

Effectiveness of Lazarus Multimodal Therapy on Well-being and Hope among Residents of Nursing Homes

Aida Kheirandish¹, Elham Kheirandish^{2,*}

1 Department of Counseling, Alzahra University, Tehran, Iran;

2 Department of Educational Psychology, Bu-Ali Sina University, Hamedan, Iran.

*Corresponding author. Tel: 98 81 3838 1601, E-mail: asikh.21@yahoo.com

Citation: Kheirandish A, Kheirandish E, Effectiveness of Lazarus Multimodal Therapy on Well-being and Hope among Residents of Nursing Homes. *Electronic J Biol*, 12:3

Received: February 24, 2016; **Accepted:** April 19, 2016; **Published:** April 25, 2016

Research Article

Abstract

The aim of this study was to investigate effectiveness of Lazarus multimodal therapy on well-being and hope among residents of nursing homes of Arak. The study population consisted of seniors in nursing homes in Arak. After briefing session was people who would like to participate in therapy sessions and were eligible were enrolled in the study and in two randomly assigned to experimental and control groups. Only for groups Lazarus multimodal therapy (12 sessions) was administered 90 minutes. After the meetings subjective well-being questionnaires and questionnaires hope as post-test scores obtained in both groups were evaluated by analysis of covariance. The results showed that Lazarus Multimodal Therapy enhances well-being and overall score was negative. But there was not significant in positive affect. These interventions also hope to increase overall score and two subscales (factor and strategic subscale).

Keywords: Elderly; Mental well-being; Hope; Lazarus Multimodal therapy.

1. Introduction

Cumming and Henry [1] in their theory (abandon) suggested that aging is progressive retreat physically, mentally and physically active elderly in community and energy savings. According to Compton et al. [2] and Schilder's [3] many problems will follow in putting of elderly in nursing homes or care centers. When placed in nursing home elderly sometimes physically, mentally, emotionally and economically dependent and this dependence will continue in the rest of life. Elderly vulnerable in advance and because bargaining power, especially in industrialized countries comes down permanently and technology development skills he has learned in past is invalid. According to Chappell's [4] opinion and Bagrat, Costa et al. [5], Liang et al. [6] social activities and roles that led to adoption of aging in positive way but also more

subjective consistent experience elderly notes that studies conducted in various residential communities for older people show that they have positive impact on their physical and mental health and to help seniors overcome their mobility restrictions and have more community involvement. However, seniors' community ensures that society is not comfortable [7]. To achieve happiness, one must be aware of how harmful negative feelings and behaviors and how positive emotions and behaviors are useful not only for individual and should know that these negative emotions are very bad and harmful, but harmful to society and the world. It is understood, people face to face and overcome them will be strengthened. Profitable aspects of positive feelings and behaviors are in the second stage [8]. Many of techniques of psychotherapy, three-dimensional and the interaction between cognition, emotion and behavior work. This method creates a comprehensive model for Figui senses and emotions with emphasis on distinction between knowledge and understanding behaviors and interpersonal domains provide biological context. It is believed that when person attains maturity, emotional and cognitive [9]. One of the theories of psychotherapy, treatment is Lazarus Multi Model. Meeting viewpoint-oriented premise that patients are experiencing a problem, they have to use several specific techniques, disappear. This treatment is a holistic approach was systematic and comprehensive psychotherapy with aim of creating sustainable change, human and efficient is one way.

In this type of cognitive behavioral therapy techniques for basic and other techniques used to fit. Lazarus stressed that integration of mental health clinicians but cannot necessarily rely on theoretical integration of several different techniques, eclectic act, without necessarily pro theories that have developed such methods. Lazarus multimodal approach has different dimensions and aspects of personality Reviews [10]. Lazarus tried to make treatment more quality of life

and subjective well-being is one of components of quality of life [11]. It's referring to evaluation of patients living with cognitive and emotional components. After cognitive assessment of life satisfaction and emotional dimension that is to have the most positive and least negative affect [12]. Today, researchers believe that the creation of human well-being and life satisfaction towards greater success in life, better health, more health protective social relationships and ultimately brings greater physical health [13]. Also positive affect have different influence on brain mechanisms and mental health [14]. Lyubomirsky [15] found strong correlation between subjective well-being with higher life expectancy, health and healthier lifestyle there. The results also show that in classroom students who were pessimistic orientation were more likely to develop depression success failed to take into account were disappointed easier [16].

Snyder [17] founder of theory-based hope in the treatment of hope as structure consisting of two concepts defined as: ability design bus toward desired goals despite obstacles and agency motivating factor for use of these crossings. The most basic of human needs is hoped that the wheel of life to circulate and engine effort and motivation.

Despite importance of hope in past paid little attention to their physical and mental health is not new but in positive psychology movement has been paying special attention to theme of hope. Seligman of the University of Pennsylvania psychology professor during the twentieth century is mostly mental disorders. According to him, man with half positive and half negative, and now is the time that in addition to the capabilities and vulnerabilities positive aspects of the human person at the center of this semi-positive note due to the hope [18].

2. Method

The research part of applied research and pre-test, post-test and control group.

2.1 The sampling

The dependent variable in two experimental and control groups were measured at pretest. While only independent variables in experimental group were manipulated. Both groups were evaluated at the final stage. The population consisted of all nursing home elderly women in Arak. Sampling Method was the researchers a meeting and explained the objectives, while providing the necessary explanations in simple language study, members asked to participate in program, people who want to register. 30 people have willingness to participate in the study, said two people because of lack of conditions of the study were excluded and 28 patients were randomly divided into

two experimental groups and one control group as in the experimental group 3 participants treatments did not complete was excluded and that three were removed from the control group to be equal-sized groups. For groups Lazarus multimodal therapy (12 sessions) was administered 90 minutes.

2.2 Inclusion criteria included

Ability to read and write, age greater than or equal to 65 years, knowing Farsi, length of stay more than two months (to assess the problematic individuals and their personalities along with interviews with the way Lazarus using a few next seven dimensions (biological, cognitive, visual, sensory, emotional, behavioral, and interpersonal) was conducted in-person meetings. Profiles of the structure according to seven dimensions were drawn.

The profile showed that in patients after one more important and more excited. Then the therapeutic techniques (cognitive, biological, visual, sensory, emotional, behavioral, and interpersonal) were used for treatment. Patients after treatment sessions well-being and hope to re-completed questionnaire. And the data analyzed using analysis of covariance was used.

2.3 Summary lazarus-based sessions are as follows

First session: Welcome and introduction members with each other and with the life history of Lazarus.

Second session: A brief description of multimodal therapy methods and drawing seven dimensions of personality and profile of clients by advisers.

Third session: With one of the seven dimensions of personality that sense with relaxing and positive mental imagery training in therapy sessions.

Fourth Session: Perception that education about positive image of themselves and focus on positives.

Fifth session: Learning cognitive aspects, sixth session: training aspect of cognitive-behavioral, cognitive and replacement of members' acquaintance with types of errors positive opinion as duty.

Seventh session: Training aspect emotional (emotional discharge).

Eighth session: interpersonal skills.

Ninth session: Environmental education, training and planning means proper exercise and nutrition and sleep.

Tenth session: Study sessions before duty, give feedback, evaluation meetings.

3. Tools

Subjective well-being questionnaire: It was used to measure participants' subjective well-being subjective well-being questionnaire. Construction and validation of this questionnaire has been made by Molavi et al. [19]. The questionnaire has 39 questions and is based on five-point Likert scale (5 = absolutely right, somewhat right = 4, mean = 3, 2 = somewhat inaccurate, false = 1). The questionnaire which has four subscales includes: 1. Vitality (Total scores on this scale, 13 is divided. To score achieved on a scale of 5). 2. Will (the total scores of the scale is divided by 10 to score on a 5-point scale achieved). 3. Stress-depression (the total scores of the scale is divided by 6 to score on a 5-point scale achieved). In addition to the total score (positive-negative affect), positive emotions (vitality + volition) and negative (neurosis + stress-depression) due to the four subscales, is obtained. The reliability coefficient of the questionnaire, on a scale between 0.92 and 0.80 is up 0.90. Also, the internal consistency of the test for adolescents (n =33) 0.84. The results of the questionnaire are consistent with the division of positive and negative emotions [12,19].

Hope scale: this questionnaire was made by Snyder et al in 1991 to measure hope that the 12 statements and for self-evaluation is executed for the completion of 2 to 5 minutes is required and the array of choices from quite true to false is the means to fully correct option 4, to 3 partly true, partly false, 2, and completely wrong item 1 score. This questionnaire is the range of 8 to 32. From these statements, statements of agency thinking 4 and 4 are statements of strategic thinking are misguided. Thus the questionnaire covers two subscales: Operating and strategies. Several studies support its reliability and validity as measure of hope. The internal consistency of the test 0.74 is up 0.84 and test-retest reliability 0.80 and for period of more than 8 to 10 weeks of this amount is also higher. 0.71 subscale internal consistency factor to 0.76 and 0.63 to 0.80 following a strategic scale [20].

4. Results

In order to calculate mean and standard deviation for data analysis, descriptive statistics and inferential statistics ANCOVA was used. Table 1 will show the mean and standard deviation of total well-being and

Table 1. Comparison of mean and standard deviation of Social Welfare and positive and negative affect experimental group.

Negative Affect		Positive Affect		Total Well-being		Stage
SD	Mean	SD	Mean	SD	Mean	
1.18	6.53	1.29	6.73	2.06	0.2	Pretest
1.71	4.99	1.08	7.88	2.02	2.86	posttest

positive and negative affect on pre-test and post-test experimental group.

As seen in Table 1, the mean of Social Welfare and positive affect in the posttest compared to pre-test has increased, mean negative affect compared to pre-test post-test experimental group decreased. Analysis of covariance was used to determine the significance of difference between results of which can be seen in Table 2.

The results in Table 2 therapeutic approaches Lazarus significantly higher subjective well-being and decrease negative affect on elderly. But there has been an increase in positive affect is not significant.

Table 3 shows mean of total hope, factor and strategic hope's subscales of experimental group in pretest and posttest.

As seen in Table 3, mean hope of all, on scale and strategic factor in posttest compared to pre-test has increased. Analysis of covariance was used to determine the significance of these differences; results can be seen in Table 4.

The results in Table 4 Lazarus therapy caused significant increase of subscales and strategic factor in the elderly.

5. Discussion and Conclusion

The aim of this study was to investigate effectiveness of Lazarus multimodal therapy on well-being and hope among residents of nursing homes of Arak.

Table 2. Analysis of covariance in terms of total well-being, positive affect and negative affect.

Dependent variables	Variable index	Df	F	Sig.	Size effect	Statistical power
Total Well-being	Pretest	1	6.82	0.01	0.26	0.70
	Group membership	1	9.28	0.001	0.32	0.80
Positive Affect	Pretest	1	2.26	0.14	0.10	0.29
	Group membership	1	2.69	0.11	0.12	0.34
Negative affect	Pretest	1	6.66	0.01	0.26	0.68
	Group membership	1	7.43	0.01	0.28	0.73

Table 3 Descriptive statistics of total hope, factor and strategic hope's subscales.

Stage	Total hope		Strategic subscale		Factor subscale	
	Mean	SD	Mean	SD	Mean	SD
Pretest	24.02	2.91	11.36	1.69	12.72	1.84
posttest	26.81	3.02	12.54	1.69	14.27	1.67

Table 4. Analysis of covariance in the hope of all variables, operating and strategic.

Dependent variables	Variable index	Df	F	Sig.	Size effect	Statistical power
Total Well-being	Pretest	1	33.84	0.001	0.64	1
	Group membership	1	21.46	0.001	0.53	0.99
Positive Affect	Pretest	1	20.40	0.001	0.51	0.99
	Group membership	1	4.61	0.04	0.19	0.53
Negative affect	Pretest	1	24.24	0.001	0.56	0.99
	Group membership	1	24.20	0.001	0.56	0.99

As the results showed Lazarus therapy significantly increases the well-being and hope in the elderly group. According to the findings, Lazarus therapy was not significantly higher positive affect. However, due to effect of treatment on post-test and statistical power of 34% for this variable which it can be concluded that the sample size was not sufficient so this finding is consistent with results Patrizia et al. [21] Lazarus knows goals multidimensional treatment to reduce psychological problems and promote personal development. In addition, specific objectives could be determined for it. Seven outstanding problems in each dimension can be considered as goal of therapy is said since multimodal therapy has dramatic effect of cognitive behavioral therapy, all treatable disorders with cognitive behavioral therapy also can be treated with multimodal therapy [22].

The results of this study are approved effectiveness of Lazarus multimodal therapy in treatment of psychological problems and improving health, well-being and creating hope among residents in nursing homes. The results of this study with previous research findings on effectiveness of psychological problems and physical therapy multifaceted studies have linked. For example, a three-year study actively seek psychotherapy after multiple of 20 complex (for example, OCD, anxiety, panic, depression, alcoholism and marital or relationship problems).

Results showed that 14 patients maintain treatment outcomes, 2 and 3 were occasionally need medication initial [23]. Mehran [24] tested impact of a multifaceted approach and de-stress applications as additional therapy in rehabilitation of patients previously methods. The results showed that a multifaceted education more effective in reducing stress is stress relieving methods. Showed that 14 patients maintain treatment outcomes, 2 and 3 were occasionally need medication as well as initial results [25]. Mehrani [24] showed impact of a multifaceted approach and de-stress applications as additional therapy in rehabilitation of patients previously tested methods. The results showed that multifaceted education more effective in reducing stress is stress relieving methods.

Multi-faceted approach to research on the effectiveness of Lazarus can be noted that Allen did in 2002 [25]. Allen states to protect and enhance

cognitive function and Alzheimer's disease, cognitive psychotherapy was effective multimodal therapy was the most effective method.

Also study aimed to investigate effectiveness of group training based on Lazarus multimodal approach on marital satisfaction of married women Robot Karim city was conducted with two groups which showed that in tests using this method marital satisfaction questionnaire (in tests of conflict resolution, sexuality and interpersonal relationships) for significantly improving overall marital satisfaction and conflict resolution, sexuality and interpersonal effectiveness [26].

In another study of Biabangard [27] using three groups pilot project aimed at reducing anxiety than students of multimodal therapy as one of independent variables were used in this study, 83 students with test anxiety in the five groups the following were included: Lazarus multimodal therapy, rational, emotional Ellis, relaxation, placebo. Part of results showed that between Lazarus multimodal therapy and Ellis rational emotive therapy there is no significant difference. Lazarus Multimodal Therapy Relaxation techniques, placebo and control group was more effective in reducing anxiety significantly. Hafs, Robinson - violin, Taylor and Hall [28] in study on increasing the effectiveness of public health approaches Lazarus women with major depression and some hope in the results of their study illustrates the effect of these interventions in the experimental group.

References

- [1] Cumming E, Henry WE. (1961). Growing old. New York: Basic books.
- [2] Campion EW, Bang A, May MI. (1983). Why acute-care hospitals must undertake long-term care. *New England Journal of Medicine*. **308**: 71-75.
- [3] Chappell NL, Badger M. (1989). Social isolation and well-being. *Journal of Gerontology*. **44**:169-176.
- [4] Shield RR. (1988). Uneasy endings: Daily life in an American nursing home. Ithaca (NY): Cornell University.
- [5] Costa PT, McCrae RR, Norris AH. (1981). Personal adjustment to aging: Longitudinal prediction from neuroticism and extraversion. *Journal of Gerontology*. **36**: 78-85.

- [6] Liang J, Dvorking L, Kahana E, et al. (1980). Social integration and morale: A reexamination. *Journal of Gerontology*. **35**: 746-757.
- [7] Berk L. (2004). *Developmental Psychology: from teenagers to end of life*. Translation: John M. II. Tehran: Publications Arasbaran
- [8] Lama D, Cutler H. (2003). *Art of living happy*. Institute of Rasa, Tehran.
- [9] Rahmani M. (2010). Effectiveness of group counseling Lazarus multifaceted approach to relations with mothers of adolescent girls. Tehran University Research.
- [10] Lazarus AA. (2005) Multi model therapy. In: Current psychotherapies. Corisini RJ, Wedding D. (eds.) Brooks/Cole. Belmont, CA.
- [11] Lambert M, Neber D. (2004) Current issues in schizophrenia: Over review of patient acceptability functioning capacity and quality of life. *J Cns drug*. **18**: 5-17.
- [12] Diener E, Lucas RE, Oishi S. (2002) Subjective wellbeing. *J Clin Psychol*. **24**: 25-41.
- [13] Frisch MB. (2006). *Quality of life therapy*. New Jersey: Wiley press.
- [14] Ostir GV, Smith MP, Smith D. (2005). Reliability of the positive and negative affect schedule (PANAS) in medical rehabilitation. *J Clin Rehabil*. **19**: 767-769.
- [15] Lyubomirsky S, Tkach C, Dimmateo MR. (2007) What are the differences between happiness and self-esteem. *J Soc Indic Res*. **78**: 363-404.
- [16] Seligman M. (1998). *Learned optimism: How to change your life*. New York: Alfred Knop.
- [17] Snyder CR, Lopez SJ. (2001) *Handbook of Positive Psychology*. US: Oxford University Press.
- [18] Peterson C, Seligman MEP. (2004) *Character strengths and virtues. A classification and handbook*. New York: Oxford University Press. 241-242.
- [19] Molavi H, Torkan H, Soltani I, et al. (2010) Structure Standardization, Validity and Reliability of Subjective Well-being Questionnaire. *J Psychiatry and Clinical Psychology*. **16**: 231-238.
- [20] Snyder CR, Lopez SJ. (2007) *Positive psychology: The scientific and practical exploration of human strengths*. New York: Sage Publication Inc.
- [21] Patrizia C, Nadav A, Llona B. (2008) Teaching Mindfulness Based Cognitive Therapy (MBCT) to students: The effect of MBCT on the Levels of mindfulness and Subjective Well-being. *J couns Psychol Q*. **4**: 323-336.
- [22] Rahimian-Boger E, Shareh H. (2008) *Arnold Lazarus Multimodal therapy*. Dageh, Tehran.
- [23] Jonbozorgi M. (2009). Investigating effectiveness of short-term psychotherapy with and without religious orientation on stress and anxiety control. Tehran: Tarbiat Modarres University.
- [24] Mehrani B. (2007). *Arnold Lazarus evaluates the effectiveness of multi-faceted approach to girls' emotional maturity* Danes Region 2 Education Mallard's third year master's thesis Allameh Tabatabai University Faculty of Psychology and Educational Sciences.
- [25] Allen S, Brad P. (2002). Multimodal behavior management for people with dementia. *American Journal of Alzheimer's disease and other Dementias*. **17**: 89-91.
- [26] Soltani H. (2011). *The effectiveness of group training of Lazarus multi model approach on women's marital satisfaction*. Dissertation. Tehran: Allameh Tabatabaei University. 814.
- [27] Biabangard E. (2002). Effectiveness of Lazarus multimodal, Ellis rational-emotive and relaxation therapy on students' test anxiety. *Andisheh va rafter*. **8**: 36-42.
- [28] Taylor HB, Hall, Hughes RB, et al. (2006). Stress self-management: An intervention for women with physical disabilities. *Women's Health Issues*. **16**: 389-399.