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Psychological Assessment & Therapy with Older Adults

BOB G. KNIGHT & NANCY A. PACHANA

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Foreword

As many readers of this book well know, there is a growing need for behavioral and mental health services for older adults worldwide as our population ages. Geropsychology—the application of "the knowledge and methods of psychology to understanding and helping older persons and their families to maintain well-being, overcome problems and achieve maximum potential during late life" (American Psychological Association, 2010; see <http://www.apa.org/ed/graduate/specialize/gero.aspx>)—is a growing specialty area of practice within professional psychology (Knight et al., 2009). However, even without specialized geropsychology training, most practicing psychologists and other mental health professionals will be seeing increasing numbers of older adults in their practices due to demographic trends, shifts to integrated models of care and, perhaps, increased receptivity of the Baby Boomer generation to mental health services compared with earlier-born cohorts.

Bob Knight and Nancy Pachana, leading scholars of clinical geropsychology, have made an important contribution to the growing literature in the field (e.g., see <http://gerocentral.org/>). The major influence of this volume is to provide a unifying framework that will help readers to consider the question, "What's age got to do with it?" when conducting psychological assessment and psychotherapy with older adults. The CALTAP model—Contextual, Adult Life Span Theory for Adapting Psychotherapy—helps us to consider the meaning of "age," from maturational, generational, social and cultural contextual, and late-life specific challenge perspectives. They apply the CALTAP model to the assessment and treatment of behavioral and mental health issues common among older adults.

An important theme throughout this volume is that both older adults and therapists are often at risk of misattributing distressing symptoms, functional difficulties, or social changes to "old age," rather than to specific illnesses or other conditions that can be helped, leading to a sense of hopelessness. How often do we hear our older relatives, friends, *ourselves*, and many health care professionals say things like "of course you're [fill in the blank—e.g., in pain, depressed, isolated, unable to do what you want to do . . .], you're getting old, what do you expect?!?" Drs. Knight and Pachana ask readers to collaborate with their patients in considering carefully what experiences may or may not be attributable to "normal aging" and to be clear that often much can be done to alleviate distress, and improve functioning and quality of life, even if certain aging-related changes (e.g., hearing loss) or chronic illnesses cannot be "cured."

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Preface

We have been thinking about assessment and treatment of older adults for a long time—these topics form the basis of our teaching, research, and interactions with colleagues and students. Often the topics of assessment and treatment are handled separately, but in the case of older adults specifically, this frequently does not make sense. From a clinical perspective, embarking on any therapeutic work with an older person necessitates understanding that age-related changes in later life may affect a client's presenting problems. Measurement of aspects of emotional, cognitive or functional performance may therefore be important to ascertain before embarking on a course of therapy. Similarly, cognitive and emotional functioning are intimately tied together at all ages. However, given the greater risk—with increasing age—of both age-expected as well as abnormal changes in functioning, particularly with respect to cognition, the clinician who chooses to work with older adults needs to be familiar with the instruments and specific therapeutic techniques that may be required to successfully treat an older person suffering such changes.

In order to approach the tasks of assessment and treatment with older adults in a systematic way, it helps to have an organizing model to offer guidance. The CALTAP model serves such a function in this text. CALTAP serves here as a meta-theoretical framework in guiding an integrated approach to both assessment and psychotherapy with older adults, and Chapters 1 and 2 offer overviews of our thinking with respect to this.

In the remaining, diagnostic-specific chapters, assessment issues for that diagnosis are explored, then the CALTAP themes of developmental aging, social context, cohort differences, and cultural issues frame discussions of psychotherapy with older adults with that diagnosis. Chapters 3 and 4 cover Depression and Anxiety; comorbidities between these two disorders, as well as implications of later versus earlier onsets of these conditions are also considered. Chapter 5 deals with neurocognitive disorders and their impact on individuals, as well as caregivers, in both community and nursing home contexts. Psychological factors of chronic illness are covered in Chapter 6. Substance abuse and sleep disorders, which may be comorbid with and exacerbate other conditions, as well as greatly affect quality of life in later years, are discussed in Chapters 7 and 8, respectively. Psychoses and personality disorders in later life, which often pose significant assessment and treatment dilemmas, are covered

The authors' discussion of the impact of cohort, social contexts, and cultural issues throughout this book is so very helpful in providing therapists a lens through which to appreciate the wide variety of lived experiences of older people, and the implications of these diverse experiences for psychological assessment, treatment, and the therapeutic relationship. Culturally competent practice with older adults entails understanding the historical time and place in which individuals came of age, and how life experiences at different points of history varied significantly for people depending upon gender, sexual orientation, ethnicity, socioeconomic status, immigrant status, and so forth. These components of diversity affect health beliefs, understanding of and attitudes toward conditions such as depression or dementia, and receptivity to a range of health and mental health services. Likewise, the social context of aging varies widely, depending upon the extent of family and social support, whether an individual lives in the community versus one of many types of residential care facilities, and extent of engagement with the health care system and aging services network. Drs. Knight and Pachana's international perspectives enrich the discussion, together with case examples illustrating the impact of cultural background, immigration and assimilation, and intergenerational relationships on geropsychology practice.

The specific challenges of late life are framed in a patient-centered way that encourages clinicians to consider how late-in-life challenges specifically affect the individual, based upon her conceptions of quality of life and valued aspects of functioning. They encourage an individualized approach that aims to discourage older adults from overgeneralizing aged peers' experiences to their own.

Finally, Drs. Knight and Pachana address the therapist's experience of work with older adults in a validating manner that encourages us all to be aware of our attitudes, feelings, and potential assumptions/stereotypes about aging and older people. In the chapter on geropsychology supervision and consultation, they discuss specifically the importance of addressing attitude competencies when supervising trainees, including risk for both unrealistically negative and positive attitudes towards older adults that can affect the therapeutic process.

For psychologists and other mental health professionals working with older adults, and geropsychology teachers, supervisors, and students, this volume will be a welcome addition to one's library.

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in Chapters 9 and 10. Chapter 11, the final chapter in the book, contains a discussion of supervision and peer consultation, as they relate to assessment and treatment of older clients. In each of these later chapters, case examples for illustrative purposes are provided; these appear as boxed text.

We have ended with a chapter on supervision because we both felt strongly that thoughtful and supportive supervision forms the basis of both skill, as well as confidence as a therapist. Seeking supervision and consultation on cases is familiar as a requirement for ethical and effective clinical practice during one's career. However, the importance of attention paid to the development of attitudinal competencies as a key component of effective therapy has not been emphasized enough. Attitudes are important in working with older adults, where cohort, cultural, and age gaps may lead to ageist attitudes affecting the therapeutic relationship, as well as the process of therapy itself.

We hope that this text will be viewed as useful both to psychology trainees embarking on work with older adults or those wishing to increase their competence in working with this population. Equally, we hope that practicing therapists in the area or new to the area of geropsychology find this text helpful to approaching assessment and therapy with older adults.

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