Promoting personal and social competence with the elderly: a community-based program

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Purpose

The purpose of the prsent work is to describe and present the final results of a Personal and Social Competence Promotion Program – PSCPP [1] [2] carried out in the community with a group of older people (> 55 years) living in Lisbon. This project [4] was born from a partnership between Junta de Freguesia de Santa Maria de Belém and the Social Adventure's team of the Faculty of Human Kinetics. The mentioned project took place from November 2003 until July of 2005, and included both regular and extra sessions. The "Peer" Project aimed at promoting healthy life styles; developing interpersonal skills, collaboration and support competences among the seniors; as well as adaptation to aging and development of behaviors related to positive health. In the first year, a group of elderly volunteered to participate in the sessions carried out by the technician and, in the second year, some elements of this group leaded the session for other new-comers.

Introduction

The development of conceptual models about person-environment transactions for older people was concentrated on special populations, particularly the institutionalized. Nevertheless, the large majority lives independently in communities, which indicates a gap in the theoretical framework. The second general criticism, according to Barreto [4], is an implicit negativism in many previous approaches to successful ageing. That is, much research as been conducted with measures of illness rather than with measures of wellness. These preconceptions and the reliance on measures of illness have not facilitated understanding the most positive aspects of

successful ageing. In fact, many studies have paid little attention to the unique resources and challenges of old age, or to possibilities of continued growth and development in the later years. In sum, while previous studies of successful ageing have advanced our knowledge in several ways, they've been deficient in terms of their underlying theoretical frameworks, implicit pessimism, neglect of growth or developmental processes in the later years, and inattention to the cultural climates that underlie formulations.

To avoid developmental losses, it's necessary to appeal preventive measures in the sense of its control and reduction, promoting the aged individuals' psychological development and creating social and community conditions so that that development can win visible expression, counteracting the linked stereotypes to the aging. These arguments allow preventive approach, namely the social competences promotion wins meaning and alignment. Research in this area assumes beliefs that old age is a time of unhappiness and low morale [5] [6].

Terms such as successful or optimal aging imply a value judgment about something that is good and desirable. Some advocates of successful aging focus on outcomes such as cardiovascular and pulmonary functioning, others emphasize cognitive and intellectual performance as measures of success, whereas still others focus on achievements in physical domains. Anyway a common feature of all these criteria is that they focus on broad measurable domains of functioning or performance for which there exists broad societal consensus that the higher level of functioning the more successful the individual. Generalized cognitive intellectual and social relational competences are other order criteria of success [7]. To be socially active and socially accepted can fill out an important function in health terms, constituting an important component of the life satisfaction**.** The question of social support can then be raised as a positive and protector factor and the relationships with other significant ones are associated with physical and mental health emphasized the importance of warm and trusting interpersonal relations. Successful aging requires not only functional questions, but also that one continues to develop his potential to grow and expand as a person. The ability to adapt to an ever changing world requires such continued personal change [8].

The need to feel in control of one's environment has long been recognized as basic to well-being. More successful aging may occur when the individual maintains a sense of competence in dealing with the environment. Because of that, Lawton [5] pointed the importance of mastery in determining the degree to which behavior is, preventing negative changes with aging such as loss of roles, norms and reference groups.

According to several authors [5] [6], we should be constantly aware of the two-way character of the transaction between a person and the environment. An environment

feature that is not a defect for most users may constitute an impenetrable barrier for an impaired person. Providing seniors with social skills to cope with social environment can promote health and well being. Based on that, Silva [8] studied older persons living in community. Despite of the aging process, no evidence of differential decline was seen in self-reported health, activity level, or social interaction, benefits were seen in improved morale and increased interaction with neighbors, documented the advantage of a supply of age peers.

Nowadays there is a discussion in the scientific community in order to change the nomenclature for prevention. However, when we analyse which changes are proposed, it's possible to see what changes are the focus of prevention, from the time when the prevention begins (before, during or after the problem appears), to the target population (general population, a group with higher risk, or a group with a problem). An intervention based on personal and social competences can be a prevention program at any of the levels referred (time and population). In this study, after identifying a specific situation in the population [9], an intervention was developed in order to prevent bigger problems or more individuals with problems.

By implementing a two year program based in social competences in the community, we aim at training community facilitators (peers) in order to implement a Personal and Social Competence Promotion Program within the structures of a community (Lisbon City). The target population of this project is the elderly in the community at risk of lowliness and alcohol problems [9]. The project advocates three key concepts: promoting competences, participation, and access to facilitating structures, in the community. The main objective of this project is to promote those older people's mental health (positive health); healthy lifestyles and prevent personal and social maladjustment, due to retirement or lack of interpersonal relations.

Methods

Participants

Inclusion criteria: 55 years old or more, living in Santa Maria de Belém, having physical independence to attend sessions. Participants were recruited through advertisements placed in local community and public presentation sessions.

In the first year, 42 participants started the intervention, and 33 finished with complete data available, both baseline and final. This group of volunteers was mostly feminine (72,7%), with a mean age of 72 years old, in its majority "widow(er)" (42,4%) or "married" (42,4%),"single" (12,1%) and "divorced" (3,1%).

In the second year, 30 from 37 volunteers completed both evaluations, mostly women (76, 7%) with the same mean age of the first' year group, in its majority "married" (43, 3%), "widow(er)" (36, 7%), "single" (13, 3%) and "divorced" (6, 7%).

Measures

Instruments included baseline and final evaluation measures. The evaluation included the following four scales: a demographic questionnaire including questions like age and gender; a social characterization questionnaire (first year only), including questions about descendents, interpersonal relationships, as well as about cultural and social live; the "Senior's Needs of Counseling Scale" [10], with 38 items and two sub-scales: counseling needs, including 18 items (personal concerns, social needs, physical and mental activities, and environmental needs) and counseling wishes. Including 20 items (personal concerns, social wishes, physical and mental activities, and environmental wishes). Items are rated on a 1-5 point Likert scale and are summed to form a total score ranging from 38 to 190, where a higher score means more needs of counseling.

In the second year, an evaluation on the program was conducted [11], where the volunteers were asked about their feelings towards the program. This evaluation includes several types of questions and answers (free answer, 2 and 3-point Likert scale, and multiple choices).

The next two scales were filled in mostly by the professionals and partly by the participant.

The Clinical Appreciation Scale [12] consists of 19 items rated on a 7-point Likert scale. Items refer to physical and psychological factors, which were responded by the technician, except for three items (dizziness, sleep and giddiness), filled in by the participants.

The Social Competences Checklist [13] is a 40 items scale rated in a 1-5 point Likert scale, with a total score range between 40 and 200 points. This questionnaire has six dimensions: basic social competences, advanced social competences, competences to cope with feelings, alternative competences to deal with aggressiveness, competences to work with stress, and planning competences. The items concerning the sub-scale alternative competences to deal with aggressiveness were filled out by the participants and the remaining ones by professionals.

Design

The project was implemented from November 2003 until July 2005, with weekly sessions. Subjects met weekly in group of approximately 15 participants, for 60 minutes per session. The sessions were educational, experiential and practical and participants

were encouraged to develop group cohesion and the relation within the group. Also part of the curriculum, were aspects such as interpersonal communication, problem solving and assertiveness.

The regular sessions had the following structure: (1) Initial dialogue – space where was recalled and magazine the previous session, and also where the participants could share with the group important episodes that happened during the week; (2) Ice-breaking or cooperation activity – activities are proposed to promote the knowledge among the participants, the team work and the group cohesion, towards the materialization of common objectives; (3) Content activity – where are proposed situations related with the specific subjects to develop, through role playing potential risk-inducing situations to practice the new behaviour; and (4) Final dialogue – dialogue space to think and reflect on the activities proposed during the session. The dialogue space given in the sessions had the aim of giving feedback on performance from group leader and fellow group members, in order to support and reinforce behaviour changes. Extra sessions had a different structure and context, with the objective of providing real situations where the participants could apply the contents developed along the regular sessions, to develop the cohesion and group spirit, as well as being one more motivation. Those included visits to monuments, workshops, activities with school-aged children and activities organized by the participants. During the first year, 17 regular sessions and 12 extra sessions were developed. In the second year. 24 regular sessions and 14 extra sessions were performed,

Results

Social characterization questionnaire

Most of the elements of our sample had the fourth grade and only 6, 2% refer to have made the secondary school (to the 12th year of education). Most of the participants referred to have had children (81, 8%). In what concerns the satisfaction of the relationship with their sons or daughters, most of the participants said to be “very satisfied” (66, 7%), while only 3, 7% refer to be “unsatisfied”. When questioned about the relationship with other relatives, 43, 3% said to be “very satisfied” and 43, 4% mention to be “satisfied.” In what concerns the type and frequency of actual contact with their descendents, most referred to be frequently visited by them (60, 7%), while visiting is referred by 51, 9% of those inquired. Still on the contact with the descendants, most of the individuals said “receive phone calls frequently” (50%), with 57, 1% of the inquired referring “I call frequently”. Relatively to finding them in the street, half of those inquired said that never happens.

Most of the respondents referred going sometimes to sightseeing and visits (48, 4%), but never going to the cinema (50, 0%), conferences (83, 9%), dancing and popular parties (40, 6%), listenning to " fado" nights (43, 3%), sport activities (57, 6%), watching a football game (66, 7%), or assist contests (87, 1%).

Senior's needs of counselling scale

The baseline and final evaluation in the first year, using the Wilcoxon test, revelled a generalized pattern of descend in the needs of counselling. This pattern is significant in the total score (p=0.006), counseling needs relating to personal concerns (p=0.026), counseling expectations (p=0.004) and its sub-scales: social concerns (p=0.03), physical and mental activities (p=0.018) and environmental concerns (p=0.001).

Table 1. First year's baseline and final evaluation (Wilcoxon test)

	Media		N	z
	Baseline	Final		
Global scale	91,4	80,1	16	- 2,73**
Sub-scales				
Counseling needs	43	39,7	20	- 1,29
Personal concerns	17,2	14,8	26	- 2,23*
Social needs	8	7,3	28	- 1,22
Physical and mental activities	8,6	8,3	31	- 0,19
Environmental needs	7	6	32	- 1,92
Counseling expectations	47,4	39	24	- 2,92**
Personal concerns	12,6	10,9	31	- 1,54
Social concerns	9,9	8,1	26	- 2,17*
Physical and mental activities	12,7	10,7	30	- 2,37*
Environmental concerns	11,1	8,6	32	- 3,39***

* $p < .05$; ** $p < .01$; *** $p < .001$

Results suggest a significant increase in the autonomy of the participants concerning some of their personal and social areas: personal concerns (mental and physical health), the environmental needs (communitarian structures), the social concerns (emotional support), physical and mental activity (leisure) and environmental concerns (domestic economy).

Compared to first' year final assessments, the sub-scale of the counselling wishes concerning physical and mental activities changed at the second year final intervention. The results showed a significant decrease (p=0.03), which shows a higher autonomy in this area.

Table 2. First and second year's final evaluation (Wilcoxon test)

	Media		N	z
	Baseline	Final		
Global scale	79.1	73.3	14	- 0.85
Sub-scales				
Counseling needs	36	32.4	15	- 0.71
Personal concerns	14.7	15.8	19	- 1.16
Social needs	9.5	7.9	18	- 1.95
Physical and mental activities	8.5	6.7	22	- 2.18*
Environmental needs	6	6.1	22	- 0.17
Counseling wishes	38.7	36.6	18	- 0.96
Personal concerns	11.2	10.3	20	- 1.43
Social concerns	7.8	8	19	- 0.53
Physical and mental activities	11	10.3	20	- 0.81
Environmental concerns	8.7	8.8	21	- 0.17

* $p < .05$

Social competences checklist

The Wilcoxon test showed a positive pattern in all sub-scales, except in the planning competences. The gains are significant only in the competences to cope with feelings (p=0.05).

Table 3. First year's baseline and final evaluation (Wilcoxon test)

	Media		n	z
	Baseline	Final		
Global scale	141	147,2	2	- 0,45
Sub-scales				
basic social competences	35	35,8	32	- 0.88
advanced social competences	16,8	17	33	- 0.32
competences to cope with feelings	16,6	17,5	33	- 1.96*
alternative competences to deal with aggression	25,7	25,9	33	- 0.06
competences to cope with stress	14	17	2	- 1.34
planning competences	31,9	31,1	33	- 1.55

$p < .05$

These results highlight a positive impact of the PSCPP on the evaluated areas, namely the autonomy on counselling needs and competences to cope with feelings.

Program's evaluation

The results concerning the evaluation of feelings towards the program, in the second year, showed that 86,2% of the participants considered the SCPP "utile and nice"; 46,6% said that what they enjoyed the most was the "support from peers"; 67,9% refers that they liked everything in the program; 50% indicated "the company" as an argument to convince a colleague to come to the program; and 79,3% said that if they had a chance to go to another program like the PSCPP, they would accept "right away".

When inquired about what they learned in the PSCPP, the four most selected answers were: "learned to say my opinion" (75%), "learned that to solve a problem, I have to think" (67, 9%), "learned that assertive people respect the others and themselves" (71, 4%), "learned that there are several ways to solve a problem" (67, 9%).

When questioned on the feelings influenced by the PSCPP, the four more referred were: more satisfied (72, 4%); happier (72, 4%); more communicative (64, 3%); friendlier (86, 2%).

Discussion

Results highlight the importance of the community intervention with the elderly to enable their autonomy, social participation and healthy life styles. Taken together, the intervention results pointed out the importance of promoting social competences in order to achieve a more fulfilling social functioning and health.

Through the changes observed in the senior's needs of counselling scale [10], is shown the important role of the PSCPP in helping the elderly to be able to solve by them self some of their concerns and needs. Thus, the program seems to be a good strategy to promote their autonomy towards health and social support. The results obtained in the second year of intervention showed that there was maintenance in the characteristics obtained in the first year of Senior's Needs Counselling Scale, and also an improvement in what concerns the counselling needs referring to physical and mental activities area.

In the clinical appreciation scale [12], the results showed a generalized increasing pattern in the social competences, which is significant in the competences to cope with feelings.

The program evaluation stresses the importance and meaning of interventions with social competences in the elderly. The interventions based in peer groups are important because they promote their health/wellbeing and social support among them, through the development of personal and social competences.

To age successfully could become a leading challenge of our era. It is argued that there has been an absence of theory guiding this research, an implicit negativism

in the proposed conceptions of well-being, a neglect of the possibility for continued growth and development in old age, and a failure to see conceptions of positive ageing as human constructions. New perspectives for investigating successful aging highlight the need for self-acceptance, social competences and autonomy.

Limitations

Elderly presented difficulties in the filling of the evaluation protocol, due to its little accessible language for some people and its extension. Attendance to sessions was sometimes low, due to doctor's appointment, being ill or having family visits. We also highlight the few references found concerning intervention programs in the area of social competences promotion for this population, which underlines the importance of the development of studies at this level.

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