Book by Susan Krauss Whitbourne; Springer, 1996

When you have finished reviewing the course material, go back to the CEUCafe website to take the post test and receive your certificate of completion. If you have not logged out, you can click the "Back" button on your web browser, and then click the "Take Test" button. If you have logged out of your account, you need to log in again. Go to the Home Page and click the "Login" button in the upper left corner of the screen. You will then be prompted to enter your username and password. From there, click the "Take Test" button, and you can choose the test that corresponds to your course material. After you pass the test, you will be able to print your certificate immediately.