Integrative Healthcare for an Aging Population (IHAP) APA Presidential Task Force

Saturday, August 18th 2007

An Initiative of
Sharon Stephens Brehm, PhD
Charge of the IHAP Task Force

To examine and develop recommendations for how psychologists can work with other healthcare professionals, individuals and families to ensure appropriate, effective, and integrated healthcare for the increasing number of older adults.
Integrative Healthcare for an Aging Population (IHAP)

Our Product

Blueprint for Change: Achieving Integrative Health Care for an Aging Population
IHAP Task Force Members

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Enhancing Interdisciplinary Collaboration in Primary Health Care
John Arnett, Ph.D.
IHAP Technical Advisory Panel Members

- Board for the Advancement of Psychology in the Public Interest: Margaret B. Heldring, Ph.D.
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- Committee on Psychological Tests and Assessment: Antonio E. Puente, Ph.D.
- Committee on Women in Psychology: Lydia P. Buki, Ph.D.
- Continuing Education Committee: Bradley N. Axelrod, Ph.D.
- Ethics Committee: Norman Abeles, Ph.D.
- American Psychological Foundation: Patrick DeLeon, Ph.D.
Inter-professional Advisory Group

Sample of organizations being contacted:

- Administration on Aging
- Alzheimer’s Association
- American Association of Geriatric Psychiatry
- American Geriatrics Society
- American Public Health Association
- Gerontological Society of America
- National Association of Social Workers
- American Medical Directors Association
- National Medical Association
- Mental Health America
- National Latino Behavioral Health Association
- American Nursing Association
- NIH
- National Association of Neuropsychology
- National Association of Area Agencies on Aging
- SAMHSA
Symposium Sponsors

- Primary: Division 20 and CONA
- Also: Divisions 9, 12, 12-II, 17, 18, 20, 22, 35, 38, 40, 43, 45, 56, APAGS, APF, BAPPI, BSA, CAPP, CEC, CECP, CDIP, CPTA, CWP, Ethics Committee
Chair: Toni C. Antonucci, Ph.D.

Speakers:
Peter Lichtenberg, Ph.D. - Principles of Integrative Care
Deborah King, Ph.D. - Sites for Integrative Care
Jennifer Manly, Ph.D. - Knowledge & Skills of Psychologists Needed for Integrative Care
Gregory Hinrichsen, Ph.D. - Older Consumer’s Perspective on Health Care

Discussant: Antonette M. Zeiss, Ph.D.
Principles of Integrative Care

Peter A. Lichtenberg, Ph.D., ABPP
Institute of Gerontology
Overview

- Defining integrative care
- Review history of integrative care in age-related disorders
- Introduce 8 principles of integrative care
Integrative Care

Interdisciplinary Health Care that emphasizes a high degree of collaboration in:

• Patient evaluation
• Treatment planning
• Outcome evaluation
A Basic Model of Integrated Health Care

- Individual Assessments
  - Shared information
    - Team goals
    - Intervention plan & strategies
  - Individual Delivery of Care
The Case of Alzheimer’s disease

“The main determinant of the quality of treatment in 2006 is the same as it was 100 years ago—namely the skill of the clinical team”

Maurer et al., thelancet.com 2006
Principle 1

Integrative Teams are sensitive to Ageism
Recognizing the strengths of older adults is important!!
Principle 2

It is important for psychologists to become familiar with the roles of other team members
Principle 3

Models of assessment and intervention may differ widely across professions

i.e. medical v. psychosocial model
No one model of professional functioning fits all situations

Annie, spinal cord injury patient with family caregiver

Physical disability, chronic disease management, emotional challenges, home safety, ADL care
Principle 4

• Conflict among team members can lead to strengthening or weakening of team functioning
• Forming, Storming, Norming and Performing
Team conflict is inevitable
Principle 5

A psychologist’s sensitivity to and knowledge of conflict resolution skills can be valuable to team functioning.
Psychologist demonstrates position bargaining
Principle 6

Health Care teams communicate in increasingly diverse ways (e.g. electronic medical record, virtual teams such as in tele-health)
Principle 7

Integrative health care teams are sensitive to multicultural issues and marginalization
Older Black Men at the Healthier Black Elders Health Fair
Principle 8

Assessment of treatment progress and outcomes should be ongoing
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Interdisciplinary Collaboration in Diverse Sites of Care

Deborah A. King, Ph.D
Jennifer S. Funderburk, Ph.D
Yeates Conwell, M.D.
Opportunities abound for integrated care in a vast array of settings…

- Health-related settings
- Long term care settings
- Community settings
Health-Related Settings

- Primary care offices
- Specialized medical settings:
  - e.g., rehab units, palliative care, oncology, neurology, cardiology, OB-GYN, bariatrics, transplant services, cosmetic surgery
Primary Care Example

Individual Assessments
- Initial depression screening (PHQ-9) in primary care office
- Primary care provider introduces patient to psychologist
- Follow-up comprehensive mental status exam by psychologist

Shared Information and Intervention Plan
- Psychologist meets with primary care provider to review findings, establish treatment plan
- Psychologist provides feedback to and seeks input from primary care provider about patient’s status during behavioral treatment and before ending therapy

Individual Delivery of Care
- Psychologist provides psychoeducation about depression, cardiac illness
- Psychologist conducts brief counseling focused on behavioral activation
- Primary care provider prescribes psychopharmacologic treatment
Health-Related Settings

- Research results are generally positive, although a significant proportion of patients remain clinically depressed.

- Best results are obtained when:
  - Care is truly interdisciplinary
  - Patients are offered a choice of treatment approach
Long Term Care Example

Individual Assessments
- Primary care team conducts medical and dementia work-up
- Nursing staff make behavioral observations
- Social worker conducts family assessment
- Psychologist conducts mental status exam

Shared Information and Intervention Plan
- Behavioral rounds provide forum for shared interdisciplinary input and treatment planning
- Psychologist coordinates communication between primary care provider and geriatric psychiatrist consultant

Individual Delivery of Care
- Psychologist provides ongoing consultation about behavioral contingencies
- Nursing staff learns to reinforce adaptive rather than non-adaptive behaviors
- Psychologist offers reinforcing support and encouragement to nursing staff and leadership
- Activities therapists provide regular schedule of activities
- Social worker facilitates more regular visits from daughter
- Primary care team prescribes medications as needed
Long Term Care

- Long history of case-based, anecdotal evidence
- Randomized integrated care trials are now underway
- Existing evidence underlines importance of sustained f/u and support of behavioral programming at all levels of care facility
Community Settings

- Social factors such as isolation, poverty, disability, and family stress are central to the genesis, course, and outcome of late-life mental disorders.
- Social service agencies are accessible to elders who would otherwise fall through the cracks.
Community Example

Individual Assessments
- Senior center director notes behavior changes and unusual beliefs in older adult
- Primary care provider rules out medical causes for mental status changes
- Psychologist conducts comprehensive mental status evaluation and family assessment

Shared Information and Intervention Plan
- Psychologist serves as interface between primary care provider and Senior Center staff
- Psychologist provides in-service training to Senior Center staff regarding psychosis and delusional disorders

Individual Delivery of Care
- Psychologist provides supportive therapy in Senior Center and role models a nonconfrontational approach for Center staff
- Psychologist provides psychoeducation and supportive counseling to daughter
- Senior Center staff engage older adult in positive activities that decrease isolation and focus on delusional beliefs
- Primary care provider delivers ongoing medical care
Community Settings

PEARLS study (Ciechowski et al., 2004) supports effectiveness of community-integrated intervention targeting elders receiving aging services and/or living in subsidized housing (used problem-solving therapy and/or antidepressant)

Although intervention group was less depressed, only 1/3 achieved full remission
Conclusion

- Integrated care works for many patients!
- Yet controlled research is needed in settings beyond primary care; e.g., nursing home, community settings
- We need more models geared toward prevention (e.g., wellness centers, faith-based health ministries, nutrition centers)
- Psychologists can play an important role in designing, implementing, and evaluating these models
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Knowledge and Skills that Psychologists Contribute to Integrative Health Care

Martita A. Lopez, Ph.D.
Presented by
Jennifer J. Manly, Ph.D.
Introduction

- Very few if any psychologists are trained to work in an integrated health care setting with older adults
- But virtually all have training that would enhance integrated health care teams
- And some already have lots of relevant expertise
  - Health psychologists, geropsychologists, neuropsychologists, rehabilitation psychologists
Introduction, Cont’d

- This section of the Blueprint has drawn from two excellent resources:
  - *Guidelines for Psychological Practice with Older Adults* (APA, 2003)
  - *What Practitioners Should Know About Working with Older Adults* (Abeles et al., 1998)
    - www.apa.org/pi/aging/practitioners.pdf
Knowledge of Aging and Adult Development

- Try to recognize own attitudes and beliefs about aging and older people
- Normal developmental processes
- Diversity in aging
- Normal aging vs. medication side effects and symptoms of illness
Knowledge Related to Clinical Issues

- Patterns of cognitive impairment associated with aging
  - Including effects of sensory deficits, illness, medications
- Common problems of daily living
  - Some serious issues especially affect members of minority groups and women
- Mental disorders
- Legal and ethical issues
Assessment Knowledge and Skills

- Often need additional training in:
  - Cognitive and capacity assessment
  - Measurement of personality and psychopathology, including substance abuse
  - Behavioral assessment
  - Group dynamics and systems assessment
  - Adapting assessment method to fit the setting
    - Such as hospital, long term care facility, home, independent living facility
Intervention Knowledge and Skills

- Older adults respond well to a variety of intervention approaches for psychopathology
- Apply interventions for common medical disorders and treatments as well
- Interventions should be integrated with other team members’ recommendations and plans
- Sensitivity to well being of caregivers and family members is important
Interventions, Cont’d

- Be able to modify interventions based on a variety of variables:
  - For example: cognitive, sensory and communication difficulties; physical disabilities; low education and literacy; poor or non existent English speaking skills, different cultural and ethnic backgrounds; sexual orientation
- Adapt the intervention to fit the setting
- Consider primary and secondary prevention and health promotion when appropriate
- Facilitate psychological thriving or flourishing
Skills in Consultation, Program Development, and Research

- Offer consultation to family members, other caregivers, and other professionals
- Help design, implement, and evaluate new programs
- Use research expertise to: evaluate which assessments and interventions to use clinically; advocate for evaluation research; and contribute to the design and execution of evaluation studies.
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The Older Consumer’s Perspective on Health Care

Gregory A. Hinrichsen, Ph.D.
Health Literacy

- Problems with basic literacy: Two-fifths of older adults read at basic level of literacy (Kirsch et al., 1993)
- Problems with health literacy: Half of older adults have significant problems in understanding health care options (Hibbard et al., 2001)
- Less education, problems in language proficiency tied to problems in health literacy (Gazmararian et al., 1999)
Satisfaction with Health Care

- U.S. consumers are least satisfied among western nations (Davis et al., 2006)
- Older adults have higher ratings of satisfaction than younger persons: Lower or no expectations (Owens & Batchelor, 1996)
- Oldest old, those with multiple disabilities are least satisfied and get worst care (Shami et al., 2006)
Older Persons Preferences for Mental Health Care

- Prefer mental health treatment in primary care settings (Davidson & Meltzer-Brody, 1999)
- Prefer psychosocial treatments to psychotropics (Arean et al., 2002)
- Perception of stigma related to lower levels of use of mental health services (Sirey et al., 2001)
Minority Older Adults and Health Care

- Lower levels of health literacy among minority older adults: SES strongly tied (Gazmararian et al., 1999)
- Willing to use mental health services and prefer counseling, psychoeducation (Arean et al., 2002)
- Prefer services in office of doctor or clergy (vs. specialized professional) (Dupree et al., 2005)
Guidance to Older Adults

- You have a right to better & integrated health care
- Practical guidance on how to maneuver fragmented health care system
- Examples of common problems
- Examples of health systems that work
- Strategies on how to self advocate
- The link between health and mental health
Vehicles for Guidance to Older Adults

- National Media (e.g., Oprah)
- Local media including Spanish-speaking
- Print media
- Videos, how to access web-based resources
- APA: Directorates, Divisions, Regional/State Affiliates, and publications
- Special efforts for minority older adults
For more information:

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