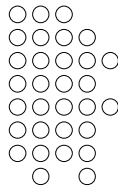
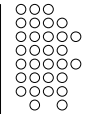


QUALITY OF LIFE INVENTORY TEST



Quality of Life Inventory Test



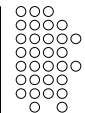
- Quality of Life (Definition)
 - is positive affect (such as joy, contentment, or pleasure) over negative affect (such as sadness, depression, anxiety or anger) in an individual's experience.

QUALITY OF LIFE INVENTORY



- Cognitive definition of happiness or life satisfaction
 - It is defined as a “cognitive judgmental process dependent upon a comparison of one's circumstances with what is thought to be an appropriate standard.”
 - “The smaller the perceived discrepancy between one's aspirations and achievements, the greater the level of satisfaction.”

QUALITY OF LIFE INVENTORY



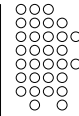
- Happiness consist of three ingredients: positive affect, negative affect and cognitive evaluation.
 - by Andrews and Whitney
- Life satisfaction or happiness
 - Is the degree to which a person experiences positive affect and perceives that his or her aspirations have been met. (Veenhoven, 1984)

Quality of Life Inventory Test



- The Quality of Life Theory of life satisfaction, which underlies the QOLI and Quality of Life Therapy takes the combined “cognition-and-affect” approach to defining subjective well-being
- Life satisfaction, and negative and positive affect are viewed as components of the broader construct of *subjective well-being* or *happiness*

Quality of Life Inventory Test



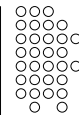
- It is assumed that the affective correlates of subjective well-being/happiness largely stem from cognitively based life satisfaction judgments
- Life satisfaction is equated with quality of life and refers to a person’s subjective evaluation of the degree to which his or her most important needs, goals and wishes have been fulfilled.

Rationale for developing a Measure of Quality of Life



- Client’s happiness or satisfaction with life is an essential criterion for mental health and for a positive outcome in psychotherapy, thus, it must be routinely assessed.
- Howard et al. (1993) reported evidence that improvement in subjective well-being is a first step for all psychotherapeutic change.

Rationale for developing a Measure of Quality of Life



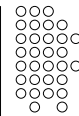
- Reduced quality of life is considered a key symptom of many, if not most, psychological and physical disturbances including depression, anxiety disorders, alcohol and drug abuse, somatoform disorders, psychophysiological disorders, schizophrenia and marital discord.

More complete view of Mental Status



- Commonly used measures of psychiatric symptoms and negative affect do not provide a complete picture of a client's mental status or progress in treatment.
- Life satisfaction and positive affect are somewhat independent of negative affect and symptoms such as depression

More complete view of Mental Status



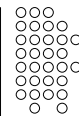
- This means that positive feelings and life satisfaction cannot be inferred from the absence or negative feelings; **we cannot assume that clients feel good just because they don't feel bad.**
- A review of both mental and physical health studies concludes that measures of psychological distress or symptoms must be supplemented by Quality of Life measures to fully capture the impact of a disease or disorder and its treatment.

More complete view of physical health status



- World Health Organization defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (WHO, 1948).
Therefore, the goal of health care today is to improve the client's Quality of Life in addition to effecting a biological cure for physical illness or disability (Hollandsworth, 1988 . . .)

Quality of life and medical outcome assessment



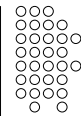
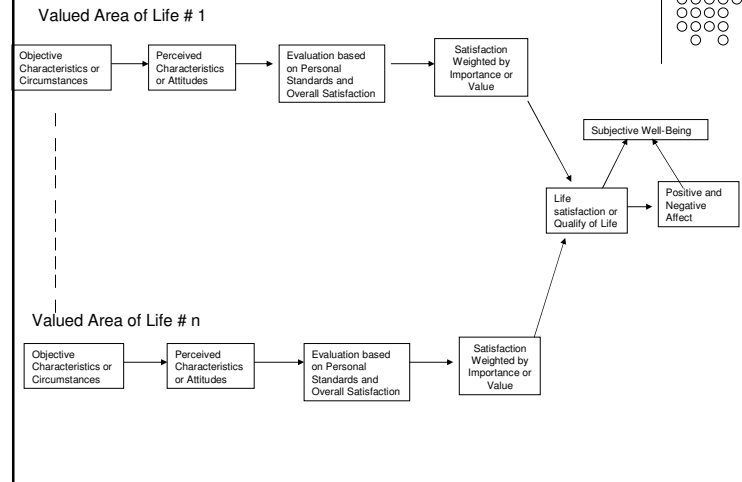
- Jenkins (1992) persuasively argues that we must assess patients' quality of life subsequent to any medical treatment in order to judge the treatment's effectiveness because “the ultimate purpose of all health interventions is to enhance patients' quality of life (p. 367).”

Quality of Life Theory

- QOLI is based on an empirically validated model of life satisfaction and subjective well-being, which is then incorporated into a model of depression and related disorders.
- Life satisfaction is equated with quality of life and refers to a person's subjective evaluation of the degree to which his or her most important needs, goals, and wishes have been fulfilled.
- Life satisfaction here is the perceived gap between what a person wants and what he or she has.



Quality of Life Model of life satisfaction and subjective well-being



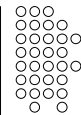
Quality of Life Theory

- The model of life satisfaction is linear and additive; it assumes that a person's overall life satisfaction consists largely of the sum of satisfactions in particular areas of life that are valued or deemed important



Four components in a particular area of life

- a. The objective characteristics or circumstances of an area
- b. How the person perceives and interprets an area
- c. The person's evaluation of fulfillment in an area, based on the application of standards of fulfillment or achievement
- d. The value or importance the person places on an area regarding his or her overall happiness or well-being



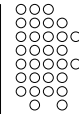
THE QUALITY OF LIFE THEORY



The Quality of Life Theory proposes that a person's satisfaction with a particular area of life is weighted according to its importance or value before the level of satisfaction with that area enters into the equation of overall life satisfaction.

Thus, satisfaction in highly valued areas of life is assumed to have greater influence on evaluations of overall life satisfaction than areas of equal satisfaction that are judged to be of less importance.

Classification: High



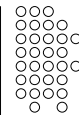
- Above average in level of life satisfaction.
- Constitute 20% of the standardized sample.
- Extremely happy and fulfilled, very successful in getting what they want out of life, and able to get their basic needs met and achieve their goals in every (or almost every) area of life that they value.
- Free from psychological distress because their needs, wishes, and goals have been fulfilled.

Classification: High



- Can be expected to be resilient in the face of psychological stress because they probably possess a large array of psychological, social, and environmental support.
- Develop rewarding life circumstances and relationships.
- Good “reality testing” – see the world accurately without significant negative distortion and without catastrophizing or blowing things out of proportion.
- Can set priorities and can concentrate on their energies on the parts of life that are rewarding and controllable.

Classification: High



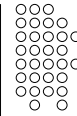
- Live in balance lives in which satisfaction is derived from many areas of life rather than only one or two areas.
- Can cope with stress and health problems without a major disruption in their functioning or mental health.

Classification: Average



- Typical of well-functioning adults in their ability to achieve satisfaction in valued areas of life.
- Contented, happy, and fulfilled.
- Generally successful in getting what they want out of life, and they are able to get their basic needs met and achieve their goals in most, though not all, important areas of life.
- Possess one or more of the important psychosocial resources available to high scorers.

Classification: Average



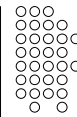
- Set modest, attainable, but challenging goals for themselves in valued areas of life.
- They are not extremely distressed and they seem rather generally fulfilled than frustrated with their lives.

Classification: Low



- Generally, unhappy and unfilled, somewhat unsuccessful in getting what they want out of life, unable to get their basic needs met and achieve their goals in several important areas of their lives.
- But they are able to achieve some satisfaction in some areas of their lives, a fact that can be used in treatment to encourage efforts at change.
- May not show obvious signs of distress or psychological disturbance but may in fact suffer from a medical or psychological disturbance like clinical depression.

Classification: Low



- Low scorers should be assessed and treated for medical and psychological disturbances.
- Work performance and job satisfaction are likely to suffer because of their level of unhappiness.
- Treatment of “problems in living”
- Focus on alleviating any medical or psychological problems, increase quality of life, and help prevent health problems.
- Usually are cooperative in therapy or treatment because they see it as a way to reduce their distress and unhappiness.

Classification: Very Low

- Extremely unhappy and unfulfilled.
- Generally unsuccessful in getting what they want most out of life.
- Basic needs unmet, unable to achieve their goals in areas of life that they value most.
- Tend to be frustrated and unfulfilled in most areas of life without the compensation of feelings of fulfillment and gratification in other areas of life.
- Vulnerable to negative feelings and a host of medical and psychological problems,
- Job performance and job satisfaction are likely to suffer because of their level of unhappiness.



Classification: Very Low

- Extremely distressed (experiencing high level of anxiety, depression, and anger.)
- At risk of developing physical and mental health disorders.
- Should be assessed and treated for any medical or psychological disturbances
- Treatment of “problems in living”
- Focus on alleviating any medical or psychological problems, increase quality of life, and help prevent health problems.
- Sometimes, it may be due to “fake bad” responses (but can be explored through further interviewing and examination of the client’s record, life circumstances, and motivation for treatment.

