THE ENCYCLOPEDIA OF AGING

A Comprehensive Resource in Gerontology and Geriatrics

Second Edition

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was a "career buster"; a second era, an "Age of Alzheimer's" in which a concern for Alzheimer's disease was equated with attention to aging issues; and a third phase of "mainstreaming" aging issues into broader agendas of research and service. Community psychology and aging are in transition from Phase 2 to Phase 3. For example, the Institute of Medicine recently released a set of recommendations for improving research on prevention of mental disorders (Mrazek & Haggerty, 1994). The report recommended expanded research and training funding in this area. It also highlighted several substantive domains. One topic was specifically related to older adults: research on alternative forms of intervention for caregivers and family members of Alzheimer's disease patients.

In contrast, Gatz (1995) has suggested four broader goals for a community psychology of aging: improving the health of older adults (both physical and mental health); providing financial security for older adults; improving the functional independence of older adults so that they have a shorter period of dependence, and in some cases, institutionalization; and assisting older adults in achieving a sense of meaning or "vital involvement" in later life (Kivnick, 1993). To achieve these goals, community psychologists and gerontologists will have to identify the optimal combination of interventions, risk factors, and protective mechanisms that allows older adults to adapt in the midst of the challenges of later life. In short, we will have to answer a simple question: Under which conditions, for which individuals, will which interventions have the desired outcomes?

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See also
ENVIRONMENTAL PSYCHOLOGY

COMPETENCE

Behavioral competence in adulthood has been studied from multiple perspectives including functional competence, everyday cognitive competence, and legal competence. Functional competence has typically been concerned with the individual's ability to care for oneself and to engage in activities required for independent living (Fillenbaum, 1985; Lawton & Brody, 1969). Study of everyday cognitive competence is concerned with the application of cognitive abilities and skills to the solution of problems experienced in daily life (Poon, Rubin, & Wilson, 1989; Wills, 1996). Legal competence has focused largely on judgments regarding the adult's incapacity to care for oneself or to manage one's property (Kapp, 1992; Smyer, Kapp, & Schaie, 1995).

Although these approaches to the study of behavioral competence emanate from different professional disciplines, there are some important commonalities in the conception of the phenomenon that contribute to a more complete understanding of competence in old age (Willis, 1995). First, competence as defined in each perspective represents the potential or capability of the individual to perform a task, not the actual daily behavior of the individual. It is important to differentiate between competence and the behaviors the adult regularly performs in daily life. For example, functional assessment has traditionally addressed the question "*Can* the individual perform an activity?" rather than "*Does* the individual perform the activity on a regular basis?" Similarly, in legal judgments the focus recently has been on whether the individual is capable of making sound financial decisions, not whether the individual behaves in a manner considered financially astute by others (Altman, Parmelee, & Smyer, 1992).

Second, each approach to competence is concerned with capacity to carry out significant activities encountered by the adult in the real world. The focus is not on academic tasks conducted in psychological research laboratories but rather on tasks considered important in daily life (Park, 1992; Puckett & Reese, 1993). The question arises, then: What are considered the critical activities for functioning in the real world? A criterion is needed against which to judge the importance or criticality of the innumerable activities of daily life. Capacity to live independently within the community has been the criterion used most frequently in work on functional and legal competence (Grisso, 1986). Interestingly, both approaches to competence have emphasized two broad activity domains associated with independent living—the ability to care for one's self (e.g., bathing, eating, toileting) and the ability to manage one's affairs. Within the study of functional competence, care of oneself is represented by the activities of daily living (ADLs) and management of one's affairs by the instrumental activities of daily living (IADLs). Regarding legal competence, the

Uniform Probate Code (1989) distinguishes between legal proceedings regarding care of the person (guardianship) and those related to property (conservatorship). In research on everyday cognition, the focus has also been on salient tasks of daily living that are high in cognitive demands (e.g., medication compliance and financial or medical decision making).

Third, each approach gives special attention to cognitive abilities and skills in the conceptualization and assessment of competence (Salthouse, 1990). Legal judgments typically involve a specification of the cause of the incompetence or incapacity. Cognitive deficiencies, either pathological or resulting from sociocultural factors, are one of the most common causes cited for incompetence and the need for a guardian or conservator (Anderer, 1990). In research on functional competence, cognition has been viewed as one of the major contributors to adequate functioning, along with physical health and social support (Kane, 1993). Brief global measures of cognition have been most frequently used in assessments related to functional and legal competence; however, the need for measures to assess cognition within the context of ADLs (e.g., memory demands of medical compliance or medical treatment decision making) has been noted in both the functional and legal competence literatures (Grisso, 1986; Loewenstein, Amigo, Duara, Guterman, Hurwitz, Berkowitz, et al., 1989). The cognitive demands of everyday activities are a major focus of applied cognitive aging research. In our own research we have found that solving problems related to IADL-type activities (e.g., comprehending a prescription drug label or decision making regarding financial transactions) involves multiple primary mental abilities, including abstract reasoning, verbal ability, and memory; significant variance in everyday problem solving can be accounted for by performance on these mental abilities (Schaie, 1996; Willis, 1996). In addition, research has shown that to minimize energy expenditure and reduce anxiety, many elderly seek quick resolutions to cognitively demanding problems in daily life. They rely heavily on prior experience and previously acquired problem solving strategies and are less likely to consider newly acquired information (Leventhal, Leventhal, Schaefer, & Easterling, 1993; Meyer, Russo, & Talbot, 1995).

Finally, each perspective of competence recognizes that competence does not reside solely in the individual. Rather, the individual's level of competence represents the congruence between the individual's knowledge and skills and the demands of the environment (Lawton, 1987; Lawton & Parmelee, 1990). In an environment that is both physically and socially supportive, even an individual with some deficiencies may function adequately. Conversely, a well-functioning individual may have difficulty in a resource-deprived environment.

SHERRY L. WILLIS

See also
ABILITIES
INTELLIGENCE
LEGAL SERVICES
PROBLEM SOLVING
PROXY DECISION MAKING

COMPLIANCE: TAKING PRESCRIBED MEDICATIONS

When a physician prescribes a medication for a patient, an implied contract is made between the two, requiring specific behaviors by both doctor and patient. The doctor must prescribe the correct drug in the proper dose, provide the patient with adequate instructions for its use and warnings about possible adverse effects, and monitor the patient's use of the drug to ensure a therapeutic outcome. The patient is expected to purchase the medication, take it as directed, and report to the physician any untoward side effects—in other words, to comply with the doctor's instructions. For elderly patients, compliance is particularly troublesome, given their greater risk of adverse effects from medication.

Types of Noncompliance

Noncompliance (or nonadherence) can be classified as overuse, underuse, erratic use, and contraindicated (or inappropriate) use (Whittington, 1983). Patients who overuse drugs either take more types of drugs than necessary, take more than the prescribed amount of one drug, or take a "prn" (i.e., take as needed) drug when it is not actually needed. Underuse includes failure to have the prescription filled ("initial noncompliance") (Fincham & Wertheimer, 1986), premature discontinuation of the