AMERICAN PSYCHOLOGICAL ASSOCIATION

Psychological Services in Long-term Care
Resource Guide

Introduction

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With the "graying" of the American population, the number of older adults, and particularly the number of the "oldest-old" adults over the age of 85, has grown exponentially. Moreover, because individuals are more likely to develop multiple physical and mental health co-morbidities with advancing age, long-term care providers are increasingly responsible for meeting very complex needs in the individuals they serve. While long-term care settings were specifically designed to meet the medical needs of older adults, their capacity to address the psychological, social and behavioral needs of their residents has traditionally been less developed. Fortunately, a growing number of clinical/counseling psychologists, geropsychologists, rehabilitation psychologists, and neuropsychologists have stepped forward to assist long-term care providers in addressing the behavioral health needs of their residents. Psychologists from a variety of specialty areas are well equipped to support their colleagues in long-term care in the care of residents struggling with depression, anxiety, dementia, delirium and/or lifelong mental health conditions. The Omnibus Budget Reconciliation Act of 1987, which provides reimbursement to psychologists for providing psychological services under Medicare and mandates that non-psychopharmacological care be attempted prior to trials of psychoactive medication, opened the door to this important collaboration between long-term care providers and psychologists.

Attendant upon these historical and social developments, there has been a gradual and increasing momentum for the professional development of psychologists and other health care providers in the delivery of psychological services to older adults in long-term care settings. The geropsychology community including the APA Committee on Aging, the Society of Clinical Geropsychology, the Council of Professional Geropsychology Training Programs, and Psychologists in Long-term Care, have been very active in promoting optimal care for older adults. They have worked to improve training opportunities at the graduate, internship, fellowship, and post-licensure levels, develop educational materials and resources, and advocate for optimal mental health services for older adults across settings, including long-term care.

Not surprisingly, federal agencies such as the Centers for Medicare and Medicaid Services (CMS) have also become more aware of the mental health and psychiatric dimensions of individuals with chronic health care needs. Specifically, they have become concerned about the over-reliance on anti-psychotic medication use with residents with dementia despite an inadequate evidence base and less than benign side-effect profiles. They have favorably viewed recent research findings suggesting the effectiveness of psychological approaches in remediating disruptive behavior. In 2012, CMS launched the Partnership to Improve Dementia Care in Nursing Homes focusing on the reduction of anti-psychotic medication usage in long-term care settings, welcoming input

by psychology to this interdisciplinary initiative. We applaud this effort and believe that many of the listed resources in this guide will assist in this important endeavor by advancing non-psychopharmacological treatment alternatives.

What follows is a set of resources that capture the state of the art in psychological services to older adults and especially to those in long-term care. These materials cover individual, family and organizational interventions as well as psychological and neuropsychological assessment of older adults. The problems encountered reflect the full range of symptomatic and personality areas, including dementia diagnosis and management. This resource guide offers a series of books, book chapters and journal articles that collectively address this range of issues.

Guidelines, Reports, Training Manuals, and On-Line Resources

Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults (2015)
American Geriatrics Society
https://www.sigot.org/allegato_docs/1057_Beers-Criteria.pdf
Potentially inappropriate medications (PIMs) continue to be prescribed and used as first-line treatment for the most vulnerable of older adults, despite evidence of poor outcomes from their use. The Beers Criteria were updated using a comprehensive, systematic review and grading of the evidence on drug-related problems and adverse drug events in older adults. Thoughtful application of the Criteria will allow for closer monitoring of drug use, application of real-time e-prescribing and interventions to decrease adverse drug events in older adults, and better patient outcomes.

Consensus statement on improving the quality of mental health care in U.S. nursing homes: management of depression and behavioral symptoms associated with dementia (2003)
American Geriatrics Society & Association for Geriatric Psychiatry
Journal of the American Geriatrics Society, 51(9), 1287–1298.
This consensus statement, developed by an interdisciplinary panel of experts, focuses on the assessment and treatment of depression and dementia-related behavioral symptoms in nursing home residents.

Dementia in the Long-term Care Setting Clinical Practice Guideline (excerpt) (2012)
American Medical Directors Association
http://www.nhqualitycampaign.org/files/Excerpts_from_AMDA_Clinical_Guidelines.pdf
The purpose of this clinical practice guideline is to offer practitioners and care providers in LTC facilities a systematic approach to the recognition, assessment, treatment, and monitoring of patients with dementia, including impaired cognition and problematic behavior. It will provide a guide to appropriate management that maximizes function and quality of life, thereby minimizing the likelihood of complications and functional decline. The excerpts will focus on assessment, nonpharmacologic treatment and monitoring of a resident with dementia, including impaired cognition and problematic behavior.

Guidelines for the Evaluation of Dementia and Age-Related Cognitive Change (2011)
American Psychological Association
http://www.apa.org/pi/aging/resources/dementia-guidelines.pdf
The guidelines provide information on: the parameters of evaluation and evidence based practices; prevailing diagnostic nomenclature and specific diagnostic criteria; special issues surrounding informed consent in cognitively compromised populations; cultural perspectives and personal and societal biases related to dementia; standardized psychological and neuropsychological tests; and, the importance of providing constructive feedback, support, education, and interventions as part of the evaluation process.

Guidelines for Psychological Practice with Older Adults (2013)
American Psychological Association
https://www.apa.org/practice/guidelines/older-adults.aspx
These guidelines are intended to provide practitioners with a frame of reference for engaging in clinical work with older adults, and basic information and further references in the areas of attitudes, general aspects of aging, clinical issues, assessment, intervention, consultation, professional issues, and continuing education and training relative to work with this group.

Blueprint for Change: Achieving Integrated Health Care for An Aging Population (2008)
American Psychological Association, Presidential Task Force on Integrated Health Care for an Aging Population.
http://www.apa.org/pi/aging/programs/integrated/integrated-healthcare-report.pdf
The intent of the *Blueprint* is to provide information on how healthcare professionals, individuals and families can work together to ensure appropriate, effective, and integrated healthcare for the increasing number of older adults. As interdisciplinary health care teams often function differently according to the site, models for different settings, including long-term care settings are discussed.

Advancing Excellence in America's Nursing Homes (2012)
Center for Medicare and Medicaid Services
http://www.nhqualitycampaign.org
Multiple training programs/materials available for providers, clinicians, consumers and surveyors on the Advancing Excellence website and several association, university websites as well.

Behavior Modification: Theory and Approaches (2010)
Center for Medicare and Medicaid Services
http://surveyortraining.cms.hhs.gov/pubs/VideoInformation.aspx?cid=1087
Surveyor training by Leon Hyer, PhD, examines the role of behavior modification strategies that are commonly employed in the long-term care setting. The video emphasizes non-pharmacological interventions, although a general discussion of pharmacological alternatives and their effectiveness is included. The broadcast focuses on five major theories of behavior modification, with discussion and example scenarios for each.

STAR-VA Intervention for Managing Challenging Behaviors in VA Community Living Center Residents with Dementia: Manual for STAR-VA Behavioral Coordinators and Nurse Champions (2017)
Karlin, B. E., Teri, L., McGee, J. S., Sutherland, E. S., Asghar-Ali, A., Crocker, S. M., Smith, T. L., Curyto, K., Drexler, M., & Karel, M. J.
Washington, DC: Department of Veterans Affairs.
https://www.nhqualitycampaign.org/files/STAR-VA_Manual_2017.pdf
This manual describes the non-psychopharmacological program to reduce disruptive behavior in residents with dementia in long-term care settings.

Guidelines for Psychological and Behavioral Health Services in Long-Term Care Settings (2018)
Molinari, V., Edelstein, B. A., Gibson, R., Lind, L., Norris, M., Carney, K., Bush, S., Heck, A., Moye, J., Gordon, H., & Hiroto, K.
http://www.pltcweb.org/cms/uploads/documents/PLTC%20Guidelines%20for%20Psychological%20and%20Behavioral%20Health%20Services%20-%20revisedLL.pdf
Developed by the Psychologists in Long-term Care (PLTC), the guidelines address provider characteristics, method of referral, assessment practices, treatment, and ethical issues.

Non-Pharmacological Interventions for Behavioral Symptoms of Dementia: A Systematic Review of the Evidence (2011)
O'Neil, M., Freeman, M., Christensen, V., Telerant, A., Addleman, A., & Kansagara, D.
VA-ESP Project #05-225, Portland VA Medical Center, Portland, OR
http://www.ncbi.nlm.nih.gov/books/NBK54971/pdf/TOC.pdf

This report reviews systematically the evidence on non-pharmacological treatments for behavioral symptoms of dementia. It is estimated that behavioral symptoms occur in as many as 90 percent of people with Alzheimer's disease. Moreover, it is the behavioral symptoms that are most often cited by caregivers as the reason for the placement of individuals with dementia into residential care. Psychotropic medications are commonly used to treat the behavioral symptoms of dementia. There is little evidence, however, that such interventions are effective, and their potential side effects are frequent and often hazardous. It has been reported that the use of atypical and typical antipsychotic medication is associated with the increased risk of death. Because of the limited benefits and the potential harms associated with psychotropic medications, non-pharmacological interventions for the behavioral symptoms associated with dementia may be an attractive alternative to pharmacological treatment.

Journal Articles

Effective behavioral interventions for decreasing dementia-specific challenging behavior in nursing homes.
Allen-Burge, R., Stevens, A. B., & Burgio, L.D. (1999).
Journal of Geriatric Psychiatry, 14(3), 213.232.
This paper provides a selective review of behavioral intervention research aimed at successfully decreasing dementia-related challenging behaviors in nursing homes. The authors include separate discussions of behavioral excesses (disruptive vocalization, wandering, physical and verbal aggression) and deficits (excess dependency, therapeutic activities, social interaction/communication). Descriptions of interventions used to address each behavior problem are followed by methodological evaluations of the research. Discussions are augmented by inclusion of the authors' ongoing intervention research. The paper concludes with a description of a comprehensive program for teaching behavior management skills to nurse aides and a motivational system for maintaining the performance of these skills over the long-term.

Come talk with me: Improving communication between nursing assistants and nursing home residents during care routines
Burgio, L. D., Allen-Burge R., Roth D. L., Bourgeois M. S., Dijkstra K., Gerstle J., et al. (2001).
The Gerontologist, 41(4), 449-460.
The effects of communication skills training and the use of memory books by certified nursing assistants (CNAs) on verbal interactions between CNAs (n = 64) and nursing home residents (n = 67) were examined during care routines. CNAs were taught to use communication skills and memory books during their interactions with residents with moderate cognitive impairments and intact communication abilities. A staff motivational system was used to encourage performance and maintenance of these skills. Formal measures of treatment implementation were included. Results were compared with those for participants on no-treatment control units. Trained CNAs talked more, used positive statements more frequently, and tended to increase the number of specific instructions given to residents. Changes in staff behavior did not result in an increase in total time giving care to residents. Maintenance of CNA behavior change was found 2 months after research staff exited the facility. Although an increase was found in positive verbal interactions between CNAs and residents on intervention units, other changes in resident communication were absent. Nursing staff can be trained to improve and maintain communication skills during care without increasing the amount of time delivering care.

Teaching and maintaining behavior management skills in the nursing home
Burgio, L. D., Stevens, A., Burgio, K. L., Roth, D. L., Paul, P., & Gerstle, J. (2002). The Gerontologist, 42(4), 487-496**.**
This study examined the efficacy of a comprehensive behavior management skills training program for improving certified nursing assistants' (CNA) skill performance in the nursing home, to assess the effectiveness of a staff motivational system for maintaining newly acquired behavior management skills for a 6-month period, and to evaluate any resulting effects on resident agitation. This study used a randomized clinical trial of 88 residents with behavior disturbances and 106 CNAs who cared for them in two urban nursing homes. After CNAs received 4 weeks of behavior management training, supervisory nursing staff implemented formal staff management (FSM), designed to maintain training effects over time. The supervisory staff used conventional staff management (CSM, usual supervisory routine) on control units. During the immediate post-training phase, both the FSM and CSM groups improved five out of seven communication skills and the ability to delay physical assistance during care

routines. Although CNAs showed a reduction in the use of ineffective behavior management strategies, they did not increase their use of effective behavioral strategies. Follow-up assessments suggested that the FSM system was more effective than CSM for maintaining and even improving communication skills over time. Resident agitation was reduced during care interactions and maintained at follow-up. The behavior management skills training program improved CNAs' ability to interact with behaviorally disturbed nursing home residents and produced sustained reductions in agitation. The FSM system was more effective for maintaining communication skills 6 months after training.

Geropsychology Practice: One psychologist's experience in long-term care
Burns, S (2008). Psychological Services, 5(1), 73-84.
The rapidly developing field of Clinical Geropsychology was acknowledged as a proficiency in 1998 by the American Psychological Association. This article presents one psychologist's perspective in an account of her 3 1/2 years of clinical experience working with an ethnically diverse, elderly cohort in a small, state-financed nursing home in Hawaii. Some practice setting challenges are presented, along with a portrayal of the benefits of interdisciplinary practice. The experiences described in this article are intended to provide support for the fundamental value and relevance of the Guidelines for Psychological Practice With Older Adults, and to encourage a more eclectic, adaptive, and inclusive practice model of therapy with the elderly that is evidence-based, person-centered, and systems-oriented.

Use of non-pharmacologic interventions among nursing home residents with dementia
Camp, C.J., Cohen-Mansfield, J., & Capezuti, E.A. (2002). Psychiatric Services, 53(11), 1397-1401.
The authors describe domains of nonpharmacologic interventions for residents with dementia who are receiving long-term care. Special emphasis is placed on interventions involving the domains of inappropriate behavior, restraint reduction, and cognition. Illustrations of the salubrious effects of these interventions are presented. For each domain, a review of the available information about nonpharmacologic interventions is provided, and areas in which additional information is needed are discussed. The authors conclude with a summary that emphasizes linkages and similarities among interventions across domains. The authors' major point is that effective nonpharmacologic interventions are available for a variety of behavioral problems that are commonly observed in long-term care settings.

Emergency commitment from nursing homes
Christy, A., & Molinari, V. (2011). Journal of the American Medical Directors Association, 12 (8), 551-553.
The purpose of this study was to describe emergency commitment of residents from nursing homes and to discuss relevant policy issues. This study used statewide, archival emergency commitment data from July 2000 through June 2008. These data are created by entering data from paper emergency commitment initiation forms of law enforcement, mental health professionals, and judges submitted by facilities as required by Florida law. During the one year from July 2007 through June 2008 there were 898 residents of Florida nursing homes with a total of 1032 emergency commitments. Some individuals had more than one emergency commitment from a nursing home during the year, with 9% having between two and five emergency commitments. One-third of the emergency commitments were for residents younger than 65. Some of these individuals also had substantial numbers of emergency commitments in the 7 years from July 2000 through June 2007. Implications: There are facility, client, and regulatory factors that can be addressed to reduce the inappropriate usage of emergency commitments in nursing homes.

Behavioral manifestations of pain in the demented elderly
Cipher, D.J., Clifford, P.A., Roper, K. (2006). Journal of American Medical Directors Association, 7*(5)*, 355-365.
In long-term care settings, behavioral disturbances are exhibited more often by those residents with some level of cognitive impairment. The extent to which pain influences dysfunctional behaviors, and the extent to which pain manifests itself as dysfunctional behaviors, has not been empirically studied. The purpose of our study was to investigate the relationship between pain and behavioral disturbances among long-term care residents suffering from varying levels of dementia. A cross-sectional study of 277 long-term care residents aged 60 and older was conducted. Results suggest that pain influenced behavioral disturbances among those with severe dementia more often than those with moderate or mild dementia, and residents with chronic pain who have severe dementia exhibit

significantly more dysfunctional behaviors than those with earlier-stage dementia. These findings support the utility of comprehensive behavioral analysis involving clinical ratings of intensity, frequency, and duration of dysfunctional behaviors, with the assessment of the resident's level of dementia. The results imply that pain and other forms of physical suffering must be adequately treated in order to reduce behavioral disturbances and improve quality of life.

Efficacy of geropsychological treatment in improving quality of life in long-term care: pain, depression, behavioral disturbances, adls, and health care utilization

Cipher, D.J., Clifford, P.A., Roper, K. (2007). Clinical Gerontologist, 30(3), 23-40.

Geropsychological interventions have become a necessary component of quality long-term care (LTC) designed to address residents' co-morbidities involving emotional, functional, and behavioral difficulties. This two-part study was conducted to investigate the impact of Multimodal Cognitive- Behavioral Therapy (MCBT) for the treatment of pain, depression, behavioral dysfunction, functional disability, and health care utilization in a sample of cognitively impaired LTC residents who were suffering from persistent pain. In Study 1, 44 consecutive new patients received a comprehensive psychological evaluation, eight sessions of cognitive- behavioral therapy, and follow-up psychological evaluation over a five-week period. Analyses indicated that patients exhibited significant reductions in pain, activity interference due to pain, emotional distress due to pain, depression, and significant increases in most activities of daily living. They also exhibited significant reductions in the intensity, frequency, and duration of their behavioral disturbances, but not the number of behavioral disturbances. In Study 2, as a follow-up to Study 1, a retrospective chart review was conducted to compare the treatment group with a matched-control group on post-treatment health care utilization. Comparisons between the two groups on Minimum Data Set (MDS) ratings indicated that the treatment group required significantly fewer physician visits and change orders than the control group. Implications of these collective findings are that geropsychological treatment is likely to improve certain aspects of residents' quality of life in LTC.

The geriatric multidimensional pain and illness inventory: A new instrument assessing pain and illness in long-term care

Clifford, P.A., Cipher, D.J. (2005). Clinical Geropsychologist, 28 (3), 45-61.

The Geriatric Multidimensional Pain and Illness Inventory (GMPI) was developed in order to assess the perceptual, functional, and emotional concomitants of pain and illness in long-term care. The GMPI was administered to 401 adults aged 60 and older residing in one of 16 long-term care facilities. The GMPI items were analyzed for reliability, content validity, and convergent and discriminant validity. Factor analysis of the GMPI items revealed three subscales, level of pain severity, level of functional limitations associated with pain, and level of emotional distress associated with pain. The GMPI items were significantly correlated with items from the Geriatric Depression scale, the Neurobehavioral Cognitive Status Exam, and the Activities of Daily Living. The GMPI is evidenced to be a reliable and valid assessment tool for assessing pain of residents in long-term care facilities.

State policies for the residency of offenders in long-term care facilities: Balancing right to care with safety

Cohen, D., Hayes, T., & Molinari, V. (2011). Journal of the American Medical Directors Association, 12(7), 481-486.

The presence of residents in long-term care facilities who are registered sex offenders, other predatory offenders, parolees, or inmates transferred by correctional authorities is controversial and has raised concerns about how to care for this potentially dangerous population who may jeopardize the safety of others. Although the present offender population appears to be small, it is likely that demographic and economic pressures will increase its size. Since 2004, 14 states have passed legislation about placement of sex and other offenders in facilities and 5 have implemented non-law policies. Because legislation is relatively recent, it is not possible to evaluate best practices at this time. Research should be a priority to determine best policies and practices to balance the right to care with safety.

Can persons with dementia be engaged with stimuli?
Cohen-Mansfield, J., Marx, M. S., Dakheel-Ali, M., Regier, N.G. & Thein, K. (2010). American Journal of Geriatric Psychiatry, 18(4), 351-362.
The purpose of this study was to determine which stimuli are most engaging, most often refused by nursing home residents with dementia, and most appropriate for persons who are more difficult to engage with stimuli. Participants were 193 residents of seven Maryland nursing homes with a diagnosis of dementia. Stimulus engagement was assessed by the Observational Measure of Engagement. The most engaging stimuli were one-on-one socializing with a research assistant, a real baby, personalized stimuli based on the person's self-identity, a lifelike doll, a respite video, and envelopes to stamp. Refusal of stimuli was higher among those with higher levels of cognitive function and related to the stimulus' social appropriateness. Women showed more attention and had more positive attitudes for live social stimuli, simulated social stimuli, and artistic tasks than did men. Persons with comparatively higher levels of cognitive functioning were more likely to be engaged in manipulative and work tasks, whereas those with low levels of cognitive functioning spent relatively more time responding to social stimuli. The most effective stimuli did not differ for those most likely to be engaged and those least likely to be engaged. Nursing homes should consider both having engagement stimuli readily available to residents with dementia, and implementing a socialization schedule so that residents receive one-on-one interaction. Understanding the relationship among type of stimulus, cognitive function, and acceptance, attention, and attitude toward the stimuli can enable caregivers to maximize the desired benefit for persons with dementia.

The impact of past and present preferences on stimulus engagement in nursing home residents with dementia
Cohen-Mansfield, J., Marx, M. S., Thein, K., & Dakheel-Ali, M. (2010). Aging and Mental Health, 14(1), 67-73.
Engagement with stimuli in 193 nursing home residents with dementia was examined. The expanded version of the self-identity questionnaire [Cohen-Mansfield, J., Golander, H. & Arheim, G. (2000)] was used to determine participants' past/present interests (as reported by relatives) in the following areas: art, music, babies, pets, reading, television, and office work. We utilized the observational measurement of engagement (Cohen-Mansfield, J., Dakheel-Ali, M., & Marx, M.S. (2009). Analysis revealed that residents with current interests in music, art, and pets were more engaged by stimuli that reflect these interests than residents without these interests. The findings demonstrate the utility of determining a person's preferences for stimuli in order to predict responsiveness. Lack of prediction for some stimuli may reflect differences between past preferences and activities that are feasible in the present.

Depression identification in the long-term care setting: The GDS vs. the MDS
Heiser, D. (2004). Clinical Geropsychologist, 27 (4) 2004, 3-18.
This study compared depression identification rates and validity of the currently mandated Minimum Data Set (MDS) and the Geriatric Depression Scale Short Form-15 item (GDS) in a sample of nursing home residents. Results indicate the GDS is a better tool for identifying depression than the MDS. The GDS, MDS Section E1, QI, and OSCAR screened 35%, 23%, 3%, and 4% positive for depression, respectively. Mean sensitivity and specificity for SADS-RDC (gold standard) vs. GDS, MDS Section E1, OSCAR, and QI were .91, .79, .83, and .88, respectively. Chi-square analyses indicated the GDS was the only test, in relation to the SADS-RDC to identify depressed residents $p = .001$.

Depression in long-term care
Hyer, L., Carpenter, B., Bishman, D., &Wu, H. (2005). Clinical Psychology: Science and Practice, 12, 280-299.
The assessment and treatment of depression in long-term care (LTC) settings poses unique challenges to both clinicians and researchers. In this review we discuss the variety of forms depression can take among LTC residents and the influence the LTC environment can play on the development and maintenance of depression. We describe instruments that can be used to assess depressive symptoms, along with their strengths and liabilities. Additionally, we summarize treatment approaches, with an emphasis on the relatively limited number of empirically informed interventions. Throughout, we describe modifications that may improve the accuracy of assessment and the effectiveness of psychological treatments. Depression, while common among LTC residents, appears amenable to psychological intervention, although the field is far from identifying empirically supported treatments in the LTC setting.

Group, individual, and staff therapy: An efficient and effective cognitive behavioral therapy in long-term care

Hyer, L., Yeager, C. A., Hilton, N., & Sacks, A. (2009). American Journal of Alzheimer's Disease and other Dementias, 23(6), 528-539.

Depression is a major problem in long-term care (LTC) as is the lack of related empirically supported psychological treatments. This small study addressed a variant of cognitive behavioral therapy, GIST (group, individual, and staff therapy), against treatment as usual (TAU) in long-term care. 25 residents with depression were randomized to GIST (n = 13) or TAU (n = 12). Outcome measures included geriatric depression scale-short form (GDS-S), life satisfaction index Z (LSI-Z), and subjective ratings of treatment satisfaction. The GIST group participated in 15 group sessions. TAU crossed over to GIST at the end of the treatment trial. There were significant differences between GIST and TAU in favor of GIST on the GDS-S and LSI-Z. The GIST group maintained improvements over another 14 sessions. After crossover to GIST, TAU members showed significant improvement from baseline. Participants also reported high subjective ratings of treatment satisfaction. This trial demonstrated GIST to be more effective for depression in LTC than standard treatments.

Longitudinal investigation of wandering behavior in Department of Veterans Affairs nursing home care units

King-Kallimanis, B., Schonfeld, L., Molinari, V., Brown, L., Kearns, W., et al. (2010). International Journal of Geriatric Psychiatry, 25, 166-174.

The purpose of this study was to explore the extent of and factors associated with male residents who change wandering status post nursing home admission. Admissions over a 4-year period were examined using repeat assessments with the Minimum Data Set (MDS) to formulate a model understanding the development of wandering behavior. 134 Veterans Administration (VA) nursing homes throughout the United States including 6673 residents admitted between October 2000 and October 2004 were studied. MDS variables (cognitive impairment, mood, behavior problems, activities of daily living and wandering) included ratings recorded at residents' admission to the nursing home and a minimum of two other time points at quarterly intervals. The majority (86%) of the sample was classified as non-wanderers at admission and most of these (94%) remained non-wanderers until discharge or the end of the study. Fifty-one per cent of the wanderers changed status to non-wanderers with 6% of these residents fluctuating in status more than two times. Admission variables associated with an increased risk of changing status from non-wandering to wandering included older age, greater cognitive impairment, more socially inappropriate behavior, resisting care, easier distractibility, and needing less help with personal hygiene. Requiring assistance with locomotion and having three or more medical comorbidities were associated with a decreased chance of changing from non-wandering to wandering status. A resident's change from non-wandering to wandering status may reflect an undetected medical event that affects cognition, but spares mobility.

STAR-Caregivers: A community-based approach for teaching family caregivers to use behavioral strategies to reduce affective disturbances in persons with dementia

Logsdon, R.G., McCurry, S.M., & Teri, L (2005). Alzheimer's Care Quarterly, 6(2), 146-153.

The STAR-Caregivers program is a behavioral intervention to decrease depression and anxiety in individuals with Alzheimer's disease and their family caregivers. It consists of 8 weekly in-home sessions followed by 4 monthly telephone calls. Community-based mental health practitioners were trained to conduct the systematic and standardized STAR-Caregivers program, and deliver it to family members who were caring for a relative with dementia at home. This article describes the STAR-Caregivers program and presents illustrative case studies to demonstrate that master's-level practitioners in a community setting can effectively deliver behavioral interventions.

Evidence-based psychological treatments for disruptive behaviors in individuals with dementia

Logsdon, R.G., McCurry, S.M., & Teri, L. (2007). Psychology and Aging, 22(1), 28-36.

In this article, the authors review the literature regarding evidence-based psychological treatments (EBTs) for behavioral disturbances in older adults with dementia, as proposed by the American Psychological Association's Committee on Science and Practice of the Society for Clinical Psychology. Fifty-seven randomized clinical trials were reviewed for inclusion on the basis of titles or abstract information. Forty-three were excluded either because they did not meet EBT methodological criteria or because they involved environmental or psychoeducational nursing interventions in which the psychological component could not be separately evaluated. Fourteen studies were considered for inclusion as EBTs; of these, 8 showed significant differences between treatment and control

groups. Results of this review indicate that behavioral problem-solving therapies that identify and modify antecedents and consequences of problem behaviors and increase pleasant events and individualized interventions based on progressively lowered stress threshold models that include problem solving and environmental modification meet EBT criteria. Additional randomized clinical trials are needed to evaluate the generalizability and efficacy of these and other promising psychological interventions in a variety of settings with individuals who have a range of cognitive, functional, and physical strengths and limitations.

An evidence-based exercise and behavior management program for dementia care
Logsdon, R., & Teri, L. (2010). Generations; 34(1), 80-83.
The Reducing Disability in Alzheimer's Disease (RDAD) program is a systematic, evidence-based approach designed to improve mood and increase physical activity for community residing individuals with dementia. RDAD focuses on teaching caregivers behavioral and problem-solving strategies to implement a regular exercise program and decrease behavioral disturbances in their care recipients. Results of a randomized, controlled clinical trial indicate that the RDAD program is both feasible and beneficial for community-residing individuals with a range of cognitive abilities and impairments. This article discusses how RDAD may be adopted and applied in community-based agencies and settings.

Use of Montessori-based activities for clients with dementia in adult day care: Effects on engagement
Judge, K.S., Camp, C. J., & Orsulic-Jeras, S. (2000). American Journal of Alzheimer's Disease and Other Dementias, 15(1), 42-46.
Clients with dementia in an adult day care center were observed taking part in regular activities programming or Montessori-based activities developed for persons with dementia. During the nine-month study, clients in Montessori-based activities exhibited greater amounts of constructive engagement, defined as motor or verbal behavior exhibited in response to the activity in which the client was taking part, than clients in regular programming. Montessori-based activities also elicited less passive engagement, defined as listening and/or looking behavior exhibited in response to the activity the clients were participating in, than regular programming. Implications of these results and ways to implement Montessori-based programming in settings serving persons with dementia are discussed.

Effect of a DVD intervention on therapists' mental health practices with older adults
Lysack, S., Lichtenberg, P., & Schneider, B. (2011). The American Journal of Occupational Therapy, 65(3), 297-305.
The effectiveness of an educational intervention in DVD format aimed at strengthening the mental health practices of occupational therapists working with older adults was tested. The DVD intervention was tested in a pretest–posttest design. Occupational therapists (n= 30) completed a brief knowledge and attitude questionnaire; a chart review (n =383) of therapists' (n= 20) patients at 3 months before and 3 months after DVD training was also conducted. Questionnaire data showed that the percentage of therapists with correct answers increased 20%–30% for 5 of the 11 knowledge items. Chart review data showed therapists spoke more often with their older patients about mood, depression, and cognitive impairment; screened more often for depression and cognitive impairment; and reported findings more often to the treatment team after training.

BE-ACTIV: A staff-assisted behavioral intervention for depression in nursing homes
Meeks, S., Looney, S.W., Van Haitsma, & Teri, L. (2008). The Gerontologist, 48 (1), 105-114.
This article describes a 10-week, behavioral, activities-based intervention for depression that can be implemented in nursing homes collaboratively with nursing home activities staff, and presents data related to its development, feasibility, and preliminary outcomes. BE-ACTIV, which stands for Behavioral Activities Intervention was developed in two pilot study phases: a treatment development phase and a feasibility–outcome phase with a small, randomized trial. The intervention was piloted with five depressed residents in a single nursing home in collaboration with the social services and activities staff. The second phase randomized 20 residents from six nursing homes to receive either the intervention or treatment as usual. The intervention was well received by residents, family, and staff members. Experience with the intervention and input from staff members resulted in modifications to streamline the intervention and improve implementation. Results suggest that BE-ACTIV reduced institutional barriers to participation in pleasant activities, increased resident control over activity participation,

increased overall activity participation, and improved depressive symptoms. Despite low power, statistical and graphical comparisons suggest superiority of the intervention over treatment as usual. Because depression among nursing home residents is prevalent, heterogeneous, and often treatment resistant, there is a need for effective, low-cost interventions that are ecologically acceptable and efficient. BE-ACTIV is a promising intervention; it is brief, addresses institutional barriers, involves facility staff in treatment, and is acceptable to residents.

Improving the quality of long-term care
Molinari, V. (2005). Clinical Geropsychologist, 28 (3), 111-112.
Improving the Quality of Long-term Care is a follow-up on the IOM's original report documenting the changes that have occurred in the long-term care industry since OBRA took effect. Its examination of the quality of long-term care (LTC) provided by nursing homes and other LTC sites provides a broad over-arching framework for understanding the positives and negatives of current LTC practice and for planning future initiatives. It addresses the need for the provision of additional training for all nursing home staff including medical directors, nursing home administrators, nurses and nursing assistants. The emphasis on consumer choice and preferences is commendable. The IOM bluntly acknowledges that little change will occur without the federal and state governments' recognition that the labor-intensive nature of simple but effective interventions requires reforms in reimbursement procedures.

Special series of articles on professional psychology in long-term care
Molinari, V., P. & Hartman-Stein (Eds.) (2000).
In Clinical Psychology: Science and Practice, 7 (3), 312-344.
With the overall aging of the population and the concomitant need for the provision of mental health care for older adults, professional psychology in long-term care has come of age. Psychologists are now increasingly practicing in such traditional long-term care settings as nursing homes and in less traditional ones such as rehabilitation units, day centers, partial hospitalization programs, and hospices. The practice of psychology in long-term care is strongly influenced by public policy issues relating to Medicare, such as conditions of reimbursement, the rise of managed Medicare, and the continued disparity between payment for mental health and medical diagnoses. The articles in this special section on long-term care summarize the research on assessment and interventions for long-term care patients, outline the training opportunities available, and provide a decision-making framework for the common professional ethical/legal issues encountered in long-term care settings.

Serious mental illness in Florida nursing homes: Need for training
Molinari, V., Merritt, S., Mills, W., Chiriboga, D., Conboy, A., Hyer, K., & Becker, M. (2008). Gerontology and Geriatrics Education, 29, 66-83.
This study examined how the mental health needs of nursing home (NH) residents with serious mental illness (SMI) are addressed. Data were collected from three sources: interviews with 84 SMI stakeholders; surveys of 206 NH staff members; and focus groups at two psychiatry specialty NHs. Four common themes emerged: placement of older adults with SMI was a significant problem for discharge planners and NH admission coordinators; NH staff reported being uneasy with SMI residents and were concerned over aggressive behavior; staff in NHs with psychiatry specialty units appeared more comfortable serving SMI residents; and SMI training was a consistent recommendation of all SMI stakeholders and NH staff. Implications for training are discussed.

Mental health services in nursing homes: A survey of Florida nursing home administrative personnel
Molinari, V., Hedgecock, D., Branch, L. Brown, L., & Hyer, K. (2009). Aging & Mental Health, 13, 477-486.
Mental health problems are pervasive in nursing homes (NHs), but little is known regarding the delivery of mental health services in these settings. To fill this gap in knowledge, a survey of NH administrative personnel views on mental health services use was conducted. 146 surveys from NH administrative personnel were analyzed, reflecting 70% of the NHs that sent representatives to training conferences held at four Florida locations. Results showed substantial provision of mental health services (approximately half of the NHs have psychologists, psychiatrists and other MDs consulting on a weekly basis) and high satisfaction with services currently offered. Mental health services are typically provided by outside consultants who most frequently address behavior problems, anxiety/fears and depression. Sub-analyses of mental health service usage by types of NHs were largely non-significant. Almost half of the NHs reported the involuntary hospitalization of at least one resident during the previous year. No barriers to mental health services were rated as serious, and no mental health services were viewed as very difficult to

provide. Top perceived barriers to mental health services delivery were resident and family attitudes towards mental health services; administrator and staff attitudes were perceived to be less problematic. Specialty psychotherapeutic services were the most difficult to provide in NHs, with psychopharmacological interventions the least difficult to provide. In conclusion, administrators report a variety of mental health services provided by a diverse group of professionals in NHs, and are generally satisfied with the treatment provided.

Provision of psychopharmacological services in nursing homes
Molinari, V., Chiriboga, D., Branch, L., Cho, S., Turner, K., Guo, J., & Hyer, K. (2010). Journals of Gerontology: Psychological Sciences and Social Sciences, 65(1), 57-60.
We examined the psychopharmacological services provided within 3 months of nursing home (NH) admission to a whole population of newly admitted Florida NH residents 65 years and older (N = 947) for a 1-year period via secondary analyses of selected variables from Medicaid and the Online Survey and Certification and Reporting System. Within 3 months of admission, 12% received nonpsychopharmacological mental health care. However, 71% of new residents received at least one psychoactive medication, and more than 15% were taking four or more psychoactive medications. Most of those being treated with psychoactive medication had not received psychopharmacological treatment 6 months prior to admission (64%) and had not received a psychiatric diagnosis 6 months preceding admission (71%). Blacks were less likely to receive medications than non-Hispanic Whites. Results expand on past research by identifying an increase in the amount of psychoactive medications prescribed to NH residents, a lack of prior psychiatric treatment and diagnoses for those currently receiving psychoactive medications, only limited provision of nonpsychopharmacological mental health care, and racial or ethnic differences in the use of medications by NHs.

Reasons for psychiatric prescription for new nursing home residents
Molinari, V., Chiriboga, D. A., Branch, L.G., Schinka, J., Schonfeld, L., Kos, L., Mills, W., Krok, J., & Hyer, K. (2011). Aging & Mental Health, 15(7), 904-912.
This article focuses on justification of psychoactive medication prescription for NH residents during their first three months post-admission. Data was extracted from 73 charts drawn from a convenience sample of individuals who were residents of seven nursing homes (NHs) for at least three months during 2009. Six focus groups with NH staff were conducted to explore rationales for psychoactive medication usage. Eighty-nine percent of the residents who received psychoactive medications during the first three months of residence had a psychiatric diagnosis, and all residents who received psychoactive medications had a written physician's order. Mental status was monitored by staff, and psychoactive medications were titrated based on changes in mental status. One concern was that no Level II Preadmission Screening and Annual Resident Review (PASRR) evaluations were completed during the admissions process. Further, while 73% had mental health diagnoses at admission, 85% of the NH residents were on a psychoactive medication three months after admission, and 19% were on four or more psychoactive medications. Although over half of the residents had notes in their charts regarding non-psychopharmacological strategies to address problem behaviors, their number was eclipsed by the number receiving psychopharmacological treatment. While the results suggest that NHs may be providing more mental health care than in the past, psycho-pharmacological treatment remains the dominant approach, perhaps because of limited mental health training of staff, and lack of diagnostic precision due to few trained geriatric mental health professionals. A critical review of the role of the PASRR process is suggested.

Commentary on the current status and the future of behavior therapy in long-term care settings
Molinari, V., & Edelstein, B. (2011). Behavior Therapy, 42(1), 59-65.
The mental health statistics for long-term care facilities are sobering. Nursing homes have been described as psychiatric institutions, but without the trained mental health personnel to provide appropriate psychiatric treatment. The strategies and behavioral techniques utilized in working with frail older adults in long-term care settings have become more sophisticated over the years. The evidence base for psychological treatment for older adults is expanding rapidly, and given the complexity of the problems encountered, geropsychology has been and will remain multimodal in its approaches to assessment and treatment.

Screening for mental disorders in residential aged care facilities
Pachana, N. A., Helmes, E., Byrne, G. J., Edelstein, B. A., Konnert, C. A., & Pot, A. M. (2010). International Psychogeriatrics, 22(7), 1107-20.
The International Psychogeriatric Association Task Force on Mental Health Services in Long-Term Care Facilities seeks to improve care of persons in residential aged care facilities (RACFs). As part of that effort the current authors have contributed an overview and discussion of the uses of brief screening instruments in RACFs. While no current guidelines on the use of screening instruments in nursing homes were found, relevant extant guidelines were consulted. The literature on measurement development, testing standards, psychometric considerations and the nursing home environment were consulted. Cognitive, psychiatric, behavioral, functional and omnibus screening instruments are described at a category level, along with specifics about their use in a RACF environment. Issues surrounding the selection, administration, interpretation and uses of screening instruments in RACFs are discussed. Issues of international interest (such as translation of measures) or clinical concern (e.g. impact of severe cognitive decline on assessment) are addressed. Practical points surrounding who can administer, score and interpret such screens, as well as their psychometric and clinical strengths more broadly are articulated. In conclusion, guidelines for use of screening instruments in the RACF environment are offered, together with broad recommendations concerning the appropriate use of brief screening instruments in RACFs. Directions for future research and policy directions are outlined, with particular reference to the international context.

Psychotherapy in Long-term Care: I. Practical Considerations and the Link to Policy and Advocacy
Powers, D. (2008). Professional Psychology, Research and Practice, 39(3), 251-256.
This article is the 1st of 2 examining 3 domains that are important to providing high-quality, evidence-based services to long-term care (LTC) residents: policy and advocacy, practical considerations, and outcome research. Older adults who reside in LTC facilities have a very high rate of mental health difficulties. Psychologists have been able to provide services to this population through Medicare since the late 1980s, resulting in an increase in psychologists who are working with LTC residents, either as part of their practice or on a full-time basis. The focus of this article is on practical considerations for therapists in LTC settings from both the published literature and personal observations (including an illustrative case example), the current policy environment, and the importance of advocacy on behalf of clients.

Psychotherapy in Long-term Care: II. Evidence-Based Psychological Treatments and Other Outcome Research
Powers, D. (2008). Professional Psychology, Research and Practice, 39(3), 257-263.
This article is the 2nd of 2 that together examine 3 domains important to providing high-quality, evidence-based services to long-term care (LTC) facility residents: policy and advocacy, practical considerations, and outcome research. Older adults who reside in LTC facilities have a very high rate of mental health difficulties. Psychologists have been able to provide services to this population through Medicare since the late 1980s, and empirical findings on treatment approaches are important in guiding psychotherapists to more helpful intervention. The focus of this article is outcome research in LTC settings. This article emphasizes evidence-based psychological treatments (EBTs) but also examines other scientifically supported approaches and discusses the strengths and limitations of focusing on EBTs, as well as general issues in the relation between science and practice in the provision of psychotherapy in LTC settings.

NOPPAIN: A nursing assistant – Administered pain assessment instrument for use in dementia
Snow, A.L., Breuera, E., Ashton, C., & Kunik, M.E. (2004). Dementia and Geriatric Cognitive Disorders, 17 (3), 240-246.
The Non-Communicative Patient's Pain Assessment Instrument (NOPPAIN) is a nursing assistant-administered instrument for assessing pain behaviors in patients with dementia. This study investigated the validity of the NOPPAIN. Twenty-one nursing assistants (NAs) with no prior training in using the NOPPAIN watched six videos, each portraying a bed-bound patient with severe dementia receiving personal care from a nursing assistant and responding with a different level of pain intensity. The NAs completed a NOPPAIN rating for each video. The NAs were also presented with each possible pair of videos and asked to identify the video showing the most pain. Results indicated the NAs were quite accurate in their ratings of the videos, providing excellent preliminary evidence on the use of the NOPPAIN for detecting pain in nursing home patients with dementia.

State regulations for nursing home residents with Serious Mental Illness
Street, D., Molinari V., & Cohen, D. (2012). Community Mental Health Journal.
http://link.springer.com/article/10.1007%2Fs10597-012-9527-9
To identify state regulations for nursing home residents with Serious Mental Illness (SMI), we reviewed state regulations for policies relating to nursing home residents with SMI, and conducted interviews with expert stakeholders. A framework for analyzing state regulations was generated by identifying four discrete categories: States with specific mental illness regulations, Alzheimer's or dementia regulations, minor mention of mental illness, and no mention of mental illness. A large majority of the states have little or no mention of mental illness in their nursing home regulations, suggesting limited attention to all forms of mental illness by most state regulatory bodies.

Assessment and management of behavioral disturbances in Alzheimer's disease
Teri, L., & Logsdon, R.G. (2000). Comprehensive Therapy, 26(3), 169–175.
This article provides an update and review of strategies for assessing and treating behavioral changes in patients with Alzheimer disease. It discusses the impact of behavioral disturbances, on patients, presents guidelines for identifying and monitoring behavioral changes, and presents behavioral treatment approaches.

STAR: A dementia-specific training program for staff in assisted living residences
Teri, L., Huda, P., Gibbons, L.E., Young, H., & van Leynseele, J. (2005) The Gerontologist, 45(5), 686-693.
This article describes, and provides data on, an innovative, comprehensive, dementia-specific training program designed to teach direct care staff in assisted living residences to improve care and reduce problems in residents with dementia. STAR, which stands for Staff Training in Assisted living Residences, provides two 4-hr workshops augmented by four individualized on-site consultations and three leadership sessions. Developed by means of an iterative process of implementation and revision, it was then evaluated in a small randomized controlled trial. A total of 114 staff and 120 residents in 15 residences participated. STAR was exceptionally well received. Training details are provided with a discussion of unique challenges inherent in implementation. Following training, STAR residents evidenced significantly reduced levels of affective and behavioral distress compared with control residents. Furthermore, STAR residents improved whereas control residents worsened ($p < .05$). Staff with STAR staff training reported less adverse impact and reaction to residents' problems ($p < .05$) and more job satisfaction ($p < .10$) compared with control staff. STAR is an effective training program for direct care staff working with dementia residents in assisted living. The importance of continued development and investigation of STAR efficacy and effectiveness is underscored by the growing numbers of residents with dementia who are receiving care in these settings.

Psychosocial treatment of depression in older adults with dementia
Teri, L., McKenzie, G., & LaFazia, D. (2005) Clinical Psychology: Science and Practice, 12(3), 303-316.
Depression and dementia commonly coexist and are associated with higher rates of behavioral and functional problems. Caregivers of these individuals report higher levels of physical and mental distress, as well. Effective treatment, therefore, has the potential to help both the older adult and their caregiver. This article provides an overview of the current literature on treatment of depression in demented older adults, with particular emphasis on providing guidelines for evidence-based clinical care. Eleven randomized controlled clinical trials were identified following an extensive review of the literature. These studies are reviewed with particular attention to the methodological issues of most relevance to clinicians attempting to use the findings from these studies to guide their practice. Issues of particular relevance when working with this population are also addressed, including (a) for assessment—differential and coexistent diagnosis of depression in dementia, use of collateral informants, self-report and interviewer-obtained information; and b) for treatment—the need for caregiver involvement, individualizing of goals, and planning for future deterioration of cognitive function.

Elderspeak communication: Impact on dementia care
Williams, K.N., Herman, R., Gajewski, B., & Wilson, K. (2009). American Journal of Alzheimer's Disease and Other Dementias, 24, 11-20.
Resistiveness to care is common in older adults with dementia. Resistiveness to care disrupts nursing care, increasing costs of care by 30%. Elderspeak (infantilizing communication used by nursing staff) may trigger

resistiveness to care in individuals with dementia. Videotaped care episodes (n = 80) of nursing home residents with dementia (n = 20) were coded for type of staff communication (normal talk and elderspeak) and subsequent resident behavior (cooperative or resistive to care). Bayesian statistical analysis tested relationships between staff communication and subsequent resident resistiveness to care. The probability of resistiveness to care varied significantly with communication. An increased probability of resistiveness to care occurred with elderspeak compared with normal talk . Communication training has been shown to reduce elderspeak and may reduce resistiveness to care in future research.

Books

Assessment of Older Adults with Diminished Capacity: A Handbook for Psychologists
American Bar Association Commission on Law and Aging & American Psychological Association. (2008). Retrieved from http://www.apa.org/pi/aging/programs/assessment/capacity-psychologist-handbook.pdf

Handbook of Health and Behavior: Psychological Treatment Strategies for the Nursing Home Patient
Casciani, J. C. (2010). San Diego, CA: Concept Healthcare.
This Handbook represents an innovative response to the trend toward increased medical complexity in nursing home patients, and to the demand for greater behavioral health collaboration in their treatment plans. It is a portable reference guide for health care professionals who want to understand the recommended cognitive-behavioral approaches for the co-morbid psychological issues impacting medical conditions in nursing facilities, including diabetes, respiratory disease, obesity and chronic pain, and diagnoses requiring rehabilitation, such as stroke and fractures. An array of assessment measures are discussed, and cognitive-behavioral treatment protocols are reviewed for twelve acute and chronic medical conditions. This Handbook will serve as an indispensable tool to help patients mentally manage their disabling medical conditions

Handbook of Counseling and Psychotherapy with Older Adults
Duffy, M. (1999). New York, NY: John Wiley & Sons.
This book serves as a resource for mental health professionals who provide counseling and psychotherapy to older adults. The editor divides the book into two sections. Part I focuses on treatment modalities including the psychotherapy process, group approaches, family and systemic approaches, and social and community interventions. Part II provides interventions for a series of specific problems.

Handbook of Behavioral and Cognitive Therapies with Older Adults
Gallagher-Thompson, D., Steffen, A.M., & Thompson , L.W. (Eds.). (2008). New York: Springer.
Brings together expert scientist practitioners and the full spectrum of cognitive and behavioral interventions to promote age-appropriate best practice. The book enhances the professional's understanding of the learning and self regulating capacities of older adults. Its consistent and easy-access format features empirical reviews, recommended cognitive and behavioral interventions specific to the problem, instructive case studies, and salient diversity issues. In their choice of topics, the editors have assembled the Handbook to fit the unique challenges of both older individuals and the practitioners working with them. Topics covered include: common conditions, including depression, anxiety, insomnia, and pain syndromes, severe mental illnesses such as bipolar disorder, schizophrenia, dementia; grief and loss, family caregiving, suicidality, underserved populations, including ethnically and culturally diverse individuals, emerging areas of mental illness management, and effects of Medicare on practice. This is important information for use by frontline mental health professionals and in graduate and advanced courses. Reflecting a rapidly developing field, this resource will open up new areas of research and inspire the next wave of treatments tailored to this rapidly expanding population.

Geropsychological Interventions in Long-Term Care
Hyer, L. & Intrieri, R. C. (2006). New York, NY: Springer Publishing.
Using Baltes' selection, optimization, and compensation model to conceptualize treatment in long-term care settings, this volume includes chapters on the context and trends of long-term care practice, integration of medical and psychological care, identity issues of nursing home residents, interventions, and training.

Assessing and Treating Late-Life Depression: A Casebook and Resource Guide
Karel, M. J., Ogland-Hand, S., & Gatz, M. (2002). New York, NY: Basic Books.
This practice-oriented, research-based casebook draws on extensive clinical and academic data on late-life depression and its treatment as a resource for practitioners and researchers. With a rapidly aging population, depression among the elderly has become a critical issue for the mental health and medical communities. The authors provide an interdisciplinary framework for understanding and treating late-life depressive symptoms and elucidate the problems and principles of late-life depression with fourteen extended case studies. Explicating the range of syndromes and strategies for assessing and treating them, they conclude with a guide to medications, screening tools, innovative models, and supplementary resources.

Neurocognitive Disorders in Aging
Kempler, D. (2005). Thousand Oaks, CA: Sage Publications.
This is a comprehensive, well written introduction to common disorders that yield cognitive and behavioral problems in older adults. Both diagnosis and treatment are discussed.

Psychotherapy with Older Adults (3rd Ed.)
Knight, B. G. (2004). Thousand Oaks, CA: Sage Publications, Inc.
Provides the knowledge, technique, and skills required to be an effective therapist for older adults. Considers essentials of gerontology and the nature of therapy. Case examples are provided. Includes chapters on building rapport with the older client, grief work with older adults, and life review in psychotherapy with older adults.

Adding Value to Long-Term Care: An Administrator's Guide to Improving Staff Performance, Patient Experience, and Financial Health
Lazer, D. (2000). San Francisco: Jossey-Bass.
Written for health care administrators, medical directors, nursing executives, architects, and facility planners, this book provides the tools needed to improve the clinical environment for residents, staff, and families; strengthen overall business operations; and secure a facility's financial future.

The Guide to Psychological Practice in Geriatric Long-Term Care
Lichtenberg, P. A. (1994). New York, NY: Haworth Press Inc.
Part one provides an integrative model of psychological services in geriatric care. Part two focuses on the most relevant clinical issues, encouraging psychologists to use their theoretical background and clinical training to investigate new long-term care topics.

Caring for people with challenging behaviors: Essential Skills and Successful Strategies in Long-Term Care
Long, S. W. (2006). Baltimore, MD: Health Professions Press.
In this book, the term behavior problem refers to any behavior that causes emotional or physical harm. It can be harmful to either the person engaging in the behavior or to someone else. From this point of view, a resident's hostile behavior aimed at someone else is a behavior problem. If a resident's behavior hurts someone else unintentionally, it is still considered a behavior problem. In addition, behaviors related to depression, anxiety, or fear can be problematic. This book details techniques for successfully addressing such behavior.

Whole Person Dementia Assessment
Mast, B. (2011). Baltimore, MD: Health Professions Press.
Although we can't currently offer a cure for Alzheimer s, we can provide better information and advice to people with the disease (and their caregivers) to help improve their ability to live and cope with this challenging disease. This groundbreaking book shows how to start making a difference during the initial evaluation and beyond. Treating every assessment as more than a simple diagnostic process, Whole Person Dementia Assessment sets the stage for more constructive interventions, better care, and a higher quality of life throughout the disease process by providing a richer understanding of the person and the way the disease is affecting him or her. Blending traditional clinical evaluation procedures with more person-centered approaches, Whole Person Dementia Assessment shows how to assess a person's cognitive deficits while also discovering and emphasizing remaining strengths and abilities. Best-practice assessment tools are recommended and provided, including a comprehensive, whole-person interview form.

Backed by solid research findings, Dr. Mast demonstrates that geriatricians, psychiatrists, psychologists, social workers, and long-term care providers who incorporate these methods into their assessment processes, will substantially improve their ability to develop rapport with the person and family members.

Treating Dementia in Context: A Step by Step Guide to Working with Individuals and Families
McCurry, S., & Drossel, C. (2011). Washington, DC: APA.
In this book, the authors present a clear and practical blueprint for psychologists, physicians, nurses, social workers, and other health care professionals who work with dementia patients and their families. Their evidence-based contextual model of dementia care lays out broad intervention strategies, and encourages readers to use their own creativity and inner resources to develop appropriate solutions for each unique situation and individual.
The chapters present a rich variety of vignettes that illustrate common quality-of-life concerns in dementia patients, including medical co-morbidities, patient/caregiver relationships, caregiver burnout, and interactions with health care professionals. Throughout, the authors combine a comprehensive knowledge of the literature with their own extensive clinical experience in advocating a compassionate and open-minded stance that respects the individuality, preferences, and dignity of dementia patients. Health care professionals at all levels of experience, from outpatient to assisted living to residential care settings, will find Treating Dementia in Context an inspirational resource for clinical practice.

Professional Psychology in Long-Term Care: A Comprehensive Guide
Molinari, V. (Ed.). (2000). New York, NY: Hatherleigh Press.
Provides therapists, mental health professionals, professors, students, and laypersons with the tools and skills necessary to administer optimal long-term care to a growing elderly population. The editor divides the book into the following three parts: assessment, treatment, and professional issues. The first section includes articles on psychopathological, neurological, and medical assessment. The following treatment section contains papers on individual therapy in long-term care, behavioral interventions for patients with dementia, and basic psychopharmacology in a nursing home. The last portion deals with professional issues such as ethics, public policy, and clinical research in long-term care.

Emerging Practices for Psychologists in Long-Term Care.
Norris, M., Molinari, V**.**, & Ogland-Hand, S. (eds.) (2002). Binghamton, New York: Haworth Press Inc.
This special issue of The Clinical Gerontologist was turned into an edited volume on geropsychology practice in long-term mental health care.

Psychotherapy for Depression in Older Adults
Qualls, S.H., & Knight, B.G. (2006). [Wiley Series in Clinical Geropsychology]. Hoboken, N.J.: John Wiley & Sons.
This book contains chapters written by different authors on assessment and treatment of depression. There are specific chapters on empirically--supported treatments for depression in older adults including cognitive--behavioral therapy, interpersonal psychotherapy, and problem--solving therapy. The book also discusses the social/cultural context of psychotherapy with older adults, issues in providing psychotherapy to depressed older adults in long--term care settings, how to build and manage a geropsychology practice.

Caregiver Family Therapy: Empowering Families to Meet the Challenges of Aging
Qualls, S.H., & Williams, A.A. (2012). APA Books.
Caring for an older family member with physical or cognitive impairments is a difficult, strenuous process. Caregivers often struggle to balance their own needs with those of the care recipient. Their relationships with family, friends, coworkers, and even the care recipient can suffer as well. As a result, family members often seek professional help to guide them through the caregiving process. This book presents Caregiver Family Therapy (CFT), a systems approach to treating families that care for an aging adult. CFT consists of three core stages: identifying the problem, structuring caregiver roles, and ensuring caregiver self-care. Transition stages bridge one core stage to the next, helping caregivers structure care for the older adult, examine the impact of caregiving role structures, and consider broader effects of caregiving. As new challenges arise, the stages are repeated and the CFT

process begins anew. Full of rich clinical examples, this book will help therapists and other service providers meet the complex, diverse needs of caregiving families.

Geropsychology and Long-Term Care: A Practitioner's Guide
Rosowsky, E., Casciani, J., & Arnold, M. (2009). New York, NY: Springer.
Among the growing population living in nursing homes and assisted-living communities, emotional and behavioral problems are frequently under-diagnosed and under-treated. Psychologists in Long-term Care (PLTC) has been instrumental in establishing standards for appropriate, respectful, and ethical care, and developing education and training resources for professionals. The contributors, all experts affiliated with PLTC, offer information that is up-to-date, readily accessible, and eminently useful, whether the reader needs information on bedrock skills, multidisciplinary treatment, privacy issues, or the way facilities are run. The topics covered include common psychological disorders in long-term care, and their prevalence; federal policy issues affecting care delivery; and, the funding and referral processes in nursing homes. It also covers assessment tools commonly used with elders in long-term care along with treatment plans and process, including the integration of psychiatric medicine into therapy. It later examines types of LTC providers, their training, and their roles in multidisciplinary care. Finally it discusses outcome measurement and Medicare documentation.

Personality Disorders and Older Adults: Diagnosis, Assessment, and Treatment.
Segal, D. L., Coolidge, F. L., & Rosowsky, R. (2006). Hoboken, NJ: John Wiley & Sons.
The older adult population is booming in the United State and across the globe. With this boom comes an increase in the number of older adults who experience psychological disorders. Current estimates suggest that about 20% of older persons are diagnosable with a mental disorder: Personality disorders are among the most poorly understood, challenging, and frustrating of these disorders among older adults. This book is designed to provide scholarly and scientifically-based guidance about the diagnosis, assessment, and treatment of personality disorders to health professionals, mental health professionals, and senior service professionals who encounter personality-disordered or "difficult" older adults.

Aging and Mental Health (2nd Ed.)
Segal, D. L., Qualls, S. H., & Smyer, M. A. (2011). Malden, MA: Wiley-Blackwell.
Offers a comprehensive review of models of mental health and their implications for treatment of older adults. Includes discussion of the development and implementation of evidence--based treatment protocols; the increasing prevalence of cognitive impairment and an appreciation of its implications for a variety of functional behaviors; and a changing understanding of long-term care away from a focus on institutional care and toward a broader spectrum of services.

The Essential Dementia Care Handbook.
Stokes. G., & Goudie, F. (Eds.) (2002). Oxon, UK: Speechmark Publishing Ltd.
This very practical and informative book discusses the diagnosis of dementia and other problems associated with aging. The sections on assessment, functional analysis, and addressing challenging behaviors are particularly useful for long-term care settings.

Mental Disorders in Older Adults: Fundamentals of Assessment and Treatment (2nd Ed.)
Zarit, S. H., & Zarit, J. M. (2007). New York, NY: Guilford Press.
This book provides professionals and students with essential knowledge and skills for effective practice with older adults and their caregivers. Combining their expertise as a researcher and an experienced clinician, the authors offer a unique perspective on how to understand the challenges facing older adults and help them live more fulfilling, healthy, and independent lives. Illustrated with ample clinical material, the book reviews normal aging processes and presents a framework for assessment and treatment. Frequently encountered clinical problems are examined--including dementias, mood and anxiety disorders, paranoid symptoms, and more--and specific applications of a variety of therapies are described. The authors also address the nuts and bolts of providing family support, consulting in institutional settings, and dealing with ethical issues surrounding confidentiality, informed consent, and end-of-life decision making. Increased attention is given to different forms of dementia and how to distinguish

among them. Coverage of psychopharmacology and combined treatments also has been expanded, with a focus on enhancing multidisciplinary collaboration.

Book Chapters

Long-term care institutions and maintenance of competence: A dialectic between compensation and overcompensation
Baltes, M. M., & Horgas, A. L., in
Societal mechanisms for maintaining competence in old age: Societal impact on aging
Willis, S. L., & Schaie, K. W. (Eds.) (1997). New York, NY: Springer Publishing
This chapter summarizes the authors' sequential observation and ecological intervention research on the role of social environment of institutions in fostering dependency and on interventions in the social environment in promoting independence.

Evidence-based treatments for behavioral disturbances in long-term care
Curyto, K. J., Trevino, K. M., Ogland-Hand, S., & Lichtenberg, P. in
Making evidenced-based psychological treatments work with older adults
F. Scogin & A. Shah (Eds.) (2012) (pp. 167-223). Washington, DC: American Psychological Association.
This chapter discusses evidence-based treatments for behavioral disturbances in long-term care. Extensive research on nonpharmacological interventions for disruptive behavior has been conducted. Three theoretical frameworks can be used to organize this research: the learning behavior model (LBM), the person–environment fit model, and the need-driven behavior model. The next section of this chapter discusses each model and its supporting evidence. In practice, these models overlap and often lead to similar interventions, as they all focus on how the environment can be changed (to change antecedents–consequences, to adjust to abilities and disabilities, or to meet needs respectively).

Psychotherapeutic interventions for older persons with dementing disorders
Duffy, M., in
Strategies for therapy with the elderly
Brody, C. (2006) New York, NY: Springer Publishing
This chapter encompasses three major areas of work with clients aged 60 years and older: Living in nursing homes, living in assisted living housing while participating in community-oriented activities for the aged, and living independently and being seen in private practice. It comprises a variety of approaches, ranging from eclectic small group formats for nursing home residents, group and individual counseling in assisted living settings, home care for the elderly, to psychoanalytic therapy techniques in private practice. Illustrative case examples used throughout the book bring to life successful strategies and interventions. New areas of focus include: Treatment of stress and mental disorders, Alzheimer's disease, caregiving issues at home, and expanded information on Medicare coverage issue.

Psychological assessment in geriatric settings
Edelstein, B., Martin, R. & Koven, L., in
Handbook of psychology: **Volume 10**
Graham, J.R., Naglieri, J.A., Weiner, I.B. (Eds.) (2003). New York, NY: John Wiley & Sons, Inc.
The principal goal of this chapter is to acquaint the reader with assessment issues that are relatively unique to older adults, with particular attention to factors that could influence the process or outcome of clinical assessment. The chapter begins with the discussion of two intra- and interpersonal variables--bias in the form of ageism and cultural competence. Ignorance of the importance and influence of these variables can lead to corruption, contamination, and invalidation of the entire assessment enterprise. The authors then consider biological and medical issues that are more common among older adults that can play a significant role in the interplay between biological and environmental factors. Next, the chapter shifts to two conceptual issues, beginning with the assessment paradigms within which the clinician performs the assessment. The authors then address diagnostic issues and question the prudence of utilizing traditional diagnostic taxonomies with older adults. The complexities of carrying out clinical assessments are then addressed through discussions of multiple-method and multidimensional assessment. The

authors follow this with a discussion of psychometric considerations for developing or selecting assessment instruments suitable for older adults.

Resources for Older Adults and their Families

American Psychological Association (APA) Office on Aging
https://www.apa.org/pi/aging/index.aspx

APA Family Caregivers Briefcase

- State and National Resource Locators and Tools to Coordinate Caregiver Support
  http://www.apa.org/pi/about/publications/caregivers/resources/locators.aspx
- Resources for Caregivers of Adults and Older Adults
  https://www.apa.org/pi/about/publications/caregivers/resources/populations.aspx

APA Division 12-Section II - Society for Clinical Geropsychology
http://www.geropsychology.org/

APA Division 20 - Adult Development and Aging
http://apadiv20.phhp.ufl.edu

Center for Medicare and Medicaid Services Partnership to Improve Dementia Care in Nursing Homes
https://www.nhqualitycampaign.org/dementiaCare.aspx

Children of Aging Parents
http://caps4caregivers.org/

Eldercare Locator
http://www.eldercare.gov/

Leading Age
http://www.leadingage.org/

National Care Planning Council
http://www.longtermcarelink.net/

National Clearinghouse for Long-term Care
https://longtermcare.acl.gov/

National Coalition on Mental Health and Aging
www.ncmha.org

Nursing Home Compare
http://www.medicare.gov/NursingHomeCompare/search.aspx?bhcp=1

National Long-Term Care Ombudsman Resource Center
https://ltcombudsman.org/

Psychologists in Long-term Care (PLTC)
http://www.pltcweb.org/