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## **Psychology's Role in Addressing the Mental and Behavioral Health Needs of the Geriatric Population**

*Psychologists are integral members of the geriatric mental health workforce. They include highly trained professionals with unique skills in assessment, research and evaluation, behavioral health practice, neuropsychological understanding of behavior, evidence-based behavioral treatment and behavioral medicine practice, group dynamics, and systems that are of critical importance in addressing the health care needs of older adults.*

- Psychologists are highly qualified health professionals with a median of seven years of specialized training in mental and behavioral health beyond an undergraduate degree.
- Testing and assessment is an area of unique expertise for psychologists. They conduct evaluations of cognitive abilities, decision-making capacity, psychopathology, personality, emotional well-being, daily functioning, behavior, and person-environment fit. In the realm of geriatric mental health, psychologists offer additional expertise in the neurological underpinnings of behavior and age-related changes.
- Psychological evaluations provide key information for differential diagnosis of psychopathology (e.g., dementias, depression, anxiety, and delirium).
- Psychologists integrate information from various psychosocial, cognitive, health, and functional abilities to develop a treatment plan for mental and behavioral health problems.
- Psychologists conduct interventions, such as behavioral, cognitive-behavioral, interpersonal, problem solving, and psychodynamic therapies; socioenvironmental modifications; and cognitive rehabilitation.
- Psychologists are leaders in behavioral health practice to prevent and address chronic diseases, using interventions designed to change lifestyle behaviors and modify problem behaviors, including managing pain and sleep disorders, improving weight control, and reducing incontinence.
- Psychologists receive extensive training in research methods and data analytic techniques, including program design and evaluation -- an area of expertise that is not core to training in any other mental health discipline. This expertise includes a strong emphasis on development and evaluation of psychological tests/measures and non-pharmacological interventions, as well as assessment of therapeutic and programmatic efficacy.

- Psychology training often includes training in supervision and consultation to other professionals, interdisciplinary teams, institutions, agencies, and community organizations in primary health care, long term care, and other settings.

**Resources:** *Blueprint for Change: Integrated Health Care for an Aging Population*, Chapter 4 (<http://www.apa.org/pi/aging/programs/integrated/integrated-healthcare-report.pdf>) and *ABA/APA Assessment of Older Adults with Diminished Capacity Handbooks* (<http://www.apa.org/pi/aging/programs/assessment/index.aspx>)

***Psychological interventions have been shown to be effective in the treatment of mental and behavioral health disorders prevalent in the older adult population. The availability of these nonpharmacological treatments is especially important for older adults who are often on multiple medications for management of chronic conditions and are more prone to certain adverse side effects of psychiatric medications than younger individuals.***

***Older adults often prefer psychotherapy to psychiatric medications (Areán et al., 2002; Dwight-Johnson, Sherbourne, Liao, & Wells, 2000; Koh et al., 2010; Landreville et al., 2001; Sirey et al., 2001; Unutzer et al., 2002). However, psychological interventions are often not offered as an alternative. Despite patient preferences, treatment has become increasingly pharmacotherapy-oriented (Olfson & Marcus, 2009; Mojtabai & Olfson, 2008) For nearly half of all patients taking psychotropic drugs, medication is the only form of treatment received (Donohue, 2006). Recent research has demonstrated that psychotherapy can be effective for people diagnosed with late-life depression who are at high risk for poor response to antidepressant medication (Areán, Raue, Mackin et al., 2010). Areas for which psychological interventions have proven effective with older adults are:***

- Anxiety (Ayers, Sorrell, Thorp, & Wetherell, 2007; Cully & Stanley, 2008; Pinquart & Duberstein, 2007)
- Chronic Disease Management (Groth-Marnat & Edkins, 1996; Qualls & Benight, 2007; Schneiderman, Antoni, Saab, & Ironson, 2001)
- Co-occurring Physical and Mental Disorders (e.g., substance abuse/personality disorders, dementia/depression, anxiety, paranoia, and behavioral disturbances) (Cohen-Mansfield, 2003)
- Dementia and Associated Behavioral Disturbances (Kasl-Godley & Gatz, 2000; Logsdon, McCurry & Teri, 2007)
- Depression (Areán, Raue, Mackin, et al., 2010; Areán, Hegel, Vannoy, Fan, & Unutzer, 2008; Hinrichsen, 2008; Heisel & Duberstein, 2005; Karel & Hinrichsen, 2000; Scogin, Welsh, Hanson, Stump, & Coates, 2005; Thompson, Coon, Gallagher-Thompson, Sommer, & Koin, 2001)
- Disease/Health Promotion (Crowther, Parker, Achenbaum, et al., 2002; Konnert, Gatz & Hertzprung Myers, 1999; Rejeski, Brawley, & Ambrosius, et al., 2003 Rowe, & Kahn, 1998)
- Distress in Family Caregiving (Gallagher-Thompson et al., 2003; Gitlin et al., 2003; Judge et al., 2011; Schulz et al., 2003)

- End of Life/Palliative Care (Haley, Kasl-Godley, Larson, Neimeyer, & Kwilosz, 2003; King, Heisel, & Lyness, 2005)
- Incontinence (Burgio, 1998)
- Insomnia (Lichstein & Morin, 2000; McCurry, Logdson, Teri & Vitiello, 2007)
- Pain (Cook, 1998; Hadjistavropoulos et al., 2007; Morone, Greco, & Weiner, 2008)
- Personality Disorders (Segal, Coolidge, & Rosowsky, 2006; Zweig, 2008)
- Post Traumatic Stress Disorder (Maercker, 2002; McCranie & Hyer, 2000)
- Serious Mental Illness (Molinari, et al., 2008)
- Sexual Function (Zeiss, Zeiss, & Davies, 1999)
- Substance Abuse and Misuse (Barry, Blow, & Oslin, 2002 )
- Suicide (Heisel & Duberstein, 2005)

**Resources:** Reference list at end of document, APA Office on Aging Resource Guides on Psychotherapy, Depression and Suicide, Insomnia, and Human Sexuality (<http://www.apa.org/pi/aging/resources/index.aspx>), and *The Family Caregiver Briefcase for Psychologists* (2010) describes effective psychological interventions and assessment instruments for family caregivers (<http://www.apa.org/pi/about/publications/caregivers/practice-settings/index.aspx>)

***Psychologists are uniquely qualified to contribute to the design, implementation, and evaluation of integrated health care models because of their expertise in evidence-based methods of assessment and treatment, and their familiarity with organizational dynamics and systems approaches to care, as well as their comprehensive training in research design and methods of program evaluation.***

- Integrated health care relies upon inter-professional collaboration and communication by many disciplines, including psychology. Collaborative or shared work can occur within various types of teams, including virtual teams connected electronically.
- Psychologists are a core part of effective interdisciplinary health care teams providing mental and behavioral health expertise (examples: Department of Veterans Affairs (Zeiss, 2003), IMPACT (Unützer et al., 2002), PROSPECT (Bruce et al., 2004), and PRISME (Bartels et al., 2004a). Unfortunately as recently implemented, psychotherapy and psychology are not often a part of evidence-based integrated health care models. A common model includes a physician, nurse, and social worker. Most of the research conducted on integrated health care models for older adults does not include a condition in which a psychosocial treatment was provided as a stand-alone intervention for depression. Most studies included psychosocial treatment either as part of an overall treatment plan or as an adjunct to medication treatment. The primary responsibility of the psychosocial provider was to support medication compliance, whereas providing very brief supportive sessions (often of therapies without empirical support for older adults) was a secondary responsibility (Skultety & Zeiss, 2006).
- Psychologists are excellent candidates for leadership within interdisciplinary teams that are characterized by shared leadership and shared power in decision

making across all the professions involved on the team. In an interdisciplinary team, any staff member could be assigned the title and role of coordinator or its equivalent—the psychologist, the physician, the social worker, the advanced practice nurse, and so forth. The selection of leader is made based on skills, interests, and functional responsibilities, not on hierarchical processes (Heinemann & Zeiss, 2002). Psychologists’ training in group processes, collaborative treatment planning, and group facilitation are valuable leadership assets on interdisciplinary teams.

- Integrated health care within primary care needs to offer psychotherapy as well as pharmacotherapy in order to address patient needs and patient preferences. Evidence suggests that including psychotherapy as a core component of integrated care improves the match to patients’ preferences (Gum et al., 2006).

**Resource:** *Blueprint for Change: Achieving Integrated Health Care for an Aging Population* (2008), <http://www.apa.org/pi/aging/programs/integrated/integrated-healthcare-report.pdf>

***Psychologists have been at the forefront of research and development of interventions and assessment tools to address the special needs of growing ethnic populations, linguistic minorities, residents of long term care, elders of low socioeconomic status, lesbian, gay, bisexual and transgender elders, veterans with post traumatic stress disorder, and persons with chronic disease.***

- The older adults within cultural minority groups often delay or refrain from accessing needed health and mental health services (Abramson, Trejo, & Lai, 2002; David & Cernin, 2008; Iwasaki, Tazeau, Kimmel, Baker, & McCallum, 2009; Kelley-Moore & Ferraro, 2004; Vasquez & Clavigo, 1995). Linguistic disparities are also an important variable in explaining disparities in health and health care access among older adults (Ponce, Hays, & Cunningham, 2006).
- Examples of psychological contributions in this area include:
  - Preferences for mental health care among older minority patients (Areán et al., 2005; Dupree, Watson, & Schneider, 2005)
  - Cognitive test performance in African American elders (Manly et al., 1998, 1999, 2002, 2003, 2004)
  - Treatment of depression in low-income older adults (Areán, Gum, McCulloch, & Gallagher-Thompson, 2005)
  - Psychotherapy in Hispanic older adults (Vazquez and Buki, 1998)
  - Tailoring psychological interventions for ethnically diverse caregivers (Belle et al., 2006; Burgio, Stevens, Guy, Roth, & Haley, 2003; Gallagher-Thompson, Areán, Rivera, & Thompson, 2001; Gallagher-Thompson et al., 2003; Knight & Sayegh, 2010)
  - Psychological interventions in long term care settings (Hyer, Carpenter, Bishmann, & Wu, 2005; Hyer & Intrieri, 2006; Meeks, Teri, Van Haitsma, & Looney, 2006; Rosowsky, Casciani, & Arnold, 2008)
  - Caregiver burden in racial and ethnic populations (Pinquart & Sörenson, 2005)

- Lesbian, gay, bisexual, and transgender aging (Kimmel, Rose, & David, 2006)
- Veterans with PTSD (Cook & O'Donnell, 2005; Cook & Elmore, 2009; Hyer, Summers, Braswell, & Boyd, 1995)
- Older persons with chronic disease (Qualls & Benight, 2007; Rejeski, Brawley, & Ambrosius, 2003)

**Resources:** *Multicultural Competency in Geropsychology* (2009), <http://www.apa.org/pi/aging/programs/pipeline/multicultural-geropsychology.aspx>, *Gerodiversity and social justice: Voices of minority elders* (Iwasaki, Tazeau, Kimmel, Baker, & McCallum, 2009) and *Psychologists in Long Term Care* recent publications, <http://www.pltcweb.org/subject.php?target=publications>

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