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VBS Senior Center: A Model, Mental health Multi-Purpose Storefront Center for the Elderly -A Report

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VBS SENIOR CENTER: A MODEL, MENTAL HEALTH MULTI-PURPOSE STOREFRONT CENTER FOR THE ELDERLY - A REPORT

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I. INTRODUCTION

The author's role was planner, organizer and director of a pilot mental health project designed to prevent insitutionalization. A storefront facility served the elderly population of Van Nuys, a town centrally located in the San Fernando Valley in Los Angeles, California.

The three-year project, called VBS Senior Center, closed its doors in December 1978, severing its relationship with 2,500 elderly members. Utilizing a small paid staff and many active volunteers, the entire community was involved in the project, which served as a testing ground for many programs and theories.

The project was sponsored by VBS Counseling Center, a community-based mental health facility staffed by paraprofessionals, and located at Valley Beth Shalom Temple in Encino, California.

Funding for the program came from a grant from the City of Los Angeles Area Agency on Aging, with federal funds created under the Older Americans Act of 1965.

This report includes an overview of the problems inherent in serving the mental health needs of the elderly, as well as background information leading to the formation of the center. Accomplishments described in this thesis include: funding, aquisition and development of the site, staff and volunteers, training, programs, program successes and failure and closing of the center.

After the center closed its doors to the public, a research of membership files was conducted, placing significant items on computer data cards, which were processed on computers. Questionnaires were sent to the membership, and results were also analyzed by computers.

Significant learnings were developed and a model mental health program was placed in three San Fernando Valley Multipurpose Centers for a period of four months. Results of each of the programs are discussed.

Because some clients in crisis improved with outside intervention, and some did not improve with consistent intervention, an examination of the phenomenon was conducted by the author, producing the Levine Interdependency Social Theory. herein discussed.

Summary, bibliography and appendix complete the report.

STATEMENT OF THE PROBLEM

Aging is a process that begins with conception and ends with death. Americans are a nation of aging people. Individuals over 65 comprised four percent of our population in 1900, with a life expectancy of 48 years. A person born in 1970 is expected to live an average of seventy years, and constitutes nearly ten percent of our population. By the year 2000, possibly twenty percent of this country's people could be over 65, approximately one out of every five Americans. (10,36,65)

Many problems have resulted from this population change and will grow as the change continues. Since most people leave the labor force at age 65 or shortly afterwards, and since many depend largely or wholly on Social Security as a means of living, an ever-decreasing percent of the population will be supporting the total population. (36,65)

Traditionally past cultures looked to the elderly as reservoirs of knowledge, experience and wisdom. Because our current society is so mechanized, specialized, fragmented and youth-oriented, our preferences are directed toward the "new", or "disposable." Older persons are sometimes viewed as useless appendages to be tolerated or ignored.

Our middle-aged segment of society has the responsibility of running the continuum of generations, from rearing the young to maintaining the old. Unfortunately, although parents are willing to assume the joys and tensions of raising their children, few seem delighted with the prospect of caring

for their aging parents. At a time filled with diminishing productivity, involvement and physical capacity, our aged have fewer opportunities for high esteem and fulfillment. It appears the aged require the most love and attention when they seem the least lovable. (11)

Our young people are often not familiar or uncomfortable with our elderly. Their slower pace in walking and driving is annoying. Sometimes, even distasteful. Few youngsters are reared in families with live-in grandparents, and do not make friends with the older generation. If grandparents are still living in close proximity, visits are often considered "duty calls," and endured, rather than enjoyed. There are, of course, many healthy, loving relationships between the old and the young, but sadly, they are in the minority. (2,7).

We live in a society which Dr. Robert Butler, a psychiatrist who has specialized in problems of the elderly, who won a Pulitzer prize for his book Why Survive? Being Old in America, and who was appointed the first director of the National Institute on Aging created in 1974, characterizes, by a term he invented, as "age-ist." Butler asserts we glamorize and with no good cause overvalue youth and devalue old age, deplorably failing to meet their needs and accord them their entitlements. (13)

A major need for the elderly is for mental health services. Old people who are mentally ill are major clients of the health and social services. Some fifteen percent of the elderly in the United States, more than three million, have mental disorders: five percent, severe disorders. And, while the elderly constitute about eleven percent of the U.S. population, they account for twenty-five percent of all suicides. (22,56,68,31)

The attitudes of our society to the aged strongly influence the availabliity and development of agencies providing mental health treatment. The distaste for aging, for disease and disability, the fear of lost virility, the dread of dying and death are somehow intertwined paradoxically with the commandment to "honor thy father and mother." (58,67)

Mental health workers, like others, are strongly influenced by their own attitudes. Those with limited experience and training often are convinced that the problems of older persons are insoluble and that aging inevitably is associated with decline in functional capacity and poor prognosis. They have not learned that impairment cannot always be equated with disability, that illnesses in the aged often are reversible and that psychological symptomology manifested by old people is not inevitably and inherently related to organic brain conditions for which there is no treatment. If these negative attitudes are not dispelled by teaching and experience, therapeutic prejudice become a strong barrier to the delivery of service. (29,67)

Many of our volunteers, when first approached to work with senior citizens, recoiled, saying they did not want to work with the aged. They had visions of wheel chairs and bedpans. After visits to the Center and joining the training sessions, anxiety transformed into enthusiasm. Our positive, cheerful atmosphere and sense of well-being and satisfaction transferred through the volunteers to the clients and to the community. Changing negative stereotypes is difficult, but possible.

Until negative attitudes and social discrimination are changed. aged persons with mental health problems are in double jeopardy, resulting in inferior, inadequate or unavailable service for their needs. Without

experiencing how well some elderly persons respond to positive treatment, the attitude of neglect will continue to permeate our social structure. It is not enough to add new years to life without planning to add new life to those years. (12)

An elderly person not feeling included in life can easily fall into depression, a not uncommon condition in this age group. The depression is often precipitated by other factors related to the aging process; feelings of inadequacy, uselessness, pessimism regarding the future, and accumulated loss. Many of our aged have experienced significant losses: loss of a mate, loss of employment, loss of homes, loss of status, loss of friends. loss of youth, loss of physical abilities and functions, loss of self-esteem and loss of dreams of the future. (11,13)

Because of the presumed vulnerability of elderly people to major stresses in life, it is particularly important to have programs intended to increase mental health and reduce the likelihood of mental dysfunction. It would appear that almost anything that is done for the elderly people with the intention of reducing unnecessary or excessive stress, compensating for loss, or enhancing competency and self-esteem can legitimately be considered to be potentially preventive of mental illness. What is needed is preventive, supportive and life-enhancing programs. (29,43)

Historian Toynbee said that civilizations are judged by the way they treat their elderly.

BACKGROUND

The summer of '75 proved to be the time of a triple birth process for three organizations that were to cooperate in a unique pilot project: VBS Counseling Center, City of Los Angeles Area Agency on Aging and VBS Senior Center.

The author was a member of Valley Beth Shalom Temple in Encino, California, a 1,000-member congregation consisting of many professionals who gave freely of themselves in the service of the Temple and the general community. Although previously experienced in teaching fifth grades and gifted students in the Los Angeles Unified School District, and active in a variety of community programs, the author joined a new project that was to change the course of her life.

In September, 1973, Psychiatrist Arthur Sorosky began a two-year training program that would eventually graduate 14 paraprofessional counselors. Extensive readings, personal group therapy and a complete study of the life cycle filled the first year, while a study of abnormal psychology and counseling techniques completed the second year. In June, 1975, VBS Counseling Center, Inc. opened its doors to counsel members of the general community on a low-fee basis, while housed at the Temple. Counselors were supervised by volunteer licensed therapists.

Each of the fourteen counselors was asked to specialize in one area of the life cycle. The author chose the field of aging.

After studying the complete life cycle, the author decided if all our struggles for survival and fulfillment ended in alienation and neglect, then perhaps working with the aged at the end of life's journey could prove to maximize efforts at contributing to society. A decision was made to create a vehicle through which elderly persons would be nurtured, energized and directed toward self-help. A search for funding began.

Search efforts for funding led to the newly formed City of Los Angeles Area Agency on Aging, inside the Mayor's Office. Under the Older Americans Act of 1965, Congress was to supply funds to the California Area Agency on Aging for the purpose of assisting elderly to live independently, and with dignity. Thirty two grants were to be made available. (39)

Although all of the grants but one were for direct services, such as senior centers and transportation and escort programs, one mental health project was available. The purpose of the funding was to prevent institutionalization. The author attended a meeting describing the grant process and received a grant application packet.

Grant sponsorship was required to have non-profit status, and VBS Counseling Center filled that requirement, having just received its non-profit corporate structure. The laborious grant-writing process began. Since the author was totally lacking in grantsmanship experience and technical assistance, requests for five drafts were required before being accepted by the city. Months afterwards it was learned that competition for this grant included a V.A. Hospital's psychiatrist and several counseling centers and psychologists.

And so, VBS Senior Center was conceived.

II. VBS SENIOR CENTER

CREATING THE ENVIRONMENT

It was obvious to the author from the start of planning the environment, that a traditional mental health setting was an inappropriate vehicle for the proposed model. Since the goal was a unique social laboratory where older people could receive support and counseling to enhance psychological well-being, what was needed was a familiar, comfortable turf.

After an investigation of the literature on preferences of older persons, and site visits to local senior centers and local community mental health centers, certain criteria became apparent. The environment needed to relate appropriately to its constituents. Utilization of a site was often determined by its suggested promise of reward, its distance from the users, bus routes, visibility, topography, crime factors and traffic considerations. (12,19,30,31,41,45,54,59,60,62,63,64)

Given the necessary criteria, the decision to utilize a senior center design was reached. After initially leaning toward the formation of a mental health center offering senior services, it was determined by the author to organize a senior center setting offering non-threatening mental health services. Formal counseling would be offered among its various activities, while informal counseling and support would be interwoven throughout the project.

The term "senior Center" is used to describe any environment where several older persons gather with regularly. Senior Center development historically has been characterized by a rather disjointed planning process. Locations for the centers are typically chosen to satisfy political pressures, or to take advantage of conveniently available property, such as churches. The selection of a site for a center was vital, and could determine much of its future success and overall effectiveness. There is often a direct correlation between the degree of locational "convenience" and user attendance and satisfaction. (30,33,41,42,45,59,60,62,63)

The target area for the project, pre-determined by the terms of the contract, was Van Nuys, a community centrally located in the San Fernando Valley within the city of Los Angeles. Van Nuys was selected because it satisfied the low-middle income level, with an aged population of approximately 8,000 persons. The area was in an economic decline. Small shopping centers and large government buildings were interspersed within the high density residential neighborhood.

A storefront site was determined by the author as the best vehicle for the center location. Although less economically attractive than other sites, a storefront was deemed superior for maximum utilization. Individuals were comfortable entering shops for basic goods and services.The aged were particularly conservative towards risking new experiences. A storefront would also create a neutral setting for those of declining years who resented "senior" places, defending their status among the "alive and active."

The funding source demanded a pre-determined site before the contract would be consumated. Landlords demanded "up-front" leases and deposits before giving commitments for utilization. The first of many "catch-22's" became operative.

An excellent site was found. A large vacant store, located within two doors from the district Social Security office, in a shopping center centrally located in Van Nuys, was available. Two major bus routes afforded public transportation in all directions. The site was perfect except for three problems:1)the store was a disaster physically, having been severely vandalized and stripped of lighting, plumbing and carpeting, 2) the store was available in May, 1975 and the funding would not begin until mid-August, and 3) the site was located in a row of stores which contained three "massage parlors" with semi-clad young ladies standing outside of their respective establishments, beckoning male customers walking or driving nearby.

Creative negotiation with the landlord of the site was successful. In return for rent-free occupancy for two and one-half months, the author promised to renovate his property with no expenses on his part. This offer was made with the frightening knowledge that minor funds were available in the grant for any renovation.

The author successfully solicited the assistance of five labor unions in donating their services. Working evenings and week-ends, laborers generously gave of themselves to create a pleasant environment for the elderly.

The Carpenters Union volunteers came first, building a meeting/crafts room, a storage room with shelving, a center divider separating the reception area from the remainder of the store, and which doubled as a planter, and finally a long, low staircase leading from the rear exit into the parking lot. Some lumber was donated and the remainder was purchased at discount prices. The cost of some lumber turned out to be the only expense required, except for supplying the workmen with beer while they labored.

Next came the Painters Union, working for about a full week, taping, patching, scraping and painting the entire center. A wallpaper-hanger also volunteered. Paint and equipment were donated. Bright yellows were selected, creating warmth and cheer.

Electricians installed fluorescent fixtures throughout the entire ceiling. The expensive fixtures were donated by a member of the Temple.

The Sheet Metal Workers Union men built a twenty-foot liner for the planter divider, and designed and built an air duct. Materials were donated.

The Plumbers Union serviced our piping and installation of donated bathroom fixtures and appointments.

A carpet mill provided the carpeting at $1 a yard, with free delivery. Installation was donated.

New chairs and couches were donated, as well as the services of a moving company to transport the furniture.

Thirty plants were presented free of charge from a wholesale nursery to fill the planter box, as well as the rest of the storefront.

Used office furniture was purchased at auction at reasonable prices, and office supplies were purchased at discount. Drapes were donated.

A logo was designed for the center, free of charge. The "hand-in-hand" trademark was used throughout the program. An outdoor sign with the new logo and VBS SENIOR CENTER was placed over the storefront site, with both sign and installation being donated.

The disadvantage of the presence of massage parlors proved not to be a problem of any importance. Except for an occasional incident that involved police action, the senior membership seemed to ignore the phenomenon. The only individuals that appeared disturbed were middle-class professionals visiting the center.

The reception area contained two bulletin boards displaying employment, want ads, available housing, community events and announcements. Two information tables displayed program descriptions, forms for tax and utility assistance, bus pass forms, free fishing license forms, senior events and discounts, and a variety of booklets, pamphlets and forms which might be of interest.

There were occasional free cookies baked by several local girl scout troops. The practice was stopped when staff complained of weight gains.

STAFF AND VOLUNTEER COUNSELORS

The center's paid staff consisted of three full-time (director, assistant director and receptionist) and one half-time (secretary/bookkeeper) employees. All other assistance came from volunteers.

Legal matters were handled by a volunteer attorney, while the books were gone over monthly by a volunteer accountant. For the second and third years, an accounting firm charged a nominal fee for the service.

Most of the contact with the center's membership was handled by volunteer counselors. Twenty-eight volunteer counselors were selected from the community on the basis of empathy, willingness to be trained, and a one year's commitment to work one day a week, and to attend the Tuesday morning training/meeting. Surprisingly, twenty-eight qualified individuals were willing to commit to working one and one-half days a week for a year, and even to find their own replacement from among a few substitutes, or to trade off with another counselor when absent, all for a program to assist the aged.

The volunteer counselors (sometimes referred to as intake workers) were trained three times a week for six weeks before the center opened. A trainer from Jewish Family Service and the author prepared the group to act as counselor/intake/case management workers in enrolling new members into the center and in client follow-up procedures.

With proper training and supervision, these dedicated men and women became competent paraprofessional counselors. The primary goals for the clients were increased self-awareness and acknowledgment of responsibility for one's own actions. They were taught active listening skills, to assist the client in clarifying problems, exploring alternatives and to offer support and validation, how to fill out forms, how to ask questions (i.e., "How much schooling did you manage to finish?" rather than "Did you graduate from high school?") and what to look for in terms of body language and attitudes. Lectures by experts in the aging field discussed social security, medicare and medical. Sessions included role playing and confrontation of self-attitudes of volunteers themselves.

After the center opened its doors, weekly training sessions were led by a licensed therapist and the author. Cases were discussed. Basic communication and counseling skills were reinforced and new information introduced. Members of the group became aware and sensitive to their own behavior, and became close with each other. Straight talk, not polite talk was encouraged. Nothing was considered sacred in the training sessions, and confrontations of paid staff or center policies or with each other was encouraged and supported. Staff members and volunteer counselors became more confident, more aware, less defensive and more genuine. Personalities softened, and a deep bonding and commitment to themselves, the seniors and to the center developed. Almost without exception, they reported how the training and working with the elderly helped in their significant relationships of family and friends.

Although some of the volunteer counselors left, most stayed the entire year. Thirteen members of the group stayed over two years. Many went on to join the second two-year training group at VBS Counseling Center, and some took further professional studies.

Paraprofessionals were extremely successful in working with the elderly. As time and reputation increased, offers of assistance by professionals in the community were not uncommon. In a surprising number of cases, the paraprofessionals were more effective than the professionals. Paraprofessionals and peer counselors offered identification and encouragement to the clients. Degrees, licenses and titles sometimes restrict new avenues of approach. Lay personnel were freer to explore more alternatives. Professionals were utilized in a supervisory capacity, while the volunteer counselors and staff were used in the delivery of service.

VOLUNTEERS

All classes and lectures and services were donated to the center. No member paid for any service and no teacher received compensation for service rendered. After the center opened, many members volunteered for a variety of services.

Sixty members were actively utilized through the program on a regular basis. When necessary, several hundred could be mobilized for special events and projects. Volunteers were treated the same as staff, with respect and a high degree of expectation of performance. Volunteers were encouraged to graduate to more sophisticated positions when appropriate.

PROGRAMS

MEMBERSHIP ENROLLMENT

For an average cost of $21 per person a year, VBS Senior Center members received counseling, legal advice, tax assistance, information and referral, classes, activities, trips, theatre tickets, birthday acknowledgments, an eight-page monthly newsletter and a merchant's discount book.

VBS Senior Center was a walk-in facility and served as home base for all programs developed in the project. All seniors over 60 years of age living in the Van Nuys area were eligible for membership. Membership cards were issued to those who came into the center and were interviewed by a volunteer counselor. The membership card was used for identification throughout the center. Members signed their names and numbers before entering classes. Membership cards were presented to merchants for discounts.

As the elderly entered the center, they were greeted by a friendly receptionist and referred to a volunteer counselor. If all counselors were busy, seniors were asked to wait until one was available. Programs were explained to the members by the counselors, and clients were encouraged to enroll in any appealing class or activity. Many forms were filled out by the counselor in the course of the interview. City forms, the center's forms, birthday card, volunteer counselor's follow-up card, referral cards when appropriate, and paid or volunteer services desired.

During the screening time, the new members were given the opportunity to discuss their lives and any needs or problems, if they so desired. If more in-depth counseling was indicated, an appointment was made for the member to be seen by a therapist, one of the paraprofessional counselors from VBS Counseling Center, at a specific day and time in the counseling room.

CASE MANAGEMENT

Held in high priority at VBS Senior Center was for each member to know that SOMEONE cared about them. Intake counselors kept a card file on every member they enrolled. During slack times, when new members were not being enrolled, counselors periodically called members just to touch base. An excuse to call was always available, such as an upcoming event, to refer back to a problem discussed during their enrollment or past association, or a new class. Even unanswered phone calls were recorded on clients' cards. Poignant stories arose out of these chance calls, such as very recent deaths of mates, or other immediate problems. Minimumly, most members appreciated being remembered, and conveyed their gratitude over this contact. This process also uncovered praise and criticism of personnel and programs that proved valuable feedback. Clients often requested "their" counselor, and waited until their counselor's day to work to discuss a problem. When volunteer counselors left, their intake files were inherited as the case load of the new intake worker.

An important contact was a follow-up call after referring members to outside agencies and resources. A major cause of frustration was the inability to

obtain necessary services and information when required. The follow-through enabled the process to be continued and/or completed, often beyond the members' willingness to struggle through alone. Without this further intervention, many necessary services would not have been provided.

INDIVIDUAL COUNSELING

When stress appeared to interfere with ordinary living, counseling was recommended by a volunteer counselor or staff member. If the older person appeared resistant, counseling was described as a "listening" session. Paraprofessionals from VBS Counseling Center provided private therapy at the senior center, by appointment. These paraprofessionals each had their own volunteer licensed therapist who supervised them once a week. Most sessions were limited to an hour, and averaged six to eight sessions. Some members continued for longer periods of counseling. It did not take long for a waiting list to develop. It is the belief of the author that more counseling of the elderly was done at VBS Senior Center than any other local facility known.

RAP GROUPS

Rap groups at VBS Senior Center were a unique specialty. Visitors from the professional and academic community were common. Training video tapes of a rap group was filmed by the Health Center of Los Angeles. A Belgian TV producer filmed rap sessions discussing attitudes on death and dying. A los Angeles TV documentary was made and broadcast.

Rap discussions allowed each participant the level of disclosure according to their own comfort, including being present but not actively participating. The discussion groups provided peer reinforcement. The elderly recognized themselves in each other, gained a stronger sense of worth through identification and sought their own alternatives through the struggles of others.

Raps teach, develop interests, offer new ideas and insights, validate commonality of problems, thoughts and feelings, and provide a vehicle through which the seniors can relate with a group. Rap groups promote a sense of closeness and bonding among the participants, improve social interaction, lessen depression, improve self-esteem, decrease anxiety and encourage new ventures and attitudes.

Daily rap groups, run on a drop-in basis, offered the use of a discussion topic as a tool through which to relate. Topics created a focus easily and quickly understood, allowing the level of relating to remain informational or into a feeling level. Focus on a subject tends to reduce stress, promote trust and mutual participation and lends itself to sharing feelings and ideas. Rap group leaders were encouraged to select topics appropiate to their own life involvement at the moment, in order to make the discussion more meaningful for all. Individuals with pressing problems will discuss themselves regardless of the topic. Topics can be anything of interest such as: depression, rude people, the past, loneliness, positive thinking, regret, love, sexuality, feeling useless, learning new ways of relating. Rap group leaders were trained to reduce long stories by encouraging clients to get in touch with their feelings.

An all male rap group was of particular success. Women usually survive their male counterparts, and senior activites are female dominated. The men responded to their own rap session led by a male paraprofessional from VBS Counseling Center, with a total commitment. When the therapist was unable to attend, the group ran their own program, rather than sacrifice the experience.

The author conducted most of the mixed rap groups, until later on when other counselors were sufficiently trained and confident. Raps are more difficult than individual sessions, but are of enormous value. In the opinion of the author, groups are more powerful when used properly, than individual services or counseling. Disclosing clients feel validation by peers more sustaining than the expected acceptance of a therapist. Seniors tend to feel included rather than victimized, and are motivated to overcom- obstacles by example and insight. Elderly persons often feel alone and special. The importance and intensity of struggles are minimized when lovingly explored.

Dramatic results became commonplace among rap group participants. One woman revealed a few months after attendance, that she was on the verge of suicide when she attended her first session, and had decided to live. Depressions lifted, long mournings were eased and in some cases, completed, relationships improved or renewed, and an encouragingly large number of participants significantly altered their lives for the better. Friendships, and even romances evolved from rap sessions.

OUTREACH

Attracting clients was an immediate necessity during the early days of the center. Besides the obvious need for elderly users of our services to run an agency, a steady flow of new members was necessary to maintain the interest and attendance of a full stable of volunteer intake-counselors.

The Director kept a steady outflow of media publicity about the center. Posters were printed and displayed in markets, public agencies and senior citizen sites. A list of all local senior clubs and their membership was acquired, and letters were sent to all elderly Van Nuys residents known. Speeches were delivered at the senior club meetings, and booklets distributed to those memberships afterwards.

Since a steady stream of elderly visitors to our Social Security Office neighbor crossed nearby, the author stood outside and personally escorted willing and reluctant older persons to "the new senior center that gives away free discounts to local merchants." Once inside they needed to enroll before being handed their Merchants Discount Book. Once the center's reputation became established, outreach became unnecessary. In fact, keeping non-Van Nuys residents out of the program became a problem.

Initial membership appeared not to need our services, but represented mobile, aware elderly, coming to see what the "new kid-on-the-block-agency" had to offer. For the first year, the membership utilized the center quite casually. During the second and third years, the membership became outreach workers, bringing in friends and neighbors in need. Primary assistance in grief, poverty, health and counseling needs were dominant.

WIDOWS-WIDOWERS

The loss of a mate may be the most devastating of life events. Women live an average of seven and one-half years longer than men. The ratio of widowers to widows is one to four. Most women will become widows. Loss of a significant relationship is difficult to handle at any age, and particularly so for the elderly. Life plays a "take-away" game as we grow older. Losses become commonplace. (2,3,13,29,38,56,65)

Widows must move through intense grief before developing a new adaptation and outlook in life. At a time when support and comfort are most needed, grieving persons are isolated and rejected. In a social isolation study, it was revealed 40% of widowers and 20% of widows were found to be highly isolated, compared to 10% of married persons. When spare time was most available, and companionship least available, fewer opportunities were offered.(11,36,43)

Loss of a spouse can be the greatest single stress in a lifetime. Added to the stress of loss are changes in financial status, living conditions, personal habits, residence, social activity and eating and sleeping habits. The combined stress may exceed the ability of the average person to cope. Daily activities are impaired by recent losses possibly because of an intervening depression. (12,25,31,49,63)

Older persons may experience continuous grieving, where one loss follows another before healing is complete, called "bereavement overload."

Other people tend to withdraw from grieving persons because of their association with death, and because of discomfort and helplessness. Alienation and isolation punish a sorrowed elder at a time when support and acceptance are most needed. (3,11,25,63)

When psychological problems become severe and depression is deep and continuous, individual counseling is indicated to augment the group process. Widows are high risk for mental disturbance. (29,49,56)

At VBS Senior Center where counseling was readily available, all grieving persons were offered therapy either continuously or "as needed." The center's widow groups were of great value. Relating and identifying with others in the same situation is relieving and comforting.

The first widow group admitted anyone who experienced the loss of a mate. Newly bereaved and widows whose husbands died many years ago joined forces. It soon became evident that recent losses and old wounds required different approaches. Two groups were then made available - a newly bereaved and and those who suffered a loss over two years old.

The "newly bereaved" group was quite successful, led by a widowed volunteer counselor. The group whose loss was of longer duration came under close scrutiny. It became evident that participants felt a need to focus on their loss, or "widowness" to justify their reason for being in the group. It was decided to disband the group and disperse participants throughout the regular rap groups, This proved to be a wise move. Except for recent losses,

loss adaptation was best handled in a mixed population where all of life's struggles were explored, including bereavement. Widows needed more integration. Everyone can relate to loss. And the general membership of the mixed rap groups benefited from the experience and awareness.

JOB BANK

Upon enrollment, members were asked if they would like part or full time employment. The names of those interested were placed in a card index file under the occupation desired. Efforts were made to flush out community employment opportunities. An interesting phenomenon arose. It seemed that recently retired elderly were the most vocal about the injustices of forced retirement, and were somewhat receptive to new employment. However, individuals retired longer than one or two years showed great hesitation in accepting job opportunities, even though they stated a desire to seek employment.

When opportunities were found, typical comments were "I am going to visit my daughter in Chicago" or "My knee has been bothering me lately." Evidently most people were satisfied with retirement, although the common agreement was to complain about lack of work. The "something" that was missing from their lives was not to be satisfied by jobs or babysitting grandchildren.

Indeed many placements were made with happy results, but they were the minority.

FRIENDSHIP CIRCLES

Friendship circles were a pet project. Groups of people were formed for the purpose of becoming friends and supporting each other in times of need. The groups met in each others' homes and apartments, rotating turns, serving light refreshments. Friendship circles averaged fifteen seniors. As new members were enrolled, those interested, joined new friendship circles.

A great deal of time and effort was involved in placing people into the groups they wanted, with the types of people with whom they would feel comfortable, to minimize risks and maximize involvement. Members were placed in groups consisting of people who had characteristics they most wanted as friends. Consideration was given to their choice, if important to them, of age, sex, religious preference, interests, meeting time of day and day of the week.

At the height of this program thirty friendship circles were operative. These groupings consumed an incredible amount of energy and concern, laboring and agonizing over group placement until satisfied. Initial meetings were held at a group member's home, with one of our volunteer counselors in attendance.

First meetings consisted of introductions, hopes for the group, plans for the future, and the next meeting's time and place. Counselors attended at least the first three meetings. Friendship circle coordinators were selected as liasons with the center to report meetings, attendance and progress.

Problems arose early, promoting even greater efforts to succeed. Friendship circles were conceived as the answer to loneliness, and touted both publicly and privately as an innovative program of great merit. Because of the large energy and emotional investment in the success of these groups, acceptance of its failure by the author was prolonged. The entire project lasted a year.

Clients who were able to maintain healthy relationships with others had sufficient friendships without friendship circles, and when these people joined a new group, they easily formed successful new relationships.

Clients who complained of loneliness and scarcity of friends, negated efforts necessary to form new relationships. In order to have friends, one must be a friend. Most "lonely" elderly were not willing to commit to efforts for the benefit of others or of the group. Rules did not apply to them. In general, they said "no" to life. No meeting at their home, no willingness to call others, no firm commitment to attend meetings but would do so if nothing better came along or if the last meeting pleased them. They seemed not able to go beyond interest in self, hoarding attention, not listening, easily hurt, argumentative, critical, complaining, unappreciative, negative. And most of all, they did not want to be around people like them.

The main benefit of the friendship circles evolved, ironically, from its failure. The author's curiosity of why some people formed successful or unsuccessful relationships resulted in her Inter-dependency Social Theory, included in another section of this report.

PHONE FAMILIES

To combat loneliness for the homebound elderly, phone families were created, whereby groups of four seniors, each calling the other three once a day for a week, would rotate weekly turns to call. On paper, this looked like an ideal way of alleviating loneliness and forming new relationships, especially since this group's main complaint was neglect and isolation. To the surprise and disappointment of those involved, this program failed almost immediately.

The type of individual who felt most neglected and alone was not able or not willing to be cooperative and interested enough to reach out to others. It soon became apparent these people would only be reached by reassurance calls from volunteers. They simply were not willing to assume any responsibility to improve their isolation.

SHARE-A-HOLIDAY

This program matched lonely seniors with community families for dinner at Thanksgiving, Christmas, Hannukah, Easter and Passover.

Because giving makes people feel good, and receiving "charity" feels degrading, members were asked to "share" themselves with families who needed a grandparent-representative to complete their traditional celebration. Many warm and on-going relationships were formed. Newspapers and radio found this program to be of great human interest.

MONTHLY NEWSLETTER

VBS Senior Center Newsletter, called Hand in Hand, because of the center's logo, was the key contact with the membership. It became a warm handshake and smile across the barriers of resistance to involvement.

The Newsletter started as a modest one-page notice and soon developed into an eight-page cheery and informative printing that was often read by friends and families of members. A calendar showed each month's activities. It was not uncommon for members to carry significant articles with them, or to report how appropriate to them was a current item.

A sample Newsletter appears in this report.

MERCHANT'S ASSOCIATION

Local merchants signed one-year agreements to offer a 10% or more discount to VBS Senior Center members presenting their membership cards. Discounts did not apply to sale items. Three hundred merchants participated, each receiving a decal for their store windows. Participating merchants were listed by item or service in a Merchant's Directory, sponsored by a local Savings and Loan Association, in return for printing their advertisement on the back cover. This program was so successful it was duplicated by the County of Los Angeles.

The discount program was the main reason new members wanted to join the center at the beginning of the project, until the center's reputation became established.

RECORD KEEPING

Charts were kept on each individual member. Copies of forms completed during the intake process are included in this report. A separate card file was kept on birthdays, which were included in the monthly newsletter. Index cards were also made for the job bank program, listing interest in paid or volunteer positions. A membership card file, kept on the receptionist's desk, contained names, addresses, telephone numbers, date of joining the center and intake counselor. Coding on the upper right hand corner indicated below poverty members who were interested in bonus opportunities, such as food baskets, congregate holiday meals and free or discount events.

All activities beyond the intake process were recorded and placed in each file, including individual telephone assistance and counseling. Therapists maintained their own charts on individual counseling, kept in a separate file. Sign-in sheets were used for all group activities and classes.

Volunteer hours were recorded on individual cards, dated and signed each day. All in-kind contributions of goods and services had dates, financial worth of service or item and the donor's signature. All records were verifiable by signature.

Basic tabulations were handled by the able assistant director, with monthly bookkeeping procedures performed by a trained accountant. Monthly reports were sent to the City, and copies to the sponsoring agency.

INTEREST CIRCLES (CLASSES)

As the center progressed with its initial programming, members asked for special classes in subjects or skills. It was decided to actively determine what was of interest.

A large prominent wall was covered with cork. Thirty Interest Sheets, each offering a topic or skill, were tacked to the cork, with a pencil attached. Members were asked to designate which Interest Circles they were willing to either attend or teach. Whenever a sufficient number of requests were received, that class was offered. Teachers not provided from the membership were culled from the community. Rarely did a desired class fail to produce a teacher or leader.

The classes were called Interest Circles because they were conducted with the group arranged in a circle. Circles promoted sharing and participation, whereas "classes" usually implied sitting in rows and listening to a speaker. Participants of these Interest Circles were encouraged to socialize, express feelings, confront and compliment each other on a safe level by the teachers, volunteer counselors and staff, both during and outside of "class" time.

Members who habitually signed up for Interest Circles and either did not attend or dropped out, were given the opportunity to examine that behavior by either a staff member or volunteer counselor, in a supportive manner.

Teachers and Interest Circles not sustaining interest among the membership were replaced. Sometimes teachers of popular classes needing to take vacations or terminating, selected replacement teachers from the membership participants.

Interest Circle favorites were bridge, needlepoint, quilting and patchwork, toy and dollmaking, beginning and advanced Spanish and book review.

In addition to ongoing Interest Circles, guest leaders sometimes gave a one-time or limited-time discussion or lecture.

CLOSING THE CENTER

VBS Senior Center closed its doors to the public on June 30, 1978. Announcements of the closing were mailed to all members, with 750 receiving questionnaires.

Classes were well attended until they closed at the end of March. Rap groups and counseling continued until the end of June.

Total center membership was 2,547, with 25,875 service units. Donations of goods and services generated a value of approximately $100,000.

The center was significantly involved in the community and in the field of gerontology. The author served on the advisory boards of Valley College, the Arts Council on Aging, USC Special Grant on You and Your Aging Parents Conference and numerous aging committees. The author lectured at USC, Pierce College, Valley College, Northridge University, and local high schools, as well as participating as a workshop leader, panel speaker, or guest lecturer at numerous aging events. Media coverage included over fifty newspaper and magazine articles, six radio interviews and one major television interview.

The final months of funding were devoted to research and analysis of the center using USC computers, as well as implementation of a model mental health program in three multipurpose centers.

The staff of VBS Senior Center took their knowledge and energy and created VBS Reseda Senior Multipurpose Center in Reseda, California, a larger storefront facility, funded by the same source as the first center. Assistant Director Estelle Cooper became the full-time director of the Reseda Center, and the author became a part-time Executive Director.

VBS Reseda Senior Multipurpose Center opened its doors in April, 1978, and the remaining staff of VBS Senior Center was given space in that facility to complete the grant.

As of June, 1980, the Reseda Center boasts almost 5,000 members.

III. RESEARCH STATISTICS & ANALYSIS

A randomly selected sample of 302 client files of the total membership of 2,547 were evaluated to determine a composite picture of client characteristics, needs and participation in the center. Information in each of the files was tabulated, coded and placed on data cards for computer analysis. Frequencies were obtained. Chi Square Tests explain differences between male and female characteristics, needs and usage.

Table I summarizes the characteristics of the clients in the sample. The age average of the sample was 70.2 years. Clients ranged from 60-91 years of age. Half were over the age of 69, and the majority (63.2%) were female. More than half (51%) were married, yet 35.8% were widowed. Most of the individuals in the sample were caucasian and 21% were below the poverty level. Most were retired, living in their own home or in an apartment.

The characteristics of the sample indicate the clientele of VBS Senior Center was predominantly female, as is most of the elderly population at large. The figures related to financial status indicated 20% were below the poverty level, a range generally seen in the larger elderly population. Over half of the sample indicated completion of at least a high school education, indicative of the trend toward better educated cohorts among the elderly as time goes on.

Not surprising were the figures on employment and housing, Primarily retired, many of this group live in apartments.

When clients joined the center, they were asked about their health, with whom they resided, whether or not they drove a car, and whether or not they were encountering difficulties in relationships with others in order to assess their individual needs. In addition, various center activities were described and they indicated whether or not they were interested in participation. Table II summarizes the findings related to client needs from our sample. Table III summarizes the interests expressed by the clients.

From Table II we can see that the clients in the sample are mobile and fairly healthy. Twenty-two percent expressed concern about their health. One quarter of the sample was concerned with social relationships. This finding is related to the increasing loss of friends and family that many of these older persons were experiencing. The finding also relates directly to the expressed purpose of the center to facilitate the ability to develop and maintain new relationships for these individuals. Men and women were equally concerned with this factor. Relationships were important to a substantial group of men, contributing to the continuing popularity of the weekly all-male rap groups.

As seen in Table III, classes were an important activity, especially for the women, as significantly more women than men expressed an interest in taking classes. In contrast to this, significantly more men than women expressed an interest in counseling. Perhaps this dichotomy indicates 1) that women are able to develop and maintain relationships through various modes as throughout their lives this has been a dominant pattern, and 2) that with increasing age, men find the adjustment to age and loss more

difficult and are finding more need for assistance in adjusting.

That employment is not of primary interest may be related to the fact that finances are not a prime concern of this group. This would agree with predictions that, although the mandatory age limit for retirement has been eliminated, age at retirement will continue to be lower.

Clients learned about the center in several ways: 44% came as the result of personal referral from another client, 28% joined as a result of advertisements and 15% joined the center after attending a senior club meeting where the author/director presented information about the center. Ten percent of the clients in the sample were "walk-in" members having no previous knowledge of the center's activities.

The confidential evaluations of the intake counselors was summarized for each client in the sample. These evaluations included the counselor's assessment of whether or not the client was independent, was able to relate well to others and had a good self-image. Counselors also indicated whether or not they recommended therapy for the client. Table IV summarizes these findings. An interesting result showed a higher need for counseling comes from the client's view than from the confidential evaluation of the counselor. This was interpreted as a tendency by counselors to be conservative when recommending therapy, probably because their evaluations may be questioned and because more follow-through would be required.

There appears to be no differences between men and women on the evaluations.

Results indicate that 15-18% of the sample were in need of some assistance based on their initial interview.

Table V presents client participation in the various center activities. Sixty of our sample attended rap groups, nine had individual therapy, and all received some individual counseling. The initial intake sessions were classified in this category. One hundred and six attended educational and recreational activities organized by the center. Information and referral services, social services and individual assistance was sought by and provided to 159 individuals in the sample.

TABLE I: Client Characteristics

Age			
Mean	70.2		
Range	58-91		
Median	69.11		
	Frequency	**Percent**	**Chi Square**
Sex			
Male	111	36.8	48.82620 *
Female	191	63.2	
Marital Status			
Married	153	51.9	
Male	79	26.6	
Female	75	253	
Widowed	108	36.4	
Male	13	4.4	
Female	95	32.0	
Divorced	18	6.1	
Male	10	3.4	
Female	8	2.7	
Single	15	5.1	
Male	7	2.4	
Female	8	2.7	
Separated	2	0.7	
Male	2	0.7	
Female	0	0	
No Information	5		
Ethnic Classification			
Caucasian	280	93.0	8.4811
Male	97	32.2	
Female	183	60.8	
Spanish Speaking	16	5.3	
Male	11	3.7	
Female	5	1.7	
Other Minority Group	5	1.4	
Male	2	0.7	
Female	3	1.0	
No information	1		
Financial Status			
Above Poverty Level	230	78.5	1.9371
Male	90	30.7	
Female	140	47.8	
Below Poverty Level	63	21.5	
Male	18	6.1	
Female	45	15.4	
No Information	9		

* Significant, $\alpha < 0.001$

TABLE I (continued)

	Frequency	Percent	Chi Square
Education			
To Eigth Grade	46	18.5	6.6818
Male	18	7.2	
Female	27	11.2	
Ninth Through 11th Grade	32	12.9	
Male		4.8	
Female		8.0	
High School Graduate	110	44.2	
Male		12.4	
Female		31.7	
College	61	21.3	
Male		10.0	
Female		31.7	
No Information	53		
Employment Status			4.9997
Employed Full Time	14	5.8	
Male	9	3.7	
Female	5	2.1	
Employed Part Time	23	9.5	
Male	11	4.5	
Female	12	5.0	
Not Presently Employed	205	84.7	
Male	75	31.0	
Female	130	53.7	
No Information	60		
Type of Residence			5.5474
Home	105	37.0	
Male	40	14.1	
Female	65	22.9	
Apartment	171	60.2	
Male	58	20.4	
Female	113	39.8	
Retirement or Residential Care Home	8	2.8	
Male	4	1.4	
Female	4	1.4	
No Information	18		

TABLE II

Assessment of Client Needs

	Frequency	Percent	Chi Square
Self Evaluation of Health			1.2406
Excellent	26	8.7	
Male	10	3.3	
Female	16	5.3	
Good	182	60.7	
Male	71	23.7	
Female	111	37.0	
Fair	41	13.7	
Male	14	4.7	
Female	27	9.0	
Has a Chronic Condition	37	12.3	
Male	12	4.0	
Female	25	8.3	
Poor	14	4.7	
Male	4	1.3	
Female	10	3.3	
No Information	2		
Concerned About Health			1.5173
Yes	67	22.3	
Male	20	6.7	
Female	47	15.7	
No	233	77.7	
Male	91	30.3	
Female	142	47.3	
Residential Situation			33.09000*
Lives with Spouse	150	50.3	
Male	77	25.8	
Female	73	24.5	
Lives Alone	124	41.6	
Male	28	9.4	
Female	96	32.2	
Lives with Family/Friends	24	8.0	
Male	5	1.7	
Female	19	6.3	
Drives a Car			28.2936*
Yes	182	61.5	
Male	89	30.1	
Female	93	31.4	
No	114	38.5	
Male	20	6.8	
Female	94	31.8	

TABLE II (continued)

	Frequency	Percent	Chi Square
Concerned with relationships with Others			0.0034
Yes	74	24.6	
Male	27	9.0	
Female	47	15.6	
No	227	75.4	
Male	84	27.9	
Female	143	47.5	

* Significant, $\alpha < .001$

TABLE III

Client Interest in Activities

	Frequency	Percent	Chi Square
Classes			5.4563*
Yes	97	32.7	
Male	26	8.8	
Female	71	23.9	
No	200	67.3	
Male	83	27.9	
Female	117	39.4	
Volunteering			0.8533
Yes	41	13.9	
Male	12	4.1	
Female	29	9.8	
No	254	86.1	
Male	97	32.9	
Female	157	53,2	
Employment			1.7950
Yes	28	9.5	
Male	14	4.7	
Female	14	4.7	
No	267	90.5	
Male	94	31.9	
Female	173	58.6	
Counseling			6.8741**
Yes	71	23.6	
Male	36	12.0	
Female	35	11.6	
No	230	76.4	
Male	75	24.9	
Female	155	51.5	

** Significant, $\alpha < .01$
* Significant, $\alpha < .05$

TABLE IV

Counselors Evaluation

	Frequency	Percent	Chi Square
Client Seen as Independent			0.01958
Yes	257	85.4	
Male	95	31.7	
Female	162	54.0	
No	43	14.3	
Male	16	5.3	
Female	27	9.0	
Client's Ability to Relate to Others			0.5993
Good	188	63.1	
Male	67	22.5	
Female	121	40.6	
Adequate	84	28.2	
Male	34	11.4	
Female	50	16.8	
Poor	26	8.7	
Male	10	3.4	
Female	16	5.4	
Client's Self Image			
Good	207	69.9	
Male	78	26.4	
Female	129	43.6	
Adequate	58	19.6	
Male	19	6.4	
Female	39	13.2	
Poor	31	10.5	
Male	12	4.1	
Female	19	6.4	
Recommendation of Therapy			.0013
Yes	52	18.0	
Male	19	6.6	
Female	33	11.4	
No	237	82.0	
Male	90	31.1	
Female	147	50.9	

TABLE V

Summary of Client Participation in Center Activities

Rap Groups	
Number attending	60
Average number of groups	5.7
Range	1-40
Individual Therapy	
Number	9
Average number of sessions	3.6
Range	1-13
Individual Counseling (including intake)	
Number	302
Average number of times counseled	1.3
Range	1-15
Educational and Recreational Activities	
Number	106
Average number of activities attended	5.0
Range	1-42
Information and Referral Services, Social Services and Individual Assistance	
Number	159
Average Number of Services Received	2.5
Range	1-55

QUESTIONNAIRES

Questionnaires were mailed to three different groups of members. One group (Group A) of 200 members selected at random received a questionnaire prior to the announcement of the center's closing (Group A_1 responses) requesting their participation in the evaluation of the center. Ninety-eight members responded. Afterwards all members received an announcement of the center's closing, and the 200 Group A participants were sent the same questionnaire, with a specific request for their participation. The return envelopes were coded in an unsuspecting manner. Seventy-five responses were received from the second mailing (Group A_2). Responses were compared statistically to determine whether or not there was a significant change in their answers as a result of the information that the center was closing, to see if impending loss influenced evaluation.

Two additional groups of 250 randomly selected members each, were selected and mailed questionnaires after the announcement that the center was closing. The responses of one group were anonymous (Group B). The other group answers could be obviously identified because their membership number was listed on the return envelope (Group C). Seventy-seven responses were received from Group B and 48 from Group C. These groups were compared to determine whether or not knowledge that their responses could be identified affected their answers on the questionnaire.

It is important to note that there were fewer respondents in Group C (Which could be identified) than the other groups. Also, Group A_1 (pre-closing) had the highest response rate, perhaps an indication that when members had knowledge that the center would no longer exist, they were less inclined to

submit responses. Table VI illustrates the results of the responses.

No significant differences emerged between any of the groups with regard to age or number of times the agency was visited. No significant differences existed in the proportions of males and females in each group. There was a predominance of female respondents.

No significant differences were found in client satisfaction with the center personnel. The majority of all four groups (84.7%) rated the persons they spoke with as very helpful. Twelve percent rated this question "helpful".

In terms of the center services used by the respondents, there were no significant differences among the groups overall. Twenty-nine percent used the merchant's directory often and 43.5% used it sometimes. Nineteen percent often attended rap groups and 36.4% "sometimes". Information and referral services were used often by 23.3%, sometimes by 48.7%. Similar percentages were noted for applications (24.7% often, 37.4% sometimes). Bulletin board information (34.6% often, 40.8% sometimes). Thrift Shop (24.7% often, 37.4% sometimes), classes (17.6% often, 23.9% sometimes), and the newsletter (67.8% often, 19.1% sometimes).

One significant finding occurred in the evaluation of the staff by the members. In Group B (anonymous responses) six members expressed feeling that counselors and staff were not helpful. This is the only group in which such a finding occurred.

Consistent agreement arose between the groups on the impact the center had on their social lives, family lives, daily activities, and feelings about themselves. Overall, 45.6% felt their social life had improved, 30.2% felt their family life had improved, 46.2% felt their daily activities had increased in a positive manner, and 56.8% felt there was improvement in their feelings about themselves, a significant finding in itself. It is also noteworthy that almost all respondents indicated that life was at least as good as it had been prior to joining the center.

Nearly all respondents were glad they had joined the center and had recommended the facility to friends.

TABLE VI

Client Questionnaire Response

Frequency Table

	A_1	A_2	B	C
Age				
Mean	69.8	69.4	69.5	68.9
Range	60-88	59-84	59-87	60-83
Sex				
Male	23(24.2%)	23(31.5%)	28(39.4%)	17(35.4%)
Female	72(75.8%)	50(68.5%)	43(60.9%)	31(64.6%)
Number of times visited agency				
Mean	11.8	17.1	18.1	19.9
Range	1-200	1-150	1-150	1-100
Satisfaction with agency				
Very satisfied	71(83.5%)	61(91%)	60(83.3%)	35(79.5%)
Somewhat satisfied	11(12.9%)	6(9%)	9(12.5%)	6(13.6%)
Somewhat dissatisfied	2(2.4%)	-	2(2.8%)	1(2.3%)
Very dissatisfied	1(1.2%)	-	1(1.4%)	2(4.5%)
Use of Services				
Merchants Directory				
Often	21(31.8%)	15(29.4%)	17(28.3%)	9(24.3%)
Sometimes	31(47%)	22(43.1%)	21(35.0%)	19(51.4%)
Never	14 (21.2%)	14(27.5%)	22(36.7%)	9(24.3%)
Rap Groups				
Often	9(16.7%)	10(20.4%)	12(22.6%)	5(16.1%)
Sometimes	18(33.3%)	22(44.9%)	16(30.2%)	12(38.7%)
Never	27(5.0%)	17(34.7%)	25(47.2%)	14(45.2%)
Individual Counseling				
Often	7(13.7%)	6(14.3%)	2(4.1%)	6(20%)
Sometimes	10(19.6%)	13(31.0%)	15(30.6%)	10(33.3%)
Never	34(66.7%)	23(54.8%)	32(65.3%)	14(46.7%)
Information and Referral				
Often	13(22%)	15(29.4%)	8(16.7%)	9(25.7%)
Sometimes	27(45.8%)	24(47.1%)	25(52.1%)	18(51.4%)
Never	19(32.2%)	12(23.5%)	15(31.3%)	8(22.9%)
Applications (Forms: RTD, Tax, etc)				
Often	14(25.5%)	11(25.0%)	14(26.9%)	6(19.4%)
Sometimes	19(34.5%)	16(36.4%)	16(30.8%)	17(54.8%)
Never	22(40%)	17(38.6%)	22(42.3%)	8(25.8%)

	A_1	A_2	B	C
Bulletin Board Information				
Often	16(28.6%)	15(28.3%)	19(40.4%)	16(45.7%)
Sometimes	26(46.4%)	25(47.2%)	15(31.9%)	12(34.3%)
Never	14(25%)	13(24.5%)	13(27.7%)	7(20%)
Thrift Shop				
Often	16(25.8%)	13(25%)	11(21.2%)	9(28.1%)
Sometimes	24(38.7%)	23(44.2%)	20(38.5%)	7(21.9%)
Never	22(35.5%)	16(30.8%)	21(40.4%)	16(50%)
Classes				
Often	5(10.9%)	6(15.8%)	12(25%)	5(18.5%)
Sometimes	14(30.4%)	9(23.7%)	9(18.8%)	6(22.2%)
Never	-7(58.7%)	23(60.5%)	27(56.3%)	16(59.3%)
Newsletter				
Often	54(76.1%)	40(69%)	33(52.4%)	29(76.3%)
Sometimes	9(12.7%)	11(19%)	21(33.3%)	3(7.9%)
Never	8(11.3%)	7(12.1%)	9(14.3%)	6(15.8%)
Evaluation of Staff				
Very Helpful	57(63.3%)	43(59.7%)	38(53.5%)	31(68.9%)
Helpful	29(32.2%)	27(37.5%)	25(35.2%)	11(24.4%)
Not so helpful	3(3.3%)	2(2.8%)	2(2.8%)	3(6.7%)
Not helpful at all	1(1.1%)	-	6(8.5%)	-
Evaluation of Center's impact on own life				
Social life				
Improved	28(41.8%)	30(47.6%)	28(46.7%)	17(41.2%)
Unchanged	39(58.2%)	33(52.4%)	32(53.3%)	18(50%)
Worse	-	-	-	1(2.8%)
Family Life				
Improved	14(26.4%)	16(31.4%)	14(26.9%)	13(39.4%)
Unchanged	39(73.6%)	34(66.7%)	37(71.2%)	20(60.6%)
Worse	-	1(2%)	1(1.9%)	-
Daily Activities				
Improved	26(42.6%)	21(40.4%)	28(48.3%)	21(56.8%)
Unchanged	35(57.4%)	31(59.6%)	30(51.7%)	16(43.2%)
Worse	-	-	-	-
Feeling About Self				
Improved	35(53%)	33(53.2%)	35(57.4%)	26(68.4%)
Unchanged	31(47%)	29(46.8%)	25(41%)	12(31.6%)
Worse	-	-	1(1.6%)	-
Glad They Joined the Center				
Yes	82(97.6%)	68(98.6%)	66(100%)	44(97.8%)
No	2(2.4%)	1(1.4%)	-	1(2.2%)
Had They recommended Center to Friends				
Yes	81(93.1%)	63(94%)	66(93%)	43(95.6%)
No	6(6.9%)	4(6%)	5(7%)	2(4.2%)

VI

MODEL MENTAL HEALTH PROGRAM IN THREE MULTIPURPOSE CENTERS

VBS Senior Center served as a model for the integration of mental health services throughout regular senior center activities, as well as incorporating counseling and rap groups among the elderly.

A model was devised for the placement of mental health services within existing senior centers that could be duplicated when desired. During the last four months of the funding period, the author supervised rap groups and counseling in the VBS Reseda Multipurpose Center, as well as the Van Nuys Multipurpose Center and the Granada Hills-Northridge Multipurpose Center.

Graduate students requiring supervised hours for their field work were recruited from graduate schools in psychology and social work. A licensed supervisor was hired to train and supervise these students in individual counseling on a one-to-one basis, as well as how to run rap groups.

Publicity was sent out advertising three "circle workshops" at the start of the project. Calling the rap groups "circle workshops" was more inviting and less threatening than "counseling." Topics were given to these sessions, such as "How to say 'no' to people and still have them like you," and "How to relate to your children, mates and friends." Times and dates of the three circle workshops in each of the three multipurpose centers were advertised in local newspapers, the multipurpose centers' newsletters, and flyers distributed throughout the community.

Three rap groups were held each week, in each of the multipurose centers. At the start of the program, a trainer (the author) ran all of the rap groups, with the trainees participating first as an observer, and later as a co-leader. In time the trainer conducted only one group per week, plus discussion time following the session, while the trainees ran the remaining two circle workshops.

Each of the multipurpose centers provided one staff person as one of the trainees, with two graduate students being assigned. It was determined that staff participation in the project assured more support and integration.

In total, each counselor-trainee received two hours of weekly supervision, two hours of weekly training, participation in three rap groups a week and counseling of individual clients by appointment on the site.

Because the three settings varied, success of the programs varied.

The VBS Reseda site was a natural for success of this program. Personnel in charge of the now closed VBS Senior Center were administering that new center. Because the author (Executive Director) and Director Estelle Cooper were from a mental health discipline, staff and volunteers were constantly trained.and reminded about listening and reflecting. Intake counselors encouraged members to attend rap groups and offered therapy whenever stress became difficult to handle. Although the Reseda Center was a new setting, an immediate full-scale counseling component was initiated. Within three months, over 30 clients were in individual

counseling and over 200 participants attended rap groups.

Van Nuys Senior Multipurpose Center had been established for several years. The program received high priority and cooperation from the Director and staff assistant. Clients were often low-income caucasian or chicano elderly. Individual counseling averaged 12 clients a month after a slow development. Rap groups (circle workshops) became a significant center program. New members found participation in the groups a supportive entry into the other activities. Warm relationships established within the groups spilled over to include other center members in a variety of involvements at the site. As of this writing, individual counseling and the rap groups are a viable center program.

Granada Hills-Northridge Senior Multipurpose Center was a new setting superimposed on the site of a pre-existing center. The counseling program did not succeed in establishing itself at this site. One possible reason for failure was afternoon scheduling, not a "prime" time in senior centers. Although the Director was cooperative, the program was not given high priority. A staff person who originally joined the training, supervision and rap group attendance, found other center activities more demanding and his attendance suffered. Finally withdrawing from the formal training process, he later, however, joined the rap group leadership training. Workshops were poorly attended by the elderly and were terminated after two months of effort. Some counseling continued with one remaining graduate counseling-trainee.

When the Granada Hills-Northridge circle workshops terminated, extra supervision hours were available. Rap group leadership was then established weekly at the Reseda site. Twelve counselors attended this training for the remaining grant period of two months. The group leadership training was so successful, as of this report, the paid supervisor is now volunteering her time with this program.

A supportive attitude from the Director is most important. Mental health programs are difficult to establish and require staff commitment. If the concept of private counseling and rap groups is not encouraged, the project may not endure through the necessary effort required before being firmly launched.

When a setting is viable, exciting and open to new ideas, the site may be fertile ground for the establishment of a mental health program. Without a commitment of encouragement and support, mental health activities will be the first to go, because they appear nebulous and demanding. Personnel who see little value in encouraging individuals to express feelings and relieve stress can be sensitized to those issues once the positive results of counseling and rap groups is demonstrated.

V

LEVINE INTERDEPENDENCY SOCIAL THEORY

The author had a recurring curiosity about an observed phenomenon. Some clients appeared to benefit from minor amounts of assistance, returning to independent functioning. Other clients, the "heavy" cases, seemed to not noticeably improve with any amount of assistance. In fact, the latter clients reverted to point zero when even massive attention was received. No cumulative adaptation was apparent.

A search for a clue to adaptation differences began. Focus, for a while, was placed on rigidity vs. flexibility. While this remained a viable differentiation, a broader delineation was sought.

In listening to case management supervision, whereby counselors discussed their clients, the term "dependency" seemed to occur frequently among more difficult cases. After much thought and investigation, a social theory based on an interdependency-dependency model emerged.

Broadly, individuals are classified into Independent (I), Interdependent (ID) and Dependent (D) categories. Isolates, at both ends of the spectrum, completed the scale.

Independent personalities appear self-motivated, self-contained dynamic beings most content in doing-it-themselves. This group wants only information and activities. Counselors were trained to respect that trait, and not feel invalidated because no further assistance was required. These

Independents usually joined the center for something specific.

Interdependent people were average give-and-take persons who enjoyed self-accomplishments, but could ask for and accept assistance when required. They were usually willing to learn and change, and to share with others. Most of the center's membership was in this category, and programs were usually geared to this level.

Dependent persons became the focus of the personality analysis. Dependent individuals blamed others for their situation and believed they were perpetual victims. Never really satisfied, they "improved" only when directly assisted, and it was temporary. These "needy" elderly required inexhaustable amounts of attention. Staff members became frustrated and sometimes "burned out".

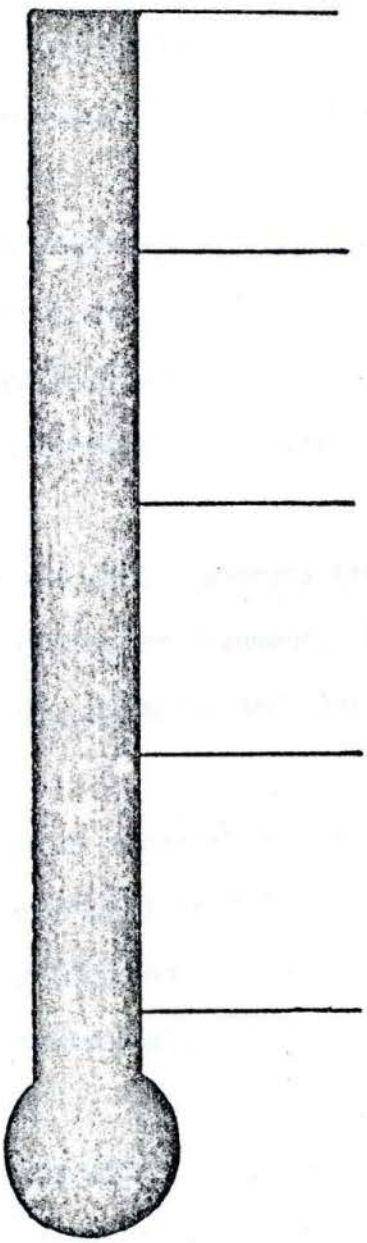
Counselors were taught that Independents and Interdependents in crisis were in most need of assistance. Individuals accustomed to self-sufficiency needed "proping up" when physical or emotional or circumstantial conditions threatened their independence. If permitted to "collapse" without support, these individuals could be at high risk for mental dysfunction. If stress was continuous, depression could be ongoing.

Although fully warned and trained, almost all new counselors needed to "save" at least one sad and "needy" person before realizing results were counterproductive. Part of their training included visits to some centers, nutrition sites and convalescent hospitals to witness an environment where many Dependents congregated. The atmosphere was anti-life and toxic.

Staff and volunteers were sensitized toward discovering Dependents, and to relate accordingly. When particulary burdened persons emerged, a few questions such as "How long have you had this problem?" or "Have similar instances happened to you in the past?", could reveal if "problems" were a way of life, or an occasional phenomenon. Way-of-life-Dependents were best treated with "band-aid" measures. Independents and Interdependents in crisis were best handled with total attention and follow-through until they could return to more independent functioning. When in doubt, attention was given. Dependents eventually emerged, because no saturation level existed.

L. I. S. T.

Levine Inter-dependency Social Thermometer



Go away.
Leave me alone.
Mind your own business.

I'd rather do it myself.
My schedule is full right now with classes in self-awareness, car repair and disco dancing.

I'm scared but I'll risk it.
I must help myself.
Yes please.
What do you have for me.
Here's what I can do for you.
After all what are friends for.

I won't.
I can't.
After all I've done for you.
Poor me.
She got more.
What have you done for me lately?

What's the use.
Nothing will help.

VI SUMMARY AND CONCLUSIONS

VBS Senior Center was a pilot, mental health storefront senior site funded by the City of Los Angeles Area Agency on Aging, and designed to prevent institutionalization. The sponsoring agency was VBS Counseling Center.

Funded from August, 1975 through December, 1978, the center boasted a membership of 2,500, 25,000 service units, and generated approximately $100,000 in goods and services. With an annual funding of $55,000, a nearby thrift shop offered an additional source of income.

Volunteer union laborers transformed a delapidated storefront into a warm and charming environment. Donations of furniture, carpeting, lighting fixtures, plumbing and plants were acquired.

The center operated with a small paid staff, and a large cadre of volunteer counselors, trained for six weeks prior to the center's opening, and one weekly training session. Sixty active volunteers and several hundred reserve volunteers enabled personalized service to the elderly clientele.

Programs were tested, with successes and failures evaluated. Clients were enrolled by volunteer counselors, and in many cases, a case management milieu developed with follow-through contact.

Individual counseling was made available with paraprofessional counselors

from VBS Counseling Center holding private sessions by appointment, at the storefront site. These paraprofessional therapists were each supervised by volunteer licensed psychologists and psychiatrists for these elderly cases, as well as others in their case load.

Rap groups were a center specialty, with many from the academic and psychological community visiting and training.

Outreach into the community for non-affiliated elderly was provided by the membership itself, once the center became a viable source of support and sustenance.

Widow and widower groups were quite effective for the newly bereaved, while those whose loss was of a longer duration were best accomodated in mixed rap groups where all levels of loss and coping were explored.

Employment opportunties were offered in the center's Job Bank, with the newly retired being most receptive to new ventures in occupations.

Friendship Circles and Phone Families, touted as the center's "star programs" in the media, proved a failure after a year's duration. Those individuals who had friends and fullfillment, remained occupied, while individuals complaining of loneliness usually remained lonely because of their negating and withholding approach to people and opportunities. The failure of the Friendship Circles led to the formation of the Levine Interdependency Social Theory.

The Interdependency Theory offers one explanation of differences between clients in crisis and their response to assistance. Individuals who functioned independently, or interdependently before their crisis, created the opportunity of healing and coping in the present, with a potential of returning to a self-sustained future similar to their previous functioning even when that future was more limited than before. Individuals classified as dependents were insatiable in their requirements, because their "way of life" was to have responsibility for their lives externally placed on a "helper." Since their "well-being" seemed to depend upon the amount of attention and assistance they seduced, these individuals functioned in a parasitic modality. Social service workers might be well advised to distinguish the difference between those to whom help is nurturing because they return to independence, and those to whom help is "sustaining" because the process of being helped is the main requirement.

The center closed its doors to the public on June 30, 1978. The remaining months of the grant were occupied in the developing and implementing a model mental health program in three multipurpose senior centers in Reseda, Van Nuys and Granada Hills/Northridge in the San Fernando Valley, using graduate students needing supervised hours, and paid licensed supervisors.

The final months also brought examination of membership files, placing significant data of randomly selected members on computer cards with subsequent computer analysis. All pertinent statistics are included in this report.

VBS Senior Center staff formed the management of the newly formed VBS Reseda Senior Multipurpose Center, using knowledge and techniques gleaned from the three year pilot mental health project.

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