With the first of the Baby Boomers soon to turn 65, the U.S. population of older adults is expected to more than double from 35 million in 2000 to an estimated 71.5 million in 2030. Many psychologists already are finding rewards in caring for this population.

“Relationship building is absolutely the most critical skill we use with this population...”

In the following vignettes, three psychologists reflect on their work with older adults and help to illustrate this burgeoning area of practice.

Mary Miller Lewis, PhD
Dublin, Ohio

An early career psychologist, Dr. Mary Miller Lewis has worked with older adults for the past six years. But her affinity for this population has roots much earlier in life.

She credits her paternal grandmother as “a wonderful role model of an older adult” who completed her bachelor’s degree when she was 63. “She always impressed upon me the importance of education, no matter someone’s age,” says Dr. Lewis.

A second positive influence stemmed from Lewis’ high
school experience as a dietary aide at a nursing home. She observed that many residents craved emotional interaction. But unfortunately, Lewis says, “Even the most caring staff did not have time to provide that support.”

These days, Lewis provides psychological assessments and individual psychotherapy in long-term care facilities — including nursing homes, skilled rehabilitation centers, assisted living and independent living communities. Her wide-ranging professional activities reflect the multidisciplinary, integrated approach to care in many of these settings.

Dr. Lewis works daily with social workers, physicians, nurses and occupational and physical therapists. Among her responsibilities, she provides in-service training to staff and families. As part of stress management training for caregivers, for example, Lewis leads a group in discussing the mind/body connection and the impact of stress. “Then we do hands-on stress management activities that include relaxation breathing and visualization,” Lewis explains.

She sees herself and other psychologists as well trained and suited to working with older adults. “Relationship building is absolutely the most critical skill we use with this population,” says Lewis, “particularly among the ‘oldest old’ who carry a strong stigma related to mental health problems.” She says another important skill is patience, as older adults may require time to develop rapport and tackle their emotional issues.

Specialized training and knowledge are also vital. “Psychologists need a strong understanding of the emotional, cognitive and physical aspects of aging,” says Lewis. Further, she considers being able to work adeptly with multiple systems — including facilities, families and primary care medical practices — as a critical training issue for psychologists who interact with older adults. Since many health issues and caregivers are often involved in an older person’s care, Lewis considers integrated service delivery essential and believes that psychologists make unique contributions to integrated systems of care. “As a psychologist, you may be the only person who is looking beyond the individual’s physical health to his or her emotional and cognitive well-being,” Lewis says. “And you may be the one person who can assist the older adult, family members and other caregivers with understanding the interactions between the mind and the body.”

Dr. Lewis foresees a bright future for psychologists who are interested in practice opportunities with older adults.

OLDER AMERICANS AND PROFESSIONAL PSYCHOLOGY BY THE NUMBERS

In 2006, 37 million Americans (12 percent of the U.S. population) were age 65 and older; 5.3 million were 85 and older. Baby Boomers will begin turning 65 in 2011, and the number of older people in the U.S. is expected to be twice as large in 2030 as in 2000.

Source: U.S. Census Bureau

White males age 85 and older have the highest suicide rate in the United States. Depression in older adults “may be overlooked because seniors may show different, less obvious symptoms, and may be less inclined to experience or acknowledge feelings of sadness or grief.”

Source: How Do Older Adults Experience Depression?
National Institute of Mental Health

Among the results of a 2008 email survey by the APA Practice Organization (APAPO) reflecting nearly 3,100 responses from licensed psychologists:

- 1.3 percent of respondents identified their primary professional identity as geropsychology.
- 56 percent served adults age 65 and older.
- Of the approximately 50 percent of psychologists who derived some practice income from Medicare payments, nearly 40 percent said Medicare represented less than 25 percent of their total practice income.
- In rating the importance of various APAPO advocacy initiatives, 41 percent said that Medicare reimbursement was “extremely important” and another 23 percent rated it as “important.”
With regard to cutting-edge developments, she notes the growing use of technology. “It can be as simple as automated phone calls reminding older clients of appointments or homework assignments,” Lewis observes, “or as sophisticated as computer programs that facilitate cognitive skills training or enable a psychologist to check in face-to-face with a homebound client.”

Working with older adults has its challenges, Lewis acknowledges, beyond the foremost challenge of losing clients to death. “Sometimes progress is slow and halting, and that’s frustrating for me and my clients.”

But Lewis delights in the tangible, positive changes that she and her clients accomplish together. The excitement she experiences as result of this collaboration fuels her longstanding passion for interacting with older adults. “I am learning from my clients each and every day,” she says, “and I feel I make a difference in their lives.”

Barry J. Jacobs, PsyD
Swarthmore, PA

From his days as staff psychologist at a physical medicine rehab hospital to his current multifaceted professional life, Dr. Barry Jacobs has worked with older adults for nearly 20 years. He’s director of behavioral sciences for the Crozer-Keystone Family Medicine Residency Program in suburban Philadelphia. In his capacity as a clinician/educator, Jacobs sees clients — with or without his family medicine residents — in the outpatient family medicine center, as well as in the acute care hospital. The residency has a home medical program that involves caring for frail, bedbound elderly. Jacobs confers with the residents involved with this program and sometimes meets with family members and patients in their homes.

Adding to his busy schedule, Jacobs is part of a large family medicine practice where he does an average of 20 to 25 hours of psychotherapy per week. He also sees clients and does consultations with staff around behavioral and family issues at a nearby life care community for older adults. Participants in the family education program run by Jacobs raise critical matters related to conflict resolution, medical decision making and end-of-life issues.

Though Jacobs wears many professional hats, his clinical and educational specialty is working with family caregivers. “I help family members better cope with caring for aging parents, disabled spouses and chronically ill children,” says Jacobs. He’s a member of Dr. Carol Goodheart’s APA Presidential Task Force on Caregivers.

Jacobs notes research suggesting high rates of depression and anxiety in those who serve as caregivers, especially over a period of several years. “Providing daily care takes a toll,” he says, “yet many caregivers are reluctant to reach out for help. I look for ways to engage them and help them manage this difficult process.”

Demographic trends are fueling marketplace opportunities for psychologists, observes Jacobs, particularly with regard
to Baby Boomers. Beyond those who may need psychological services, others may be looking for guidance — for example, in implementing a caregiving plan for their parents. Additional opportunities involve program development and implementation. Several local agencies have hired Jacobs to do stress management training for their staff who work with older adults.

Marketplace opportunities abound in community education. Jacobs gives lots of presentations about psychological issues, in part resulting from his involvement with community groups — for example, serving on the board of his local senior citizens association. These educational activities get his name out in the community, which in turn generates referrals to his private practice.

Yet Jacobs is concerned that, from his perspective, a lot of health and mental health professionals don’t want to provide services to older people. “They miss out on the richness of interacting with individuals who have lived a lifetime.” Jacobs added that some may have negative but inaccurate stereotypes about older adults, for example, that they are unable and unwilling to change.

As a child, Jacobs delighted in listening to both sets of grandparents tell stories and recount their varied experiences. As a psychologist, he says that reflecting on life with older adults is one of the most rewarding aspects of his professional work.

Jacobs did family therapy for a year and a half with a woman in her 90s and her daughter, who had a strained relationship. After her mother died recently, the daughter reached out to Jacobs. Thanking him for the gift of therapy, she said it enabled her to set aside issues that had inhibited her appreciation of her mother, and it vastly improved their relationship.

The call reminded Jacobs why he loves his work.

Merla Arnold, PhD, RN
Long Island, New York

After working as a registered nurse for 10 years, Merla Arnold completed a counseling psychology program. During her training, she decided that working with older adults would be a specialty area for her practice. “Everything I did from then on had a focus on older adults,” says Arnold.

That focus was reflected from her earliest days of building a practice. She reached out to assisted living facilities and nursing homes, along with cancer care specialists, physical therapists and others in the community who worked with older adults. Arnold says the enthusiastic response fueled her interest in developing a specialized practice.

Eight years after graduating from her doctoral program, Arnold’s private independent practice is thriving. Among

HELPFUL RESOURCES

The American Psychological Association (APA) Guidelines for Psychological Practice with Older Adults document is available online in the CE and Professional Development section of Practice Central at apappracticecentral.org, the APA Practice Organization Web site that launches in December 2009.

Further, the Office of Aging section of the APA Web site is an excellent source of material for practicing psychologists on working with older adults. Visit apa.org/pi/aging to access these resources.

A small sampling includes:

- What Practitioners Should Know About Working with Older Adults
- Multicultural Competency in Geropsychology
- Resource Guide on Depression and Suicide in Older Adults
Caring and Coping: Working with Older Adults continued from page 5

her professional activities, she works in long-term care settings where she conducts assessments of facility-based residents resulting from referrals by social workers and nursing staff.

With some additional education and training beyond that of a generalist, she sees psychologists as well suited to working with older adults. “We do quality, in-depth assessments of cognition, functional capacity, personality assessment and other areas,” says Arnold. “And we know how to address anxiety disorders, psychotic episodes and suicidal ideation.”

In addition to assessment and psychotherapy, Arnold provides counseling services focused on behavioral health issues — for example, exploring behaviors that contribute to an older person’s chronic pain or unhealthy weight.

She notes that psychologists are skilled at providing training and consultation to family members and groups that work with older adults, and she finds ample opportunity to put her own consultation skills to work.

Arnold consults with physicians about systems of care and how a patient’s status may relate to a medical issue or medications prescribed. “Physicians have changed their medication regimens and patient symptoms have improved based on these consultations,” Arnold observes. As the American Psychological Association’s representative to the AQA (formerly the Ambulatory Care Quality Alliance), Arnold has further opportunities to “help physicians understand that health care is a team sport and psychology is a key contributor.”

Her consultation services also involve working with facility-based nursing staff, along with aides and other support staff. Arnold works in a middle- to upper-middle-class area that is predominately Caucasian. A large majority of local nursing home aides are persons of color. “Particularly among those [facility residents] who have issues with impulse control, some individuals have no qualms about expressing bigoted opinions to staff caregivers,” says Arnold. She consults with the caregivers about these experiences as well as additional issues, including their ongoing experiences of loss and the power hierarchy they confront in the facility.

Arnold sees other fundamental issues of diversity. “Ageism is a problem related to working with older adults,” she says. Arnold encourages her colleagues to identify their assumptions and biases about aging and issues of loss, and to evaluate how these factors may affect their interactions with older clients. “Treatment failures may be related to biases getting in the way [of successful outcomes],” she says.

Arnold says practice opportunities abound for psychologists in working with older adults. According to Arnold, the health and behavior codes have broadened her delivery of health psychology services. Further, she finds that in her geographic area, “Medicare remains a payor that offers reasonable reimbursement without the same bureaucratic complications of an HMO.”

Adaptability and creativity, Arnold says, are key ingredients in cultivating an older clientele. “Clients don’t come to me. I need to go where older adults are — their homes, senior centers and long-term care settings,” she says.

In short, she says, psychologists working with older adults need to leave their offices. “We need to develop practices without walls.”