

Respond to the questions below based on your review of Chapter 10, Late Adulthood & Very Late Adulthood.

1-Describe two theories of aging and provide an example of how each might influence practice with older adults.

One cognitive theory of aging is selective optimization and compensation (SOC), which focuses on ways the older person can cope and maintain integrity despite declines in reserve capacities (Ashford et al., 2018, pg.468). In this theory of aging, the older person has to come to a place of decision-making where they determine which tasks and activities are most important to better adapt to the declining functioning of their body (Ashford et al., 2018, pg.468). Additionally, as the text indicated, the optimization component of this theory comes with a concerted effort to make the best use of one's remaining strengths, skills, and energies (Ashford et al., 2018, pg.468). At the same time, compensation arises when a limited range of capacities requires that behaviors be altered to fit the person's current level of functioning (Ashford et al., 2018, pg.468).

Another theory of aging is the socioemotional selectivity theory, which helps us as social workers understand that as people age, their lifespans grow shorter, and they prioritize pursuing and selecting goals. These two theories are vital for a social worker to know when working with older adults as they will help the social worker better understand and support the client. For example, the social worker who is mindful of the selective optimization and compensation theory would know that an activity such as shopping as an intervention to provide retail therapy for a client who is depressed may not be ideal because of the declining functioning of their body. Also, a social worker who is conscious of the socioemotional selective theory should use a solution-focused approach when creating goals for an older adult since, as the older adult ages, they prioritized their goals and are very particular about the ones they pursue.

2-What are three typical “tasks” for late adulthood?

Typically, in late adulthood, adults between the ages of 65-70 (young-old) remain active in their community and maintain strong ties with families and friends. At the same time, some may increase their recreation, adult education, and volunteer activities and may still be employed full-time if they need to be retired to meet their financial needs (Ashford et al., 2018, pg.454). On the other hand, those considered middle-old, between the ages of 75-84, are likely to develop chronic disease along with stress through widowhood, deaths of friends, etc. These individuals may also have balance problems that may cause mobility loss, such as walking and driving. At this stage, some individuals may also be socially and physically active, in relatively good health, and can function independently, which means that they can care for themselves without the help of others (Ashford et al., 2018, pg.454). Lastly, those “Old-old,” age 85 and up, are more dependent, frail, and experiencing more disabilities. As mobility decreases at this age, these individuals become more isolated, have more physical decrements, and can no longer function independently (Ashford et al., 2018, pg.454).

3-Explain the concept of “compression of morbidity.”

The compression of morbidity concept is the idea that there are ways in which we can reduce the length of time a person spends sick or disabled before death. Morbidity (illness and disability) can be slowed down through exercise, which is said to be a crucial component to living a healthier late life, as well as the inclusion of other physical activities that can prevent and control many health problems (Ashford et al., 2018, pg.458).