EXECUTIVE SUMMARY

The percentage of the population in the United States comprised of older adults (65+), sometimes referred to as Baby Boomers (birth year 1946 – 1964) and the Silent Generation (birth year 1925 – 1945), is steadily on the rise. This population is often overlooked and has a unique subset of issues when it comes to counseling competencies. Layered multicultural competencies affecting these individuals include race, gender, sexual orientation, religion, and ageism. Counseling concerns related to age include but are not limited to loss of autonomy, loss of physical ability, loss of loved ones, and changing definition of self. From an existential therapeutic background blended with Cognitive Behavioral Therapy (CBT) interventions, the author reviews the case study of Lucille with a focus on therapeutic intervention and Multicultural and Social Justice Counseling Competencies (MSJCCs).
INTRODUCTION

This chapter will explore the use of Multicultural and Social Justice Counseling Competencies (MSJCC) and existential therapy to address the needs of 88-year-old client Lucille who has just been placed in an assisted living facility. The use of an existential framework along with interventions from other theoretical orientations such as mindfulness and Cognitive Behavioral Therapy (CBT) will be interwoven to address therapeutic goals as outlined by both client and therapist. The existential theories of Irvin Yalom and Viktor Frankl as well as the history of existential therapy will be outlined as a backdrop for understanding Lucille’s existential concerns. MSJCC’s provide the framework to review Lucille’s multicultural identity and intersections of ethnicity, gender, and religion.

CASE DESCRIPTION

Lucille is an eighty-eight-year-old female who lives in an assisted living facility. Lucille identifies as Jewish American, having emigrated from Europe in 1948 at the age of 19. Lucille currently lives alone. Her husband and two of her three children are deceased. She has also lost many of her close friends to terminal illness in recent years. Her remaining lifelong friends who were once a support system are now scattered across the country living with their relatives or in nursing homes. They rarely get a chance to speak on the phone and Lucille struggles to text or write letters due to deteriorating eyesight. Lucille is a grandmother to five grandchildren. Her surviving daughters and grandchildren convinced Lucille to move to an assisted living facility when she was no longer able to drive and began having minor difficulties with her activities of daily living (ADL’s). She speaks to her daughters frequently on the phone but rarely sees them in person. One daughter lives a five-hour drive away and the other daughter who lives in the same city cannot come visit frequently due to her own declining health. Lucille’s grandchildren visit once every few months but rarely call. She does not reach out to her daughters or grandchildren but waits for them to reach out to her. She is worried she will be perceived as a burden or bothersome if she is constantly calling and asking them to visit. She sometimes avoids calls from her daughter who is ill as she states speaking to her child and not being able to care for as she did her whole life created a sense of intense guilt. Lucille mainly stays to herself and has made no friends at the assisted living facility despite numerous community activities and invitations to social events at the facility. Lucille states anxiety about her deteriorating eyesight inhibits her from participating in social events, as she feels she will be judged. She states feelings of loneliness and feeling