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## **Quality of Life in Older Adults: “Old Age Ain’t No Place for Sissies”**

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### **Diane Engelman**

So, I went into a convenience store, and a middle-aged, Middle Eastern man looked at me and said, in accented English, “Why don’t you dye your hair?”

I said, “Excuse me?”

He said, “All American women ... they dye their hair...”

I noticed that his hair was suspiciously and VERY uniformly brown for his age.

I go to my mailbox these days and find love letters from hearing aid companies and mortuaries.

I turned 65 this summer and was told that I needed a new knee.

And to make matters even more interesting, our culture doesn’t exactly honor and revere the wisdom of our elders, nor does it value an aging body. I’ve been acculturated myself. I, too, don’t exactly honor or revere my own aging body or my accumulated wisdom, although I’ve stubbornly held onto each and every silver-white hair that has sprouted on my head since my 20s.

In my practice over the years, I’ve always carefully chosen who I work with.

- For example, when I was pregnant and birthing my kids, I stopped working with hospice clients. I didn't want to work with death and dying, while I was creating life.
- When my kids were teenagers, I didn't work with teenagers.
- So, now, I don't want to do neuropsychological assessments with elders and especially elders with memory issues. I don't want to live in that space of evaluating memory – my own, or others – while worrying that my own may be defective, like my knee.

Almost everyone my age, and even *a lot* younger, freaks out when they forget something. They accuse themselves of a “senior moment,” or worse, some kind of budding dementia. I remember when being a “senior” - in high school - was an exciting proposition! Being a “senior” citizen now, conjures up much different visions.

As Bette Davis said later in life, “Old age ain't no place for sissies.”

“Kevyn” is a lovely, 97 year-old woman, who was referred to me for a neuropsychological assessment. But I didn't want to do an assessment for her because the issue was aging - and her memory. However, my husband, a psychiatrist, begged me to test her. So I did.

An outdated view of the human brain held that after a critical period in childhood, all was hard-wired and fixed, as we made our way into and through our adult lives.

Until older age, that is. Brain changes in *older* adults were seen as inevitable degenerative effects of the aging process. One assumption of this definition – sometimes spoken, sometimes unspoken - was that changes related to aging should be expected and accepted, with resignation.

However, in recent years, studies of neuroplasticity have shown that changes can and do occur to our neural pathways *throughout* adulthood, in both large and small ways.

We do not need to passively accept that all is rigidly fixed until degeneration sets in. Learning new skills or expanding old ones can actually lay down new networks in the brain. Keeping healthy brain stimulation present in a life can help a person to remain meaningfully engaged in his or her world, even when dealing with the changes in an older brain.

“Quality of life” is a multi-dimensional concept that includes a person’s mental, emotional, physical, and social functioning. Researchers at the University of Toronto's Quality of Life Research Unit define quality of life as "The degree to which a person *enjoys* the important possibilities of his or her life."

I had done a neuropsychological assessment with Kevyn five years earlier, and at that time, she was fully engaged in the process and had several questions. Most of those questions focused on her memory, but she also had wondered about her psychology and if she was depressed.

Writer JB Allyn, speaking as Kevyn, will give us a glimpse into her world:

**Janet Allyn** (*As Kevyn.*)

- Well, I’m 97 now.
- I’ve always been strong, like my mother. I was born on an ocean liner, in a typhoon.
- I earned two Master’s degrees. I speak five languages.
- I have four children, one daughter and three sons. My sons are good boys, but it’s my daughter, Cordelia, who takes wonderful care of me.
- My husband died 10 years ago. My friends are gone, too. I look forward to joining them.
- I no longer hear well. I’ve had two knees replaced. And my eyesight is almost gone now.
- I can no longer read or watch movies. I try books on tape, but I can’t see the machine; I often hit the wrong buttons. And I *don’t* want to have someone helping me with *everything* every second.
- I see a therapist every two weeks. I really look forward to that – he is so understanding.

**Diane Engelman** (*To JB, as Kevyn.*)

Kevyn, what questions would you like answered by this assessment?

**Janet Allyn** (*As Kevyn.*)

I... don't really have any questions... I'm doing this because my kids think it's a good idea.

**Diane Engelman** (*To audience.*)

The *family's* question was whether her memory had declined and to what extent. Her therapist, too, wondered about her memory.

In the five years between assessments, Kevyn had undergone some declining cognitive changes, evident in her learning, memory, and language systems. The cognitive changes were likely related to multiple causes, including the normal aging process, medical issues, side effects of several medications, depression, disengagement, and memory decline.

Also implicated in Kevyn's situation was her progressive isolation due to advanced eye disease. Her vision challenges had restricted her activity and disengaged her from her usual active social life. She was left feeling that she was unable to manage her life, thus disengaging her even more.

Kevyn and I had discussed her impressions of her own memory. She said she was not concerned about it. She *knew* that her memory had been declining at what she considered to be a slow rate.

She said that she was more concerned about the *quality* of her life, that she did not want to be a burden to her family, and that she worried about that.

With Kevyn's wishes and permission, I gave family members the results that showed further decline in Kevyn's memory since the last testing. This seemed to be the answer the sons were expecting.

**Janet Allyn** (*As children.*)

If she can't remember so many things going on in the world, isn't it a waste of time and money for her to continue to see a therapist? What's the point?

**Diane Engelman** (*To audience.*)

I realized that the *real* assessment question was not simply, “Is her memory failing since five years ago?” It had another part to it:

**Janet Allyn** (*As children.*)

“If her memory is failing, then shouldn’t we save her money - *and ours* - by discontinuing her psychotherapy?”

**Diane Engelman** (*To audience.*)

This situation called for both sensitivity and flexibility with all parties. If I relied solely on the *testing* results, a case might be made that supported her sons’ wish to discontinue psychotherapy. However, her twice-monthly appointments with her therapist triggered recognitions for her that seemed both robust in her memory and robust in her comfort and familiarity with her therapist.

I needed to be as clear as possible in explaining assessment findings to everyone involved. But the issue of “ecological validity” made the situation more nuanced. Neuropsychology is placing greater emphasis on understanding the relationship between assessment results and the performance of everyday tasks.

This approach suggests that tests designed with this ecological validity in mind may be more effective at predicting everyday functioning than what are considered “traditional” tests.

Standard testing and test data *are* important. But there are times when measuring memory in a traditional way may not accurately depict the information being sought and may not be useful to the assessor and client. In speaking with Kevyn’s children, I needed to bridge between traditional testing and ecological validity.

I asked the children if they were willing to do a little experiment and they agreed. I said, “Let me read you a short story, and you try to remember as much of this story as you can.” I read them a story I had made up, similar to ones used in standardized memory testing. It was about a paragraph long, and after reading it aloud, I asked the sons to tell me as much as they could remember about the story. They laughed and said that the story didn’t mean much to them, so they couldn’t remember many details about it.

I asked what meaning they thought stories like these might have to their mother. They thought that the stories probably weren't terribly important to her. This led to a conversation about meaningful memory that has *context*. We talked about ecological validity and about how meaningful memory is easier to retain.

And then I added, *(To JB, as Kevyn's children.)*

And just imagine how her world has shrunk, especially with her vision problems. She's hard of hearing and almost blind. She progressively has had to give up reading and watching television. Her husband and her peers have died. She has been forced to be inactive due to health and age. She is depressed, and she seems to be further disengaging from her world.

Her therapist is the only one who talks with her about topics that interest *her*, like why she feels like a burden, how does she cope with all the losses inherent in growing older, what might the dying process be like, and about spirituality - whether she will *finally* be able to see her husband/best friend in some place like heaven. Though not suicidal, she's afraid she will *have no control over* her dying and will live too long.

**Janet Allyn** *(As children.)*

Mom talks about those things with her *therapist*? None of us *ever* talks with her about those things...

**Diane Engelman** *(To JB, as Kevyn's children.)*

She's got a lot on her mind. Remembering the details of a story about a stranger - like the stories in this assessment - is just *not* that important to her. To help you decide about continuing her psychotherapy, let me suggest something: Your mom has talked about your large, extended family, and she seems very clear about them. This is her everyday life - this has *ecological validity*.

Now, before Kevyn comes in for our discussion about the testing results, Cordelia, if you can give me some details, about people and very recent happenings in your family - over the past few weeks - I'll talk with her about them. You can judge for yourself whether her memory of people and situations she cares about is reliable, and you can then tell your brothers what you observe.

*(To JB, as Kevyn.)*

Kevyn, your memory does appear to be somewhat worse than when we did the assessment five years ago. Does that seem accurate?

**Janet Allyn** (*As Kevyn.*)

Yes. (*Pause.*) Those tests were boring...

**Diane Engelman**

Tests sometimes are not very interesting to the people who take them, so they may perform less well because of that boredom you mention.

And in some ways, tests may not even be the best gauge of memory about things that are important to *you*. Is it OK if we talk about some things that you *do* care about to show you what I mean?

**Janet Allyn** (*As Kevyn.*)

Yes.

**Diane Engelman**

What did you do last weekend?

**Janet Allyn** (*As Kevyn.*)

I went to a wedding. My granddaughter, Jill, got married. It was lovely – well, I couldn't see it (*Laugh*), but what everyone *described* to me was lovely. Jilly was always beautiful and I can see in my mind how lovely she looked. She married such a nice boy.

**Diane Engelman**

How wonderful. What did you wear?

**Janet Allyn** (*As Kevyn.*)

Cordelia picked it out. She said that it's teal blue and that it looks wonderful with my white hair. It has a lovely jacket...

**Diane Engelman**

Sounds like a special outfit.

**Janet Allyn** (*As Kevyn.*)

Oh, but let me tell you about the food! It was exceptional. Cracked crab appetizers. Lovely chilled salads with heirloom tomatoes, salmon, crisp steamed vegetables... so good, all of it.

And cheerful music... (*Memory.*) Even some songs from when I was young, like Glenn Miller's "In the Mood."

**Diane Engelman**

And how's your grandnephew?

**Janet Allyn** (*As Kevyn.*)

You mean Brendon, the one who just graduated from college? He's doing so well – he made it to Jill's wedding and then back for his own graduation. He'll go a long way – he's very smart. He brought his girlfriend to the wedding. Mazie – isn't that a cute name?

**Diane Engelman**

It is. And what's going on with Michael these days?

**Janet Allyn** (*As Kevyn.*)

Which one? Well, I'll tell you about them both. Brendon's brother, Michael, just changed careers. He used to be a businessman but now wants to become a chef. His wife Sally is all for it, bless her heart.

And the other Michael is my son – he's been retired a while, but he and his wife, Suzanne, are moving to Florida. Because it's warm, you know?

**Diane Engelman**

What a lot of people to keep track of!

**Janet Allyn** (*As Kevyn.*)

Oh, that's only a few of them.

**Diane Engelman**

Kevyn, do you notice anything about your memory?

**Janet Allyn** (*As Kevyn.*)

I don't know... Maybe with some things my memory's not bad - ?

**Diane Engelman** (*To audience.*)

Not only was Kevyn's memory "not bad," it seemed to be extremely accurate about things that mattered *to her*. According to her daughter, Cordelia, Kevyn was totally accurate about everyone except *one* detail about *one* relative. Cordelia was impressed by the accuracy and depth of detail in her mother's recent memories.

Kevyn's sons took to heart the information on how important the extended family was to their mom and her quality of life. Since then, during family gatherings, they have made an extra effort to bring as many of the family together as possible. Kevyn's children decided to continue to support her psychotherapy and the accompanying meaningful conversations with her psychotherapist. They even arranged for her to see him *weekly* rather than every two weeks.

The elder population is rapidly becoming a major demographic. It is important to these clients' emotional and physical well-being that we help them keep up a certain level of brain stimulation. This stimulation can help them remain engaged longer and more meaningfully in this world. Helping Kevyn to continue her psychotherapy was one way of doing this.

And for those of us who now number ourselves in this demographic – or will soon – we need to apply this information to ourselves, too.

As an assessor, through this case, I re-learned the lesson that memory testing is about much more than the *tests*. To use my favorite quote from Connie Fischer, I saw again that “Tests are our tools, not our findings.”

I also began to consolidate some ways in which practicing Collaborative/Therapeutic Assessment (C/TA) over time has changed me both as a psychologist and as a person.

*First*, C/TA gave me permission to do what I already believed; it legitimized my approach as a valid approach to assessment. I had much earlier in my career rejected traditional assessment. C/TA allowed me, as a psychologist, to remain human and empathic in my approach to clients. And, over the years, I’ve deepened my abilities to see my clients as myself – and, therefore, to see them and myself with deeper understanding and love.

*Second*, over the years, I have learned to identify with my assessment clients, including the less attractive aspects of their psychology. And my own. I’ve identified with many of my client’s issues, that is, with those that mirror my own. I’ve had to stretch to identify with issues not as easy for me to grasp, and I’ve gotten a lot better at it. My empathy muscle has been exercised, especially with seeing split-off aspects of myself – for example, narcissism.

I can always use more narcissism. In some ways, I welcome these narcissistic folks, as they remind me personally to keep striving for a bit more. So, when I find myself irritable, judgmental, generally out of sorts with a client, I’m often able to slow down, and sit back, and see the split off aspects of me.

But, not always - which brings me to my *third* point. I’ve learned as a C/TA assessor to make friends with imperfection over the years. This has generalized to my sense of self. There are times when my empathy magnifiers conflict with my growing narcissism and are temporarily broken. At these times, I need to reflect and/ or consult with others to regain that sweet spot called empathy, while still holding onto my narcissistic growth. It gets *very* confusing at times.

*Fourth*, I’ve also learned over the years to speak the hard truths of assessment findings, when appropriate. I think carefully about what clients can hear or not and then order them according to Steve Finn’s levels one, two, and three.

And *fifth*, I’ve learned to better collaborate and to co-create the meaning of assessment findings with my clients. My husband, in particular, appreciates this

generalized learning, as we continually co-create the meaning of our shared existence.

Working with Kevyn taught me many valuable lessons:

- 1) to embrace my own aging and to appreciate my changing stories and the value of my older self;
- 2) to accept my aging body and revere my growing wisdom as keys to finding meaning throughout my life cycle, as Kevyn had done;
- 3) to recognize the importance of a person's life stage and his or her unique journey as it unfolds in every assessment;
- 4) that, as an assessor, one must think outside the box to make sure an assessment appropriately serves our client;
- and 5) that Bette Davis was right.

Working with Kevyn, I re-learned that, as assessors, we need to be human beings first. I need to recognize my own life stage and journey as well as my client's.

To rely solely on standardized testing does not recognize or give weight to our client's evolving story. Nor to our own.