Psychological Assessment and Treatment of Older Adults

Nancy A. Pachana
Victor Molinari
Larry W. Thompson
Dolores Gallagher-Thompson
(Editors)

Psychological Assessment and Treatment of Older Adults

This document is for personal use only. Reproduction or distribution is not permitted.
From Nancy A. Pachana et al.: *Psychological Assessment and Treatment of Older Adults* (ISBN 9781616765712) © 2021 Hogrefe Publishing.

This document is for personal use only. Reproduction or distribution is not permitted.
From Nancy A. Pachana et al.: *Psychological Assessment and Treatment of Older Adults* (ISBN 9781616765712) © 2021 Hogrefe Publishing.

Psychological Assessment and Treatment of Older Adults

Nancy A. Pachana, PhD
Victor Molinari, PhD, ABPP
Larry W. Thompson, PhD, ABPP
Dolores Gallagher-Thompson, PhD, ABPP

This document is for personal use only. Reproduction or distribution is not permitted.
From Nancy A. Pachana et al.: *Psychological Assessment and Treatment of Older Adults* (ISBN 9781616765712) © 2021 Hogrefe Publishing.

Library of Congress of Congress Cataloging in Publication information for the print version of this book is available via the Library of Congress Marc Database under the Library of Congress Control Number 2021934339

Library and Archives Canada Cataloguing in Publication

Title: Psychological assessment and treatment of older adults / Nancy A. Pachana, PhD, Victor Molinari, PhD, ABPP, Larry W. Thompson, PhD, ABPP, Dolores Gallagher-Thompson, PhD, ABPP.
Names: Pachana, Nancy A., editor. | Molinari, Victor, 1952- editor. | Thompson, Larry W., editor. | Gallagher-Thompson, Dolores, editor.
Description: Edited by Nancy A. Pachana, Victor Molinari, Larry W. Thompson, and Dolores Gallagher-Thompson. | Includes bibliographical references.
Identifiers: Canadiana (print) 20210152192 | Canadiana (ebook) 20210152362 | ISBN 9780889375710 (softcover) | ISBN 9781616765712 (PDF) | ISBN 9781613345719 (EPUB)
Subjects: LCSH: Older people—Mental health. | LCSH: Older people—Psychology. | LCSH: Geriatric psychiatry.
Classification: LCC RC451.4.A5 P79 2021 | DDC 618.97/689—dc23

© 2021 by Hogrefe Publishing
www.hogrefe.com

The authors and publisher have made every effort to ensure that the information contained in this text is in accord with the current state of scientific knowledge, recommendations, and practice at the time of publication. In spite of this diligence, errors cannot be completely excluded. Also, due to changing regulations and continuing research, information may become outdated at any point. The authors and publisher disclaim any responsibility for any consequences which may follow from the use of information presented in this book.

Registered trademarks are not noted specifically as such in this publication. The use of descriptive names, registered names, and trademarks does not imply, even in the absence of a specific statement, that such names are exempt from the relevant protective laws and regulations and therefore free for general use.

The cover image is an agency photo depicting models. Use of the photo on this publication does not imply any connection between the content of this publication and any person depicted in the cover image.
Cover image: © iStock/Dean Mitchell

PUBLISHING OFFICES

USA:	Hogrefe Publishing Corporation, 361 Newbury Street, 5th Floor, Boston, MA 02115 Phone (857) 880-2002; E-mail customerservice@hogrefe.com
EUROPE:	Hogrefe Publishing GmbH, Merkelstr. 3, 37085 Göttingen, Germany Phone +49 551 99950-0, Fax +49 551 99950-111; E-mail publishing@hogrefe.com

SALES & DISTRIBUTION

USA:	Hogrefe Publishing, Customer Services Department, 30 Amberwood Parkway, Ashland, OH 44805 Phone (800) 228-3749, Fax (419) 281-6883; E-mail customerservice@hogrefe.com
UK:	Hogrefe Publishing, c/o Marston Book Services Ltd., 160 Eastern Ave., Milton Park, Abingdon, OX14 4SB Phone +44 1235 465577, Fax +44 1235 465556; E-mail direct.orders@marston.co.uk
EUROPE:	Hogrefe Publishing, Merkelstr. 3, 37085 Göttingen, Germany Phone +49 551 99950-0, Fax +49 551 99950-111; E-mail publishing@hogrefe.com

OTHER OFFICES

CANADA:	Hogrefe Publishing, 82 Laird Drive, East York, Ontario M4G 3V1
SWITZERLAND:	Hogrefe Publishing, Länggass-Strasse 76, 3012 Bern

Copyright Information
The e-book, including all its individual chapters, is protected under international copyright law. The unauthorized use or distribution of copyrighted or proprietary content is illegal and could subject the purchaser to substantial damages. The user agrees to recognize and uphold the copyright.

License Agreement
The purchaser is granted a single, nontransferable license for the personal use of the e-book and all related files.

Making copies or printouts and storing a backup copy of the e-book on another device is permitted for private, personal use only.

Other than as stated in this License Agreement, you may not copy, print, modify, remove, delete, augment, add to, publish, transmit, sell, resell, create derivative works from, or in any way exploit any of the e-book's content, in whole or in part, and you may not aid or permit others to do so. You shall not: (1) rent, assign, timeshare, distribute, or transfer all or part of the e-book or any rights granted by this License Agreement to any other person; (2) duplicate the e-book, except for reasonable backup copies; (3) remove any proprietary or copyright notices, digital watermarks, labels, or other marks from the e-book or its contents; (4) transfer or sublicense title to the e-book to any other party.

These conditions are also applicable to any audio or other files belonging to the e-book. Should the print edition of this book include electronic supplementary material then all this material (e.g., audio, video, pdf files) is also available in the e-book edition.

Format: PDF

ISBN 978-0-88937-571-0 (print) • ISBN 978-1-61676-571-2 (PDF) • ISBN 978-1-61334-571-9 (EPUB)
https://doi.org/10.1027/00571-000

This document is for personal use only. Reproduction or distribution is not permitted.
From Nancy A. Pachana et al.: *Psychological Assessment and Treatment of Older Adults* (ISBN 9781616765712) © 2021 Hogrefe Publishing.

Acknowledgments

Tell me with whom you associate, and I will tell you who you are.

Johann Wolfgang von Goethe

We would like to thank our colleagues, mentors, and friends, past, present, and future, in the Society of Clinical Geropsychology, for their passion for the profession and their commitment to early career clinicians and researchers.

This document is for personal use only. Reproduction or distribution is not permitted.
From Nancy A. Pachana et al.: *Psychological Assessment and Treatment of Older Adults* (ISBN 9781616765712) © 2021 Hogrefe Publishing.

This document is for personal use only. Reproduction or distribution is not permitted.
From Nancy A. Pachana et al.: *Psychological Assessment and Treatment of Older Adults* (ISBN 9781616765712) © 2021 Hogrefe Publishing.

Contributors

Rebecca S. Allen, PhD, ABPP
Department of Psychology
Alabama Research Institute on Aging
The University of Alabama
Tuscaloosa, AL, USA

Sherry A. Beaudreau, PhD, ABPP
Sierra Pacific Mental Illness Research and Clinical Center
VA Palo Alto Health Care System
Palo Alto, CA, USA

Department of Psychiatry and Behavioral Sciences
Stanford University School of Medicine Stanford, CA, USA

School of Psychology (honorary)
The University of Queensland
Brisbane, QLD Australia

Danielle N. Berkel, M.A.
Department of Psychology
University of Colorado at Colorado Springs
Colorado Springs, CO, USA

Shane S. Bush, PhD, ABPP
Long Island Neuropsychology, PC
Lake Ronkonkoma, NY, USA

University of Alabama
Tuscaloosa, AL, USA

Brian D. Carpenter, PhD
Department of Psychological and Brain Sciences
Washington University
St. Louis, MO, USA

Dolores Gallagher-Thompson, PhD, ABPP
Department of Psychiatry and Behavioral Sciences (Emeritus)
Stanford University School of Medicine Stanford, CA, USA

School of Psychology (honorary)
The University of Queensland
Brisbane, QLD Australia

Laura Gallego-Alberto, PhD
Universidad Autónoma de Madrid
Facultad de Psicología
Madrid, Spain

Alisa O'Riley Hannum, PhD, ABPP
PFC Floyd K. Lindstrom Outpatient Clinic
VA Eastern Colorado Healthcare System
Colorado Springs, CO, USA

Gregory A. Hinrichsen, PhD, ABPP
Icahn School of Medicine at Mount Sinai
New York, NY, USA

Lindsey Jacobs, PhD, MSPH, ABPP
Department of Psychiatry
Harvard Medical Center
VA Boston Healthcare System
Boston, MA, USA

Julia Kasl-Godley, PhD
Adjunct Faculty, Doctoral Program in Clinical Psychology Program, the Wright Institute

Berkeley Cognitive Behavioral Therapy Clinic, the Wright Institute
Berkeley, CA, USA

VA Hospice and Palliative Care Center,
VA Palo Alto Health Care System
Palo Alto, CA, USA

Andrés Losada, PhD
Universidad Rey Juan Carlos
Facultad de Ciencias de la Salud
Madrid, Spain

This document is for personal use only. Reproduction or distribution is not permitted.
From Nancy A. Pachana et al.: *Psychological Assessment and Treatment of Older Adults* (ISBN 9781616765712) © 2021 Hogrefe Publishing.

Julie Lutz, PhD
Center for the Study and Prevention of Suicide
University of Rochester Medical Center
Rochester, NY, USA

María Márquez-González, PhD
Universidad Autónoma de Madrid
Facultad de Psicología
Madrid, Spain

Victor Molinari, PhD, ABPP
University of South Florida
Tampa, FL, USA

Nancy A. Pachana, PhD
School of Psychology
The University of Queensland
Brisbane, QLD, Australia

Kyle S. Page, PhD, ABPP
Edward Hines, Jr. VA Hospital
Hines, IL, USA

María S. Pedroso-Chaparro, MA
Universidad Autónoma de Madrid
Facultad de Psicología
Madrid, Spain

Matthew Picchiello, BA
Department of Psychological & Brain Sciences
Washington University
St. Louis, MO, USA

Candice D. Reel, MA
Department of Psychology
Alabama Research Institute on Aging
The University of Alabama
Tuscaloosa, AL, USA

Hillary J. Rouse, M.A.
University of South Florida
Tampa, FL, USA

Viktoriya Samarina, PhD
Sierra Pacific Mental Illness Research and Clinical Center
VA Palo Alto Health Care System
Palo Alto, CA, USA

Rachael Spalding, MS
Department of Psychology
West Virginia University
Morgantown, WV, USA

Ann M. Steffen, PhD, ABPP
Department of Psychological Sciences
University of Missouri – St. Louis
St. Louis, MO, USA

Madhuvanthi Suresh, MS
Palo Alto University
Palo Alto, CA, USA

Larry W. Thompson, PhD, ABPP
Department of Psychiatry and Behavioral Sciences (emeritus)
Stanford University School of Medicine Stanford, CA, USA

School of Psychology (honorary)
The University of Queensland
Brisbane, QLD, Australia

Stacey Wood, PhD, ABPP
Department of Psychology, Scripps College
Claremont, CA, USA

Nabeel T. Yehyawi, PsyD, ABPP
VA Central Iowa Health Care System
Des Moines, IA, USA

This document is for personal use only. Reproduction or distribution is not permitted.
From Nancy A. Pachana et al.: *Psychological Assessment and Treatment of Older Adults* (ISBN 9781616765712) © 2021 Hogrefe Publishing.

Preface

In this work, we have assembled experts in the field of clinical geropsychology to provide key theoretical constructs across a range of interventions and disorders. The chapters offer key readings on the topics covered, and copious case examples are offered. The text assumes a basic literacy with respect to psychological diagnosis, assessment, and intervention paradigms. Each chapter also addresses the cultural implications of the topic at hand, and how such considerations translate into practice.

Chapter 2 tackles the important subject of clinical assessment of older adults, including the clinical interview and a variety of common validated assessment tools for use with frequently presented syndromes such as depression and cognitive syndromes. The chapter emphasizes careful consideration of the unique circumstances and context of the older person, as variables such as having English as a second language, an earlier history of head trauma, or a recent loss may all affect the way a person presents and reacts to testing. It is easy to say this in a textbook; much harder to ferret out useful background information from a client who lacks any relatives or friends, or whose medical chart is complex and contradictory. But the effort to understand the person as fully as possible leads to the most useful and complete clinical picture.

Cognitive behavioral therapy (CBT), the most common and widely researched intervention in older populations, is discussed regarding its application to depression, again one of the most common presentations of older adults to mental health services, in Chapter 3. Conceptualizing depression in older adults and working through the therapeutic process are reviewed. Chapter 3 also discusses how positive psychology principles and strategies of change can be integrated into existing CBT interventions with older adults.

Chapter 4 brings together Case-Based Approaches With Older Adults: Acceptance and Commitment Therapy, Interpersonal Psychotherapy, and Dialectical Behavior Therapy with older adults. For each type of intervention, its condensed background theory and basic principles of its application are given, and illustrated with an expanded case example. Modifications of approaches with older adults are highlighted.

Anxiety symptoms and disorders, although highly prevalent among older populations, are often not given as much attention across clinical settings. In Chapter 5, diagnosis, assessment, and treatment approaches for anxiety disorders are described. Key issues to keep in mind to avoid diagnostic and assessment misdirections are given. Posttraumatic stress disorder is also discussed in this chapter, with a detailed case discussion presented.

Working with older persons living with dementia and those who care for them is the topic of Chapter 6. A brief overview of dementia is followed by recommendations. Finally, lifestyle interventions to reduce the likelihood of dementia are discussed. The last are an

This document is for personal use only. Reproduction or distribution is not permitted.
From Nancy A. Pachana et al.: *Psychological Assessment and Treatment of Older Adults* (ISBN 9781616765712) © 2021 Hogrefe Publishing.

important growth area in research as well as in practical applications when working with older persons.

Long-term care (LTC) settings are one of the richest and most fulfilling environments for psychologists to work in. Why is this? LTC interventions (and often assessments) must take a systems perspective, and often a systems approach to implementation, if they are to be successful. While demanding, such an approach can also yield gains across the entire facility. Chapter 7 covers theoretical models of care, as well as practical intervention strategies, in LTC settings.

Especially for early career psychologists, determining decisional capacity in older adults can be daunting. Chapter 8 discussed key issues in determining capacity, including issues of culture and family dynamics. Ethical and legal considerations are detailed, and the process of undertaking capacity assessments is laid out in detail, with a complex medicolegal case example presented to highlight key issues in practice.

Chapter 9 addresses the underresearched but incredibly clinically important topic of elder abuse, with particular emphasis on identifying and acting on risk. Culturally specific conceptualizations of abuse are offered. Strategies for screening for elder abuse are described, and issues arising in the reporting of abuse are detailed.

Psychological interventions developed for use in palliative care contexts are described in Chapter 10. Palliative care practice guidelines are discussed; the interventions are informed by developmental theory. Advance care planning and common issues arising in the last phase of life are also covered here.

The psychological sequelae of grief and loss, as well as death and dying, are covered in Chapter 11. A variety of interventions are described, including the use of acceptance and commitment therapy and mindfulness interventions in palliative care contexts. Factors affecting bereavement in care partners, and appropriate interventions in these circumstances, are also discussed. The case examples in Chapters 10 and 11 are linked to illustrate end-of-life complexities.

Understanding the context and application of assessment and intervention strategies with older persons is useful both for established practitioners encountering increasing numbers of older adults in their practice and for young professionals entering a field where the likelihood of seeing older adults professionally is ever-increasing. For practitioners who have not seen a large number of older clients, irrespective of their maturity within general professional practice, treating older clients can be daunting. Medical illnesses, unfamiliar medications and their side effects, and complex sociodemographic histories can seem bewildering. We have pitched the text to make sense of these complexities and contextualize them without diminishing the importance of a thorough understanding of older persons themselves.

The importance of understanding specific ethical and systemic issues in working with older persons is highlighted across chapters. Case examples or vignettes are given in each chapter to bring the work to life. Please note that significant details about all cases described in this work have been changed to maintain confidentiality and privacy. Recommended readings are provided at the end of each chapter.

Where to go for further information on working with older adults? A great place to start is the Council of Professional Geropsychology Training Programs (CoPGTP) [https://copgtp.org/] and GeroCentral [https://gerocentral.org/], both excellent online

This document is for personal use only. Reproduction or distribution is not permitted.
From Nancy A. Pachana et al.: *Psychological Assessment and Treatment of Older Adults* (ISBN 9781616765712) © 2021 Hogrefe Publishing.

resources. The top professional organizations such as the Society of Clinical Geropsychology (APA Division 12/ii), Psychologists in Long-Term Care (PLTC), the International Psychogeriatric Association (IPA), and the Gerontological Society of America are well worth exploring for the value of their networking and informational resources; all are easily findable online.

If this volume inspires interest in readers who may desire to gain advanced expertise in clinical geropsychology, the authors hope that they will consider becoming certified as specialists. The American Board of Professional Psychology (ABPP) is the major credentialing organization in the US that certifies specialists, and since 2014 there has been a specialty board in geropsychology (American Board of Geropsychology; ABGERO). Certification requires not only specialized education and supervised training, but also demonstration of competence in assessment, intervention, and consultation with older adults, by oral examination. Such a process allows the public and other health care professionals to identify those who have been designated to be competent in professional geropsychology. For more information, please go to the ABGERO website (https://abgero.org/).

Nancy A. Pachana
Victor Molinari
Larry W. Thompson
Dolores Gallagher-Thompson

This document is for personal use only. Reproduction or distribution is not permitted.
From Nancy A. Pachana et al.: *Psychological Assessment and Treatment of Older Adults* (ISBN 9781616765712) © 2021 Hogrefe Publishing.

This document is for personal use only. Reproduction or distribution is not permitted.
From Nancy A. Pachana et al.: *Psychological Assessment and Treatment of Older Adults* (ISBN 9781616765712) © 2021 Hogrefe Publishing.

Contents

Acknowledgments v
Contributors vii
Preface ix

Chapter 1: Introduction to Working With Older Adults
Nancy A. Pachana and Larry W. Thompson 1

Chapter 2: Assessment Approaches for Psychiatric and Cognitive Syndromes
Viktoriya Samarina, Madhuvanthi Suresh, Matthew Picchiello, Julie Lutz, Brian D. Carpenter, and Sherry A. Beaudreau 13

Chapter 3: Theoretical Support and Practical Strategies for CBT With Depressed Older Adults
Ann M. Steffen, Dolores Gallagher-Thompson, and Larry W. Thompson 43

Chapter 4: Case-Based Approaches With Older Adults: ACT, IPT, and DBT
Laura Gallego-Alberto ,María S. Pedroso-Chaparro, Andrés Losada, María Márquez-González, Lindsey Jacobs, and Gregory A. Hinrichsen 69

Chapter 5: Therapeutic Approaches for Anxiety and PTSD in Late Life
Alisa O'Riley Hannum, Danielle N. Berkel, Rachael Spalding, and Nancy A. Pachana 97

Chapter 6: Working Successfully With Older Persons on the Dementia Continuum, and Their Informal Caregivers
Dolores Gallagher-Thompson and Larry W. Thompson 119

Chapter 7: Working With Older Adults in Long-Term Care Settings
Hillary J. Rouse and Victor Molinari 137

Chapter 8: Determining Decisional Capacity Across Settings and Clinical Presentations: A Systematic Approach
Shane S. Bush and Stacey Wood 155

This document is for personal use only. Reproduction or distribution is not permitted.
From Nancy A. Pachana et al.: *Psychological Assessment and Treatment of Older Adults* (ISBN 9781616765712) © 2021 Hogrefe Publishing.

Chapter 9: Elder Abuse: Navigating Ethical and Legal Responsibilities
Kyle S. Page and Nabeel T. Yehyawi 171

Chapter 10: Psychological Interventions Developed Specifically for Use in Palliative Care: A Lifespan Developmental Perspective
Rebecca S. Allen, Julia Kasl-Godley, and Candice D. Reel 187

Chapter 11: Psychological Palliative Care and Bereavement Interventions: Psychopathology and Family Contexts
Julia Kasl-Godley and Rebecca S. Allen 209

Appendix 235

Appendix 1: Pikes Peak Geropsychology Competencies: Attitude, Knowledge, and Skill Competencies for Practice in Professional Geropsychology 236

Appendix 2: Pikes Peak Geropsychology Knowledge and Skill Assessment Tool 241

Peer Commentaries 263

This document is for personal use only. Reproduction or distribution is not permitted.
From Nancy A. Pachana et al.: *Psychological Assessment and Treatment of Older Adults* (ISBN 9781616765712) © 2021 Hogrefe Publishing.

Chapter 1
Introduction to Working With Older Adults

Nancy A. Pachana,
Larry W. Thompson

Introduction

Working with people from a psychological perspective increasingly focuses on the individual and their needs. The field of psychology is becoming less concerned with testing the dogmas of schools of thought and more focused on what interventions work for which people, under which circumstances. One group for whom the focus of psychological enquiry has increased is older adults, who represent an increasing proportion of the population across the globe (see Figure 1.1).

Figure 1.1 is worth keeping in mind for psychologists, as demographics play an important part in government and private sector planning, innovation, and spending for health care. As clinicians, we also find that demographics play a key role in how we envision the clinical populations we serve, and how these populations are changing over time. Changing demographics around age are not a temporary state of affairs, but rather represent the state of the globe for the foreseeable future. And it is also not simply the number of older adults that is increasing worldwide; lifespan is also increasing around the globe (see Figure 1.2).

However, perhaps the key to clinical gerontology is the ability to recognize the individuality of the patient, and hence the wide varieties of thinking and behaviors that this age group can demonstrate. As people age, they become more and more heterogeneous (Pachana, 2016). This is due to the accumulation of everything from life experiences, positive and negative, to life choices, including lifestyle choices as they relate to health. This then means that a person in later life is a unique combination of past medical, social, physical and psychological health and well-being, as well as a complex amalgamation of beliefs, preferences, and goals. This complexity presents itself daily in clinical practice. Cohort effects are important here, as the formative experiences of older persons earlier in life will have lasting impacts on all aspects of functioning, as well as approaches to their own problem solving and belief systems (including views on self-efficacy and buying into ageist stereotypes). This is another important issue in clinical practice, where the therapist and the client often come from different cohorts, and will have to work together to come to a

This document is for personal use only. Reproduction or distribution is not permitted.
From Nancy A. Pachana et al.: *Psychological Assessment and Treatment of Older Adults* (ISBN 9781616765712) © 2021 Hogrefe Publishing.

Conceptualizing Depression in Older Adults

Chapter 2 of this book provides a summary of the prevalence and clinical presentation of depression in older adults. Considering the range of factors that predispose individuals to depressive symptoms during later life, it is very important for clinicians to use a unifying theory to guide assessment and treatment planning. The behavioral model of depression in late life (Fiske et al., 2009) is a helpful way of viewing how predisposing factors along with recent losses and illnesses can sometimes (but not always) lead to depressive symptoms, through reductions in activity and a lowered rates of positive outcomes. Even depressive symptoms with strong biological components due to an underlying medical condition may be reduced through behavioral activation (BA) and other CBT change strategies. This behavioral model also indirectly helps to remind us that the predominant symptom of depression in older adults may be *anhedonia* (i.e., perceived lack of enjoyment and pleasure on a daily basis) rather than *dysphoria* (i.e., overt indicators of sadness such as crying, sad facial expressions, or endorsement of the term "depressed" to describe their experience). This anhedonic presentation of depression in later life is one of many reasons that depression goes underrecognized and undiagnosed in older adults. Both medical and behavioral health providers are far more likely to recognize sadness than loss of interest as indicative of depression (Gregg et al., 2013). Thus, this model helps clinicians focus on the key role of rewarding activities in daily life and understand why BA is the front-line intervention strategy for many older adults.

As shown in Figure 3.1, reductions in rewarding daily activities are a primary way that different stressful life events and loss experiences can increase depressive symptoms in older adults. There is growing evidence to indicate that social isolation is particularly

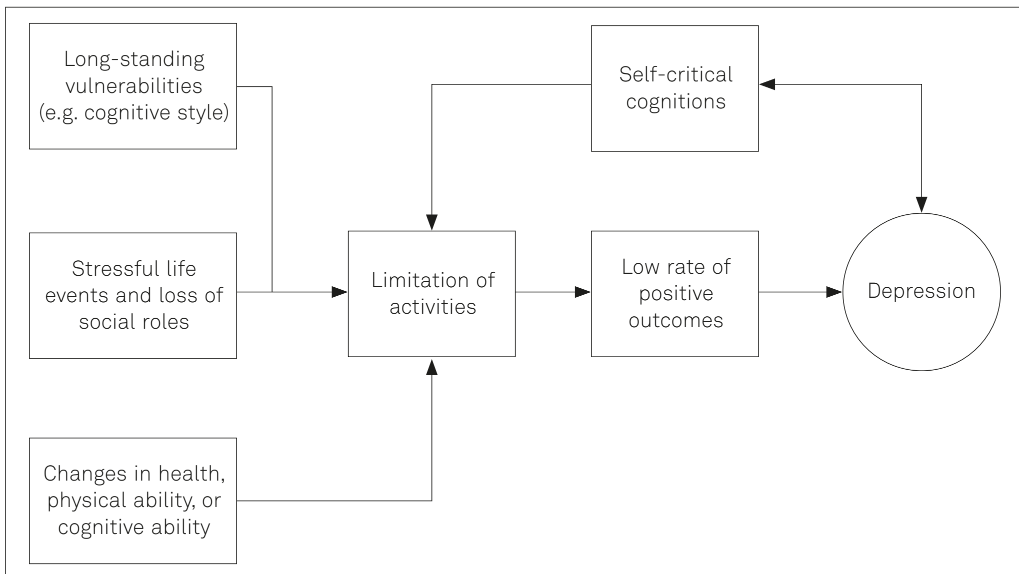

Figure 3.1 Behavioral model of depression
Note. Adapted with permission from "Depression in Older Adults," by A. Fiske et al., 2009, *Annual Review of Clinical Psychology, 5,* p. 369. © 2009 by Annual Review of Clinical Psychology.

This document is for personal use only. Reproduction or distribution is not permitted.
From Nancy A. Pachana et al.: *Psychological Assessment and Treatment of Older Adults* (ISBN 9781616765712) © 2021 Hogrefe Publishing.

Box 3.2. Mrs. J.'s Preparing for Session Number 5 Form

My Preparing for Session Form

Date of Session: *Friday, June 12th, 2020*

Name of My Therapist: *Dolores*

Instructions: Either at home or in the waiting room before my session, I should spend no more than 5–10 minutes to jot down a few words or phrases in each section below....

What did we talk about or work on in the most recent session?
- *Some things I could do to help with my depression.*
- *Even little positive things count.*
- *I am not alone.*

What was I trying to practice at home? Did I have a specific between-sessions assignment?
- *Check off activities and rate mood every day.*
- *Look over COPPES form and find some new things to do – walking? Art class?*

Did I have any difficulties with this? Learn anything new?

I'm not sure that I did this right; just circle numbers? Or was I supposed to make notes? Didn't know how much detail to put down.

Getting out of my apartment helps some – walking around the block — even though it feels like a lot of work.

What do I want my therapist to know about the past week? Have there been any major changes in my condition or life?

My eye doctor told me I have early signs of macular degeneration. I will need to start taking eye vitamins, and go in for more frequent appointments. I'm worried about whether I might go blind down the road.

What would I like to be sure to talk about in today's session?

This new problem with my eyes – I might go blind. Why do these things always happen to me?

Mrs. J.'s responses on the COPPES showed that she really enjoyed listening to music but was already doing that frequently. She also really enjoyed going for walks at a nearby park but had not done that in the past month. Similarly, her mood improved when she talked with her sons and granddaughter but that was "hit or miss" and did not occur on any type of schedule. She wanted to join an art class at the local senior center (had painted as a means of stress relief many times earlier in life) but did not know when the class was held, how to use the computer to find out, or whether her senior apartment coordinator could help her find transportation to get there. Discussion and questioning elicited a list of a dozen potentially enjoyable things Mrs. J. could do in the next week. Together, the therapist and patient recorded this list and tentatively scheduled which days the various things would be done. Her home practice was to monitor these activities and record pain level when she was (or was not) engaged in them. Subsequent sessions were spent reviewing and fine-tuning this information.

This document is for personal use only. Reproduction or distribution is not permitted.
From Nancy A. Pachana et al.: *Psychological Assessment and Treatment of Older Adults* (ISBN 9781616765712) © 2021 Hogrefe Publishing.

Box 4.1. Interpersonal effectiveness skills

Core strategy – DEAR MAN
Describe: describe the situation using facts and avoiding judgments
Express: describe how you feel using “I” statements and avoid blaming
Assert: clearly state your wish, and avoid telling the person what he or she should do
Reinforce: reward the person for a positive response, or describe how achieving your request would positively impact the situation
Mindful: keep your focus on the objective and do not get distracted by negative responses from the other person
Appear confident: appear confident in your tone of voice, posture, and eye contact
Negotiate: be willing to compromise

Improve relationship – GIVE
Gentle: be courteous and gentle in your approach
Interested: be interested in the other person’s opinions and point of view
Validate: acknowledge the other person’s feelings, opinions, and struggles
Easy manner: be light-hearted and use a soft approach

Maintain respect – FAST
Fair: be fair to yourself and the other person
Apologies: apologize when warranted, but do not apologize for having an opinion or disagreeing with the other person
Stick to values: know your values and stick to them
Truthful: be true to yourself and others

Note. Based on Linehan 1993b, pp. 125, 127, 128.

Emotion Regulation

The emotion regulation module uses cognitive and behavioral strategies to decrease distressing emotions and increase positive emotions. Skills focus on identifying and labeling emotions, identifying and problem solving personal obstacles to changing emotions, reducing vulnerability to difficult emotions (i.e., emotion mind), and managing difficult emotions when they arise. A useful starting point in this module is providing psychoeducation on the cognitive behavioral framework and impact of cognitive appraisals on emotions. Then, the therapist can begin to facilitate exploration and understanding of the client’s emotions, as well as of additional factors that contribute to emotional vulnerability, such as physical well-being, diet and exercise, sleep, alcohol, and drugs. Time should be taken to identify and intervene in self-destructive behaviors.

Similar to traditional CBT, the emotion regulation module utilizes cognitive restructuring by “checking the facts” of cognitive appraisals. Behavioral activation to increase pleasurable activities is a method used to increase positive emotions. It is common to use tracking logs for thoughts, emotions, behaviors, and consequences, to facilitate learning and use of skills. Exposure is used via “taking the opposite action,” which encourages clients to do the opposite of what their emotions or urges dictate. Finally, imaginal rehearsal can

This document is for personal use only. Reproduction or distribution is not permitted.
From Nancy A. Pachana et al.: *Psychological Assessment and Treatment of Older Adults* (ISBN 9781616765712) © 2021 Hogrefe Publishing.

be used to facilitate visualization of effectively using emotion regulation skills in an anticipated distressing situation.

Case Example: Individual Therapy for Depression

Mr. S. was 71-year-old, divorced, African-American, noncombat Vietnam War era veteran who was referred by his psychiatrist for individual therapy. His psychiatrist had been treating him for recurrent and severe major depressive disorder for 7 years, and he had not experienced much benefit from pharmacotherapy except for a slight improvement in sleep. He had had individual therapy with two therapists in the past but terminated both abruptly because he felt those were not helpful.

Upon intake with his new therapist in a small private practice, Mr. S. reported a long history of depressed and irritable mood, anhedonia, sense of hopelessness and emptiness, fatigue, poor concentration, and suicidal ideation that began before his military service. In his 30s and 40s, he coped with his depression by using alcohol and other substances, which resulted in the end of his marriage, a rupture in his relationship with his two daughters, and 4 years of homelessness. Mr. S. was treated for alcohol and substance misuse in an inpatient program 25 years ago and has generally maintained sobriety without the use of support, which he cited as a source of pride. However, he has had three suicide attempts in the past 3 decades, all in the context of drinking that was precipitated by feelings of rejection and the thought, "What is the point of living?"

Since completing the inpatient program years ago, Mr. S. had reconnected with his daughters but spoke to them infrequently and visited them only during holidays. He reported having no support network and has difficulty maintaining relationships because either he ends relationships with people who do not meet his expectations, or others end the relationship when they are offended by his irritability and his critiques of them. Mr. S. has isolated himself from others for years, and his current activities are limited to doing chores around his home, shopping for groceries, going to medical appointments, and occasionally going to a local coffee shop. He actively avoids being around others, especially when he feels irritable and angry, which occurs often.

The therapist spent the initial sessions gathering additional information about Mr. S.'s background and current functioning, taking care to validate his emotions in an effort to develop rapport and ease his initial guardedness, and collaboratively developing a safety plan. Mr. S. was frank about his nihilistic perception of therapy and his belief that he will likely die by suicide in the future. Though he did not readily report experiencing feelings of sadness, guilt, and rejection, it appeared that his anger functioned to protect him from these vulnerable emotions. Moreover, his rigid thought patterns, unrealistic expectations and negative judgment of others, isolation, and suicide attempts served as avoidance patterns and behaviors. The combination of these factors negatively impacted his ability to initiate and maintain respectful and meaningful relationships with others. Given Mr. S.'s presentation, current functioning, suicide attempts, chronic suicidal ideation, and lack of success with past mental health treatment, the therapist chose to use DBT.

Mr. S. identified his anger as a primary target for treatment and acknowledged that it negatively impacted all aspects of his life. Therefore, the therapist began with introducing the concept of wise mind and mindfulness skills. Because of past failed therapy attempts and

This document is for personal use only. Reproduction or distribution is not permitted.
From Nancy A. Pachana et al.: *Psychological Assessment and Treatment of Older Adults* (ISBN 9781616765712) © 2021 Hogrefe Publishing.

Peer Commentaries

The editors of this important and timely book are leaders in the field of professional geropsychology, and they have assembled a stellar roster of contributors to address key topics regarding mental health practice with older adults. With its inclusion of a wide range of settings, assessment approaches, interventions, and disorders, this book offers a wealth of practical guidance for those new to professional geropsychology and to seasoned clinicians who want to increase their competencies in geropsychology. This book is an invaluable read and a superb addition to the field. Highly recommended!

Daniel L. Segal, PhD, Professor, Department of Psychology at the University of Colorado at Colorado Springs, CO, USA

Psychological Assessment and Treatment of Older Adults is a well written, needed book with up to date information on traditional and newer topics. One of the strengths of this book is the attention paid to cultural influences on both the assessment and treatment process. In addition, the book covers both traditional topics for assessment and treatment (i.e. depression, cognition) and cutting edge newer approaches with older adults such as elder abuse detection, treatment for those in palliative care. This valuable book will help geropsychologists update their knowledge and improve their practice.

Peter A. Lichtenberg, PhD, ABPP, Director Institute of Gerontology and Merrill, Palmer Skillman Institute, WSU Distinguished Service Professor, Professor of Psychology, Wayne State University, Detroit, MI, USA

This volume provides an engaging, evidence-based, culturally-informed, and practice-focused overview of psychological practice with older adults. With contributions from leading academic and clinical geropsychologists, its eleven chapters convey the richness of this growing and important field. Readers will learn about a wide range of assessment and therapeutic approaches for addressing mental health concerns common among older adults and their families. Chapters include timely references to the existing evidence base, links to practical tools, helpful case illustrations with older adults from diverse backgrounds, and recommended resources for those who are intrigued to learn more. This book offers a great introduction to the field, or a useful resource for those already doing this meaningful work!

Michele J. Karel, PhD, ABPP, Board Certified in Geropsychology

This document is for personal use only. Reproduction or distribution is not permitted.
From Nancy A. Pachana et al.: *Psychological Assessment and Treatment of Older Adults* (ISBN 9781616765712) © 2021 Hogrefe Publishing.