

## Book Review: Youdin, Robert (2014). Clinical Gerontological Social Work Practice

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### Abstract

It is generally known that a demographic tidal wave is sweeping through the United States and other advanced economic nations, with drastic economic, political, and social implications. By 2020, according to data cited by Youdin, there will be 53 million persons over the age of 65 and 7 million over the age of 85 in the United States. The mental health professional cannot, even if specializing in other areas, ignore the issue of aging people which, as Youdin shows, are exceptionally variegated. It is, actually, inevitable that the problems of aging will significantly touch the practice of the mental health professional since clients themselves may be graying or have already advanced to older age and, on top of their earlier presenting problems, encounter the often crushing psychological, social, and medical challenges of older age. Even if the client were to be a younger middle-aged adult, it is a cinch that the problems of elderly parents or relatives impinge on the client's life, often with overwhelming exigencies. Therefore, it is a virtual necessity for the modern mental health professional to have a broad grasp of gerontological issues.

**Keywords:** Graying; Psychological; Gerontological; Neuroscience; Suicidality; Appetite; Abuse

### Book Review

It is here where Robert Youdin provides an invaluable service to the mental-health community practioners, graduate students, administrators by providing a wide-net introduction to clinical gerontology. Youdin brings a rich professional background to his work. He began as a hard scientist doing (and publishing) basic psychological and medical research, with a medical career in mind. A crisis of conscience, however, derailed him from his medical trajectory he could not bear to continue implanting electrodes into the brains of his monkey "participants." His advisor was, actually, understanding, absolving him from further research on the brains of monkeys and encouraged him to complete his medical studies. Youdin, however, had by then decided to change course and soon embarked on a life-long career as a psychotherapist [1].

Youdin's book is divided into two parts, the first dealing with broad theoretical issues, especially the differentiation of the *medical model* (which he considers pathologizing and infantilizing) and the *psychosocial model*, which he variously refers to as "person-in-environment theory," "empowerment theory" or the "strength perspective" (which Youdin clearly favors). There is a decidedly existential-humanistic lilt to the work, with "responsibility," "choice," "inner strength" prominently emphasized, along with an aversion to stigmatizing labels. The therapist's task is typically seen as the reframing of the presenting problem into a more productive formulation that can then accommodate health-inducing activities such as reengaging with the client's social milieu, psychoeducation, exercise, better diet, medication compliance, and, critically, the reaccessing of lapsed coping skills.

There is no pretentiousness in Youdin's approach. Alongside discussions of theoretical issues and basic neuroscience ideas, he does not neglect the plethora of mundane matters that are the stuff of real-life practice—for example, "working the clock" in therapy sessions; the collection of environmental and demographic information; the assessment of developmental history, including sexual history; assessment of current medical status, speech quality, and thought processes; the estimation of suicidality; evaluation of sleep and appetite; the gaging of substance abuse; and so on).

Youdin discusses a number of theoretical modalities which he

later applies to clients. These include "Cognitive Behavioral Theory," "Narrative Theory," and "Reminiscence Theory." Unlike many in the field, Youdin does not indulge in Freud bashing in general, Youdin is very gentle with all approaches, even those he criticizes but he might have brought out a little more the Freudian roots of the approaches he covers. The founders of cognitive behavioral therapy (Beck, Ellis) were, after all, psychoanalysts originally, and psychoanalysis is incontestably a cognitive therapy, although far more complex and lengthy than contemporary variants; and, certainly, psychoanalysis is a "narrative" and "reminiscence" therapy. Missing here also, perhaps by design, is a focused consideration of transference, defense mechanisms, and dream work (which are typically neglected by cognitive behavioral therapy). On the other hand, the topics of ageism, poverty, stigma, feminist theory, are largely alien to Freud but much emphasized in the present work.

The second part of the book is more applied and deals with major topics in clinical gerontology, including "Alzheimer's Disease and Other Dementias" (including Vascular Dementia, Dementia with Lewy Bodies, and Frontal Lobe Dementia); "Medical Problems in Older Adults," "Older Adult Substance Abusers," "Elder Abuse," "Care and Residential Settings for Older Adults," and "Dying and Death."

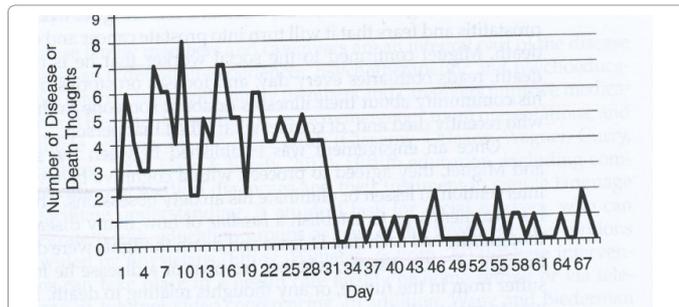
A very useful feature of the book is the inclusion at the end of each chapter a clinical case that concretely illustrates some of the concepts covered. There is the case, for example, of the Chinese-American couple, Lim (a 78 year-old woman) and Jun (her 84 year-old husband). Lim and Jun reported having had a close, contented life-time relationship but sought help for some recent turbulence in their relation. Lim had begun suspecting her husband of wanting to be unfaithful to her, which Jun denied. They had actually not been sexual with each other for some ten years but Jun began to complain of his wife's disinterest in sex. After

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**Figure 1:** Baseline and intervention periods contrasting Miguel's disease or death thoughts before ( days 1-27) and after the reframing intervention ( days 28-29).

some probing, Lim blurted out her take on the matter: It's "that damned Viagra." Jun had started taking the pill, which, obviously, was producing an effect. The couple eventually agreed to have sex therapy and, after six sessions, the couple resumed sexual relations, although Lim continued preferring noncoital sexual activity.

The Case of Miguel (Chapter 7) was especially instructive to the reviewer. Miguel, a 70-year-old married man of mixed ethnic ancestry (Latina mother, Chinese father) retired and moved from his urban home to a bucolic adult community in a neighboring state. But Miguel found no peace. A recent diagnosis of prostatic hypertrophy and hypertension led to an obsessional fixation on health problems and death. Miguel's wife made a good adjustment to their new community but Miguel was so preoccupied with his health concerns that he was unable to make new friends, spending most of his time reading and worrying about various diseases. He was eventually assessed as suffering from hypochondriasis. Miguel agreed to participate in a course of cognitive behavior therapy. The treatment started with a baseline assessment of the actual number of disease- and death-related thoughts occurring each day (marked by Miguel in a diary every time such thoughts occurred). One surprise was

that, instead of the 70-80 death-related thoughts per day that Miguel estimated to be having, the diary records showed an average of only about 5. Apparently a strong negative cognitive bias applied to Miguel's estimate (see the left half of Youdin's Figure 1). The intervention phase was then commenced. Every time Miguel experience an illness or death-related thought, he was to write in his diary the following reframing message: "Having these disease and death thoughts is not healthy for me. Therefore, I will think about positive things that I can choose to occupy myself."

The case was instructive for the reviewer because, perhaps on account of his skeptical view of behavioral and cognitive-behavioral therapies, this simple intervention struck him as oversimple and likely to prove ineffective. Yet, the data showed otherwise, demonstrating a striking therapeutic effect (Figure 1). The good outcome was then supplemented by dietary changes, exercise, socializing with community members, and medical compliance. Of course, this is an  $n = 1$  report and does not validate the technique for other clients, or even for the same client at a different juncture, nor exclude positive-transference or demand-characteristic effects. Nevertheless, the brief quantitative report is clear proof that the intervention had a decisive effect in this instance.

Youdin's book is an extremely useful (and unassuming) first pass at the issues and problems of clinical gerontology. Clinicians, graduate students, and administrators are the ideal target audience. All the specific topics could be pursued in greater detail and depth. Indeed, Youdin is already publishing this fall an introductory, but more research oriented book, *Psychology of Aging 101*, and is completing a work on drug abuse among the elderly. But in Youdin's present overview for clinicians, we have an essential first-step.

#### References

1. Robert Y (2014) *Clinical gerontological social work practice*. Springer Publishing Company, New York, USA.