

Chapter 13

SSLD and Senior Service: A Comprehensive Model for Practice

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ABSTRACT

This chapter introduces the SSLD (Strategies and Skills Learning and Development) System as a comprehensive model for practice in psychosocial service for seniors. The challenges and issues associated with aging are complex, and involve physical, biological, psychological, social, existential and spiritual dimensions. In order to address them in a comprehensive and balanced manner, we need to draw on an extensive set of knowledge, experience and skills taken from various healthcare and human service professions. The SSLD system is built on a meta-theoretical structure that interfaces well with both analytic and holistic conceptualizations of the human person within his or her life-world, or being-in-the-world. Principles and methods of SSLD practice are described through phases of intervention: engagement and problem translation, N3C assessment, 6D (domains of being-in-the-world) formulation, implementation, review and evaluation. These are illustrated with practice examples. Issues related to practice research and knowledge production are also explored.

INTRODUCTION

This chapter introduces the SSLD (Strategies and Skills Learning and Development) system (Tsang, 2013) as a conceptual and practice model for providing comprehensive service for seniors. The key idea of SSLD practice is to help people address their unmet human needs and achieve their desired goals in life through systematic learning and development of strategies and skills that are effective, appropriate, and relevant to their specific circumstances.

There are many theories and models for understanding the aging process as well as for informing practice. For example, in textbooks for specific disciplines such as social work, it is not uncommon to devote at least a chapter to major theories in that field (e.g., Youdin, 2014). In medicine, there are publications

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on specialized theories regarding specific bio-medical processes such as cellular aging (e.g., Robert & Fulop, 2014). Whereas specialized accounts can offer more detailed knowledge and relatively in-depth exploration, human service practitioners are interested in more comprehensive or holistic frameworks because they are increasingly aware of the multi-faceted nature of the challenges they face, as well as the complex interactions between physical, psychological, and social factors. Authors trying to offer a more comprehensive perspective, therefore, often try to cover the physical, psychological, and social aspects (e.g., Morgan & Kunkel, 2016). Some practitioners believe that there are aspects of the human aging experience that go beyond the physical, psychological, and social, and they assert that existential, spiritual, artistic, and/or aesthetic dimensions are also significant (Bennett & Taylor, 2012; Moberg, 2008; Reker & Chamberlain, 2000).

A comprehensive review of these theories and models is beyond the scope of this chapter. In the following section, we will briefly introduce the key theoretical systems, and try to demonstrate how the SSLD system can be used as an integrative framework for understanding the aging process and for guiding professional intervention.

BIOMEDICAL MODELS

Biomedical models (e.g., Bowling & Dieppe, 2005; Rowe & Kahn, 1998) usually focus on the body and bodily functions. Bowling and Dieppe (2005), for instance, characterize usual aging as normal decline in physical, social, and cognitive functioning. They recognize the impact of external, environmental factors specific to the person, and the value of active engagement with life in order to achieve successful aging. These models, however, do not pay equal attention to the motivational and emotional experience of aging. The idea of successful aging is articulated as a set of objective criteria, and relatively little weight is assigned to subjective experience and individual agency. Some researchers have observed that a person's subjective assessment is often at odds with the medical definition (Strawbridge, Wallhagen & Cohen, 2002).

PSYCHOSOCIAL THEORIES

Erikson's (1950) stage theory is among the earliest attempts to articulate a theory of aging that is primarily psychological. His theory, in contrast to the biomedical models, focuses on the subjective experience of the individual and deals with the intellectual, emotional, and motivational domains. Ideally, individuals will explore life and find meaning, eventually attaining wisdom and developing integrity. The less successful ones may find themselves unproductive, feeling guilty or depressed, and their lives may be characterized by hopelessness or despair. In subsequent development of the theory, Joan Erikson (1982/1997) elaborated on the "ninth stage" in which biological decline and function loss take the individual back through the earlier eight stages, struggling with negative responses to their environments, such as mistrust, shame and guilt, isolation, and despair. The use of a stage approach, assuming there is homogeneity among people of the same age bracket, does not pay attention to cultural diversity and individual difference. In this approach, while biological decline is recognized, little attention is given to how the biology interacts with psychosocial processes. The role of environmental factors, including social systems, services and resources, as well as cultural and lifestyle differences, is not adequately explored.

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