MENTAL DISORDERS IN OLDER ADULTS

Fundamentals of Assessment and Treatment

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Introduction: Concepts and Practice with Older Adults

The aging of the population is one of the most profound and far-reaching changes affecting contemporary society. The number and proportion of older people in the population has grown dramatically, raising concerns about the well-being of older people and their families and the economic and social health of society as a whole. For mental health professionals, these demographic and social changes mean that an increasing number of older people are seeking psychological services. There is a great need for trained mental health professionals who can provide competent evaluations and treatment for older people. Mental health treatment can address problems faced by older people and their families, including primary mental health disorders as well as the consequences of illnesses, loss, and other stresses. Mental health approaches can also play a valuable role in prevention of psychiatric disorders and in developing strategies for promoting health and functional competency, helping to make old age a productive period of life. Mental health professionals can contribute to the larger social debate about the appropriate distributions of resources and benefits in an aging society—how, for example, to provide for the growing needs of the older generation while still addressing problems of children and other segments of the population.

Despite the dramatic growth of the older population, the mental health field has been slow to respond with adequate numbers of trained professionals who have specialized training in geriatrics. Historically, older people have been regarded as uninteresting and untreatable, and they have been underserved by mental health professionals. Yet the accumulating knowledge in geriatric mental health suggests that many of the common

problems of later life respond to treatment and that mental health professionals can significantly improve the functioning of patients and their families. Even in cases of untreatable disorders such as dementia, mental health interventions can have a substantial impact on the patient and his or her family. Pioneering efforts such as those of Robert L. Kahn in psychology, Alvin Goldfarb in psychiatry, and Margaret Blenkner in social work laid a foundation in research and clinical practice that has grown into a large and rich body of knowledge. Clinicians and researchers interested in specializing in geriatrics can find ample opportunities for intellectually challenging and rewarding work that pushes the boundaries of knowledge in research and clinical practice.

We have written this book for clinicians and clinical students interested in working with older people and their families. The book is designed to provide a foundation for practice with older adults and to address the main problems clinicians are likely to encounter. A major feature is the integration of clinical practice and research. A common complaint among practitioners is how frustrating it is to try to apply research findings that are based on standard protocols developed in university settings. In clinics and private practices, clients do not neatly conform to these standards, nor do they generally present with a single problem that meets the research requirements. At the same time, practice needs to be informed and guided by research so that the best methods of assessment and treatment are used. The two authors have backgrounds in both research and practice with older people but currently work in settings that emphasize these areas differently. One of us (SHZ) is in a primarily research and academic setting, and the other (JMZ) is in private practice, practicing in her office and in consultation to nursing homes and retirement communities. We believe that the combination of these perspectives helps us focus our discussions of research on practical considerations, while informing practice approaches with the practical implications of current research findings.

In writing this book we draw heavily on our own professional training in clinical psychology, but we intend it for all the mental health professions that work with older people. We emphasize psychosocial perspectives and expect the book to be most useful to psychologists, social workers, psychiatric nurses, and gerontologists. Psychiatrists and geriatricians may also find the presentation of behavioral and neuropsychological perspectives a useful complement to their biomedical approaches.

An underlying assumption of our approach is that several professional groups can make valuable contributions to mental health care of the elderly. Clinical practice is best carried out in a context of multidisciplinary collaboration, with each field contributing its special expertise. The need for a multidisciplinary approach grows out of an understanding of mental health problems of later life. Medical, psychological, and social processes are fre-

quently entwined in later life, and an exclusive focus on one area to the neglect of the others can be detrimental. A major theme of the book is how to think about these interactions when conducting an assessment or treating an older person. As an example, a primarily medical approach to Alzheimer's disease can miss opportunities for behavioral or psychosocial treatment. Those treatments can help patients function optimally despite the disease, for example, by simplifying their environment and routines or using behavioral management skills to control problems such as agitation or depressed mood. Conversely, an exclusively behavioral approach would overlook the potential benefits of medications in the management of disturbed behavior in dementia. Collaboration across disciplines can lead to identification of the levels at which effective interventions can be made, whether medical, psychological, social, or environmental.

One of our goals is to provide nonphysicians with information on illnesses and medications in later life. By understanding the effects of medical illnesses on psychological problems in later life as well as the uses and limits of psychoactive medications, the mental health professional can be a more effective collaborator with physicians. The mental health professional should not, of course, give medical advice but can learn to make assessments and observations of patients that enable physicians to make better treatment choices.

In the current health care climate, a premium is placed on the physician's time. By contrast, psychologists and other mental health professionals are often able to spend with patients the time needed to understand and measure their strengths and weaknesses. When a good working alliance is developed with physicians, mental health professionals can complement their efforts. Development of productive collaborations depend on establishing expertise in aging and communicating findings in a succinct and jargon-free manner. Our experience shows that once physicians understand what information we can provide and how we can enhance treatment, barriers between professions fade away.

EMERGENCE OF AGING IN MENTAL HEALTH PRACTICE

There are several reasons to develop a specialization in aging. First, the growth of the older population has greatly outpaced the number of mental health professionals who are trained to work with older people and their families. A second reason is that practice with older people is intellectually challenging and personally rewarding. The process of assessment is complex and varied, involving integration of medical, psychological, social, and sometimes legal information. New and interesting assessment questions continually crop up. Similarly, older people seeking treatment are tremen-

dously varied. Older clients are not dull or unresponsive. Instead, they bring a lifetime of experience into therapy that makes them interesting to know and that creates opportunities for interventions not available in treating young adults. Finally, the difference clinical work makes in the lives of older people and their families is gratifying.

Training programs in the mental health professions unfortunately and all too commonly do not address aging or convey only minimal or even incorrect and outdated information. Most students in clinical training programs simply do not receive exposure to geriatrics, either in their academic preparation or in supervised clinical practice. The need for knowledge and training in aging, however, is growing. Several social trends underscore the emerging importance of geriatrics.

First and foremost among these trends is the aging of the population. In 1900, only 4% of the population of the United States was 65 years of age or older. That figure has risen to 13.5% currently and is projected to increase to 17% by the year 2020 (Treas, 1995). Canada and many of the European countries have had similar patterns of growth in their older populations (Kinsella & Taeuber, 1993). This growth is largely due to increases in life expectancy. Between 1900 and 1990, average life expectancy in the United States rose from 46 to 72 years for men and from 49 to 79 years for women (National Center for Health Statistics, 1993). With so much of the population over age 65, mental health professionals with the expertise to assess and treat the problems of later life are sorely needed.

A second factor is how research has challenged many of the negative expectations and beliefs about aging and the capability of older people to respond to mental health interventions. Studies of the normal aging process have found that later life includes the possibility of growth as well as decline (e.g., Baltes, 1987, 1997). Many abilities once thought to undergo significant decline during the adult years, such as some dimensions of memory and intelligence, now appear to be stable on average or even to improve in some individuals until the 60s or 70s (Schaie, 1995). Dementia, depression, and other serious disorders typically identified with later life affect only a minority of the population and are not intrinsic or universal aspects of the aging process. Rather than characterizing aging as a period of decline, research suggests that many older people maintain their abilities as well as developing new interests and accomplishments.

People are not just living longer, they are living better longer than ever before in human history. The prospect for successful aging, that is, for older people to lead healthy, active, and fulfilling lives, has become a real possibility. Improvements in disease prevention and health promotion, the widespread availability of public and private pensions and other financial benefits, and increased educational opportunities for each successive generation have markedly improved the lives of today's older population. The next cohorts of older people will have had better education and have taken better

care of their health across the life span, so their prospect of a successful old age is even greater.

Successful aging is only part of the picture of later life. The increase in life expectancy means that people are more likely to live until their 70s, 80s, or even 90s, ages when a variety of chronic illnesses and disabilities become common. Along with unprecedented numbers of vital and active old people, we have had a dramatic increase in elders with significant mental and physical problems (e.g., S. Zarit, Johansson, & Malmberg, 1995). Their complex problems are costly for society and often overwhelming for their families. This duality of unprecedented numbers of successful agers and those with significant need is a key point for understanding old age.

Fortunately, timely and well-conceived clinical interventions can make a difference. Many older people retain a resilience and can respond positively to mental health interventions. A growing body of research documents the effectiveness of psychotherapy with older people and their families (Gatz et al., in press; Smyer, Zarit, & Qualls, 1990). For disorders such as depression, response to treatment may be as good for older as for younger people (Scogin & McElreath, 1994). Even when confronted with the most devastating problems in later life, such as Alzheimer's disease, clinicians can make interventions that dramatically improve the situation (e.g., Mittelman et al., 1995; Whitlatch, Zarit, & von Eye, 1991).

Older people themselves are increasingly turning to mental health professionals for help with their problems. In the past, clinicians often remarked that older people were not interested in psychotherapy. Indeed, when we first began our practices, we found that some older clients were reluctant or embarrassed to visit a psychologist. Increasingly, however, our older clients view psychotherapy positively. Some have been in treatment earlier in their lives and do not feel the stigma associated with seeing a therapist that typified previous generations. This trend is likely to increase with future generations. The cohort of people currently in their 40s and 50s who are now consulting us about their parents will have even fewer inhibitions about seeking out appropriate mental health treatment for themselves when they are past 65.

One other major factor in the growth of clinical practice with older people in the United States is the inclusion of outpatient mental health treatment in Medicare. When Medicare was first implemented in 1965, it paid only for inpatient psychiatric treatment. Beginning in the late 1980s, however, coverage was extended to mental health services in outpatient settings and in nursing homes and other institutional settings. Although Medicare reimburses outpatient mental health care differently than other medical problems (50% of usual costs are covered, compared to 80% for most other treatments), a major financial obstacle to seeking treatment has been reduced. Increasingly, older people and their families are taking advantage of the options for mental health treatment available to them.

PURPOSE AND PLAN FOR THIS BOOK

We have written this book for the student who is exploring geriatric mental health for the first time and for the experienced professional who wants to learn the specialized knowledge and skills that are needed for meeting the growing needs of an aging population. With knowledge in geriatric mental health rapidly expanding, we have chosen to emphasize some topics and not others. Our decisions were guided by two principles. First, we wanted to write a concise introduction that provides clinicians and students with the basic knowledge and framework necessary to begin practice with older adults. We could have gone into greater depth on many topics, but instead we have focused on presenting a basic foundation for each area while providing references for readers wishing to pursue an issue in greater depth. By organizing the book in this way, we believe we have created a concise and practical introduction to practice with older adults.

Second, we have been guided by the fact that clinical practice with older people is both similar to and different from practice with other adults. Clinicians need a combination of basic clinical skills and knowledge of the specific problems and contexts of aging. In this book, we emphasize the issues and topics that are different in geriatric practice, topics that are generally not covered in general clinical training.

What constitutes essential knowledge in geriatric practice? We believe the starting point for practice with older people to be recognition of the characteristics of the common disorders of aging. While assessment is important when working with people of any age, it takes on an even more central role in practice with older people. Given the negative stereotypes and expectations for older people, there is a tendency to mislabel potentially treatable problems as irreversible aspects of age or disease. Geriatric mental health specialists must be able to make sophisticated assessments of symptoms, which, in conjunction with medical assessments, help differentiate between mild, everyday problems and the more pathological processes due to disorders such as Alzheimer's disease.

The first part of the book addresses the assessment issue. Assessment begins with an understanding of the normal psychological processes of aging and the changes in intellectual functioning, memory, personality, and other areas that are usual and expected. Clinicians need to know what is normal in order to identify problems that represent pathological changes. In Chapter 2, we review current understanding of the normal aging process and provide a profile of healthy development in later life. We next review the problems and disorders of later life. Chapter 3 focuses on disorders that impair cognition—dementia and delirium—reviewing their symptoms, prevalence, and etiology. In Chapter 4, we focus on common psychiatric disorders, such as depression and anxiety disorders. We consider how prevalent these disorders are in late life and how they are dif-

ferent in symptoms and etiology from the same disorders in people of younger ages.

On this foundation in normal processes of aging and psychopathology, we then present a framework for assessment. Chapter 5 presents the types of clinical information necessary for conducting an assessment, with an emphasis on differentiating dementia from other disorders. This is the most common assessment question that is raised and one that must be clearly answered before developing a treatment plan. Chapter 6 continues the discussion of assessment, focusing on the role of psychological tests and the coordination of medical and psychosocial assessments. We conclude the discussion of assessment by reviewing determination of competency.

The second half of the book focuses on treatment. We have chosen to emphasize issues in treatment that are different or unique in practice with older people. Treatment of older people with mental health problems involves a multifaceted approach. Clinicians need to draw on basic skills of psychotherapy, coordinate psychological with psychiatric and other medical treatment, and intervene at different levels, that is, with patients, their families, and other people involved in their care and by modifying the environment.

We begin the discussion of treatment in Chapter 7 by exploring basic concepts and approaches that underlie successful treatment of older people and examining differences and similarities in treatment of older clients. Among the main differences are the need to take into account the effects of medical problems and medications on psychological functioning and the frequent involvement of family in both assessment and treatment. This framework is then applied in Chapter 8 to a discussion of treatment of late-life depression. Chapter 9 introduces another key element in treatment of older people; how and when to use community-based services to help disabled older people remain at home. These services are often an important part of the treatment of older people, supporting an older person's continued independence and providing relief to an overburdened family.

Chapter 10 turns to the problem of paranoid disorders in later life. Treatment is typically different than with younger paranoid patients. We discuss approaches that combine psychotherapy, medications, and the use of supportive services. Chapters 11 and 12 look at the treatment of dementia. In Chapter 11, we focus on treatment of patients and what can be done to reduce the disability associated with this devastating disorder. Chapter 12 examines the problems encountered by families caring for someone with dementia or another chronic physical or mental health problem. We discuss the stress they experience and show how treatment can be used to alleviate stress and allow patients and their families to function as well as possible in the face of a chronic disorder.

The final focus is on two special treatment issues: consultation in nursing homes and ethical issues. One of the most important settings for assess-

ment and treatment of older people is nursing homes. Studies have found that a majority of residents in typical nursing homes have mental health problems that often go undetected and untreated (e.g., German, Shapiro, & Kramer, 1986; Burns et al., 1993; Shea, Streit, & Smyer, 1994). Increasingly, mental health professionals are being called on to consult in nursing homes and other institutional settings. In Chapter 13, we discuss the role of the mental health consultant in nursing homes and how clinicians can apply their knowledge of assessment and treatment to assist residents, their families, and staff. We conclude the book with a chapter on ethical issues in treatment. Ethical conduct is a basic principle in mental health practice and forms a core part of clinical training. When working with older adults, however, clinicians can encounter a variety of situations that are not typically covered in general discussions of ethics. Chapter 14 focuses on three major ethical concerns in practice with older adults: confidentiality, competency, and end-of-life issues.

We undoubtedly could have included many other topics in our discussion of treatment. A chapter focused on treatment of every disorder encountered in later life would have been possible, for example, but it would quickly have become repetitive. Instead, we provide a basic framework for treatment and in-depth discussion of the three disorders—depression, late-life paranoid disorders, and dementia—that form the heart of geriatric practice. We do not discuss treatment of anxiety disorders, because the approach to treatment of depression is similar and can be applied with some minor modifications. Similarly, we do not discuss every promising treatment approach. Apart from our focus on caregiving, we do not address family or couple therapy with older adults. We believe that clinicians with a background in couple and family treatment can make the transition to working with older clients as long as they understand some of the basic diagnostic and contextual issues involved in geriatric practice. On the other hand, working with family caregivers requires some concepts and approaches not likely to have been included in the clinician's prior training. We also do not emphasize group therapy, except for discussing the usefulness of support groups for caregivers and our preference to not use therapy groups in nursing homes. There is certainly room for discussion of the use of group therapy (see, e.g., the fine book on this topic by Toseland, 1990), but we generally believe it has a more restricted than general application for older people. In the end, we tried to be concise rather than comprehensive, providing clinicians with the basic building blocks for working effectively with older adults and their families in a variety of settings.

2

Normal Processes of Aging

Aging has two faces. One shows decline and deterioration. The other shows fulfillment and the satisfaction of continued accomplishments. There are numerous examples of great artists and writers who remained productive into very late life. Goethe completed his epic drama *Faust* when he was 80. Verdi was also 80 when he composed his comic masterpiece *Falstaff*. Picasso continued to produce innovative drawings and sculpture into his 80s. With old age having become an attainable and even expected part of the life cycle, a successful and productive old age now falls within reach of most people.

To understand the aging process, it is important to recognize this duality of productivity and decline. Both characterize late life, and set in opposition to each other they illuminate key issues for mental health professionals. A focus on the disorders of aging is central to clinical practice, but it is important for clinicians to be familiar with the normal processes of aging. By appreciating normal processes of change, clinicians can better differentiate the mild changes in functioning that normally occur in later life from the more pervasive and severe changes associated with pathology. Furthermore, an understanding of normal aging processes serves as a foundation for treatment, which can build on an older person's resources and abilities. Timely treatment of late-life problems makes it possible to extend the period of productive and independent life while minimizing morbidity and decline at the end of life.

This chapter provides an introduction to normal processes of aging. We begin by reviewing briefly the demography of aging and characteristics of the older population. Using a life-span development perspective, we then examine the processes and changes with aging in key psychological dimensions, including intelligence, memory, and personality.