Psychological Services in Long Term Care
Resource Guide

Introduction

Michael Duffy, Ph.D., ABPP
Counseling Psychology Program
Texas A & M University

As in most fields, the development of basic knowledge precedes and is in turn enhanced by practice informed by research and lived experience. Likewise, earlier stages in the development of gerontology were focused on synthesizing and teaching research findings about older adults. As with the genesis of any new specialized field, there has been a gradual application of this knowledge into services for older adults.

Psychological services for older adults in long term care facilities are increasingly needed as the older (and especially the old-old (85+)) segment of our population has grown dramatically. Both long term health care providers and federal agencies such as the Centers for Medicare and Medicaid Services (CMS) have become increasingly aware of the mental health and psychiatric dimensions in chronic health care. Increasingly, nursing homes and assisted living facilities have become the new psychiatric residential settings for older adults, as both private and public psychiatric hospital care has decreased in recent years, even now only minimally available for those with acute symptomatology and chronic mental disorders

Fortunately, over the last ten years there has been a gradual and increasing momentum in the development and delivery of psychological services to older adults in long term care settings- both nursing homes and private residences. The new field of Clinical Geropsychology is now recognized by the American Psychological Association as a Proficiency in Professional Psychology. Increasing numbers of psychologists, clinical, counseling, family and neuropsychologists, are providing services in nursing homes. A major impetus was the Omnibus Budget Reconciliation Act of 1987 which provides reimbursement to psychologists for providing psychological services under Medicare.

Within clinical geropsychology the initial development and area of practice was in psychological assessment methods for older adults, especially in the cognitive domain. Now there is rapid progress in developing resources and methods for providing psychotherapy for older adults in residential long term care. This is supported increasingly by evidence based practice research. 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 in long term care. The problems encountered reflect the full range of symptomatic (DSM Axis I) and personality (DSM Axis II) areas including dementia diagnosis and management. This resource guide offers a series of books, book chapters and journal articles which collectively address this range of issues.

Books

Assessment of Older Adults with Diminished Capacity: A Handbook for Lawyers
American Bar Association Commission on Law and Aging & American Psychological Association. (2005). Washington, DC: American Bar Association and American Psychological Association.

Practical psychiatry in the nursing home: A handbook for staff
Conn, D. K., Herrmann, N., Kaye, A., Rewilak, D., Robinson, A., & Schogt, B. (Eds.). (1992). Seattle, WA: Hogrefe & Huber Publishers.
Provides a practical guide for staff working in long-term care facilities for the elderly to solve the wide range of psychiatric and behavioral problems encountered on a daily basis. It is especially helpful for the “frontline” personnel who work most closely with the residents. Includes chapters on dementia, principles of geriatric psychopharmacology, and behavior management strategies.

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.

Psychological practice in a changing health care system: Issues and new directions
Glueckauf, R. L., Frank, R. G., Bond, G. R., McGrew, J. H., & et al. (Eds.). (1996). New York, NY: Springer Publishing Inc.
Focuses on the practice of psychology as a health care profession in health care settings. Contains chapters on work force, access, and education issues in psychology and health care, with a broad intended audience of policy makers, health care administrators, health care educators, and health care practitioners.

Innovative behavioral healthcare for older adults: A guidebook for changing times
Hartman-Stein, P. E. (Ed.). (1998). San Francisco, CA: Jossey-Bass, Inc.
Outlines clinical and political guidelines for organizing and delivering behavioral healthcare for older adults. Argues that mental health programs present several cost-cutting advantages. Most recent research, techniques, and model programs for cost effective, quality psychotherapy and assessment are presented.

Psychosocial intervention in long-term care: An advanced guide
Hartz, G. W., & Splain, D. M. (1997). New York, NY: Haworth Press, Inc.
Presents data on long term nursing home residents with mental disorders, basic counseling techniques, and three major types of psychiatric medication. Legal issues in psychosocial arena also discussed. Teaches how to use Geriatric Depression Scale and the Mini-Mental status Exam to screen for depression and dementia. With these results, health care providers can develop effective behavioral interventions.

Assessing older persons: Measures, meaning, and practical implications.
Kane, R. L., & Kane. R. A. (2000). New York, NY: Oxford University Press.
This volume provides a balance between the discussion of critical issues and the review of measurement relevant to older persons. Elderly patients present a variety of challenges to assessment, including increased comorbidities, cognitive difficulties, and other sensory problems. *Assessing Older Persons* provides readers with a well-organized set of chapters, with thoughtful discussions and recommendations that aid those who need to assess older persons.

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.

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--a practicing psychologist and two clinical geropsychologists among them--provide an interdisciplinary framework for understanding and treating late-life depressive symptoms. The authors 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.

Psychotherapy with older adults (2nd Ed.)
Knight, B. G. (1996). 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.

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.

Mental health practice in geriatric health care settings
Lichtenberg, P. A. (1998). New York, NY: Haworth Press Inc.
Presents the major research and clinical findings resulting from five years of research on mental health issues in older urban medical patients, many of which represent minority groups. Includes chapters on the influence of cognition on health outcomes, the Normative Studies Research Project test battery, and emerging areas in geriatric health care practice.

Behavior analysis and therapy in nursing homes
Lundervold, D. A., & Lewin, L. M. (1992). Springfield, IL: Charles, C. Thomas, Publisher.
Intends to provide a practical guide in the use of applied behavior analysis in nursing homes. Presents "real-life examples" to demonstrate principles and procedures. Also provides the basic clinical information not usually included in research articles. Describes ethical issues regarding the treatment of geriatric residents in nursing homes and current trends in treatment of geriatric behavior problems.

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.

Group residence for older adults: Physical features, policies, social climate
Moos, R. H., & Lemke, S. (1994). New York, NY: Oxford University Press.
Describes Multiphasic Environmental Assessment Procedure (MEAP), a method that evaluates how elderly people living in nursing homes, residential care facilities, and senior apartments are affected by their environments. Reports that facilities for older people vary in social climate and physical resources. Also, explains how the allocation and availability of resources are context dependent.

Psychiatric care in nursing home
Reichman, W. E., & Katz, P. R. (Eds.). (1996). New York, NY: Oxford University Press.
Presents a comprehensive review of the current findings relevant to psychiatric illness in long-term setting. Includes chapters on varying types of physical and mental disorders, sexuality, and psychopharmacology.

Depression in long term and residential care: Advances in research and treatment
Rubinstein, R. L., & Lawton, M. P. (Eds.). (1997). New York, NY: Springer Publishing.
Attempts to fill the gaps and failures in mental health care for the elderly that prevent the understanding of depression. Includes sections examining research on the nature of depression in the elderly, research on the treatment of depression, and implications for policy and future research.

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
Zarit, S. H., & Zarit, J. M. (1998). New York, NY: Guilford Press.
Describes the normal processes of growing older, revealing how healthy individuals learn adaptive coping skills to compensate for mild cognitive decline. Details assessment and treatment of disorders commonly experienced in elderly adults. Explains psychological evaluation methods with particular relevance to elderly clients, including techniques to assess mental competence and differentiate dementia from other disorders. Examines varying types of psychotherapy as they apply to various disorders.

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.

Geropsychological interventions in long-term care.
L. Hyer & R. Intrieri (eds.) (2006). New York: Springer Press.
By applying the Selective Optimization with Compensation (SOC) model to various care settings, the editors are able to examine current LTC practices and existing psychosocial issues confronting older LTC patients; either support or challenge them; and offer suggestions and strategies, such as Cognitive Behavior Therapy, for improving the LTC system and residents' physical, psychological, emotional, and social health.

Caring for people with challenging behaviors: Essential skills and successful strategies in long-term care.
Long, S. (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.

Aging and mental health.
Smyer, M. & Qualls, S. (1999). Malden, MA: Blackwell Publications.
This volume provides an introduction to, and overview of, aging and mental health that will be a useful resource for psychology students taking courses in aging as well as for academics working in the field of gerontology.

Personality disorders and older adults: Diagnosis, assessment, and treatment.
Segal, D. L., Coolidge, F. L., & Rosowsky, R. (2006). New Jersey: 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.

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: Springer Publishing Co, Inc.
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.

Cognitive impairment and autonomy
Beck, C. K., & Vogelpohl, T. S., in
Enhancing autonomy in long-term care: Concepts and strategies
Gamroth, L. M., & Semradek, J. (Eds.) (1995). New York, NY: Springer Publishing Co, Inc.
Exercising autonomy is crucial for an elderly individual's self-concept and perception of worth. Discusses impediments to autonomy, complicating issues that affect autonomy in cognitively impaired residents, consequences of preventing or allowing for autonomy, and strategies for promoting autonomy in residents.

Supervision of psychotherapy with older patients
Duffy, M., & Morales, P., in
Handbook of psychotherapy supervision
Watkins, C. E. Jr. (Ed.) (1997). New York, NY: John Wiley & Sons, Inc.
Clinical supervision, as opposed to academic training alone, is the most powerful tool for advancing a strong clinical (applied) geropsychology. This is particularly the case in developing an effective subspecialty in the practice of psychotherapy with older adults. Geriatric psychotherapy includes differences in settings, "psychological development," and utilization of psychotherapeutic services.

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 Company.
This book encompasses three major areas of work with elderly 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.

Strategies for working with women with dementia
Duffy, M., in
Women therapists working with older Women
Troman, F.K., Brody, C. (Eds.) New York, NY: Springer Publishing Company.
Notes that psychotherapy with persons with dementia, especially with older women, has been almost non-existent. Due in part to the preoccupation of most traditional therapies with verbal exchange, therapists have considered persons with dementia as nonamenable for psychotherapeutic change. This chapter takes a different position illustrating that persons with dementia are indeed amenable for psychotherapeutic processes, especially when they encompass more than the domain of language and logic which is diminished in the dementing process. The first section of this chapter gives an introduction to the nature of dementia in older persons, especially older women: what it is, who it impacts, what functions it affects, and what are the remaining competencies. The second section focuses on elements that the author calls therapeutic posture. This is believed to be the essential ingredient in providing psychotherapy to older women with dementia. The third section summarizes therapeutic techniques that can be used effectively in providing psychotherapy to demented persons. Throughout this text, psychological themes that a therapist would find when working with older women are highlighted, with special emphasis on how these themes may present in therapy with older women with dementia.

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.

The medical context of psychotherapy with the elderly
Haley, W. E., in
A guide to psychotherapy and aging: Effective clinical interventions in a life-stage context
Zarit, S. H., & Knight, B. G. (Eds.) (1996). Washington, DC: American Psychological Association.
Examines the medical context of psychotherapy with the elderly patient. Discusses issues such as the comorbidity of psychological and medical problems, psychologists' knowledge about medical problems, and physicians as providers of psychological services.

Interdisciplinary health care teams: The basic unit of geriatric care
Zeiss, A. M., & Steffen, A. M., in
The practical handbook of gerontology
Carstensen, L. L., Edelstein, B. A., & Dornbrand, L. (Eds.) (1996). Thousand Oaks, CA: Sage Publications, Inc.
Geriatric patients typically have complex, chronic problems, making interdisciplinary teams particularly useful in organizing health care for this population. The team is a nonhierarchical organization that shares the responsibility for the team functioning effectively. Team members need training in team theory, leadership skills, conflict resolution, and communication skills. Suggests that teams must be committed to the idea that patients will be best served when their care is coordinated and provided by team members who rely, learn, and challenge each other when appropriate.

Journal Articles

Clinical geropsychology: Implications for practice in medical settings
Andersen, B. T., & Haley, W. E. (1997). Journal of Clinical Psychology in Medical Settings, 4 (2), 193-205.
Due to the rapid growth in the older segment of the population psychologists must be better prepared to work with elderly patients in geriatric situations. At the same time, psychologists will increasingly encounter older patients in environments such as primary care clinics, rehabilitation settings, and disease management programs. The authors suggest adapting clinical practice to suit the special needs of older patients and varying methods to improve clinical geropsychology.

The activity coordinator as environmental press
Ansello, E. F. (1985). Activities, Adaptation, & Aging, 6 (3), 87-97.
Discusses M.P. Lawton's (1980) environmental press model and the interplay of activities, life satisfaction, and the activity coordinator's role in satisfaction of residents in long-term care.

Older adults, reimbursement, and referrals: implications for psychologists after medicare reimbursement changes and before health care reform
Barrick, C., Karuza, J., & Dundon, M. (1995). Professional Psychology – Research & Practice, 26 (6), 598-601.
Psychologists current provision of mental health services to older adults was investigated by a mail survey…75% saw older adult clients and 72% accepted Medicare payments. Older adults composed 8% of their practice…Barriers to providing mental health services included client's lack of social support network and low levels of reimbursement.

An instrument for measuring staff's knowledge of behavior management principles (KBMQ) as applied to geropsychiatric clients in long-term care settings
Blair, C. E., & Eldridge, E. F. (1997). Journal of Behavior Therapy & Experimental Psychiatry, 28 (3), 213-220.

Describes the KBMQ, a 30-item multiple choice instrument that tests staff's knowledge of behavioral principles as applied to geropsychiatric settings. Results suggest that the instrument is valid and reliable.

Institutional factors of nursing homes that predict the provision of mental health services
Castle, N. G., & Shea, D. (1997). Journal of Mental Health Administration, 24 (1), 44-54.
Explores the likelihood of the provision of mental health services in a nursing home as a function of the home's institutional factors. . . Results indicate that meeting the demands for an active mental health treatment, as mandated by the Nursing Home Reform Act of 1987, may be more difficult in those institutions that are a part of a chain, are small, or contain Medicaid skilled nursing facility beds.

Dementia, pain, depression, behavioral disturbances, and ADLs: Toward a comprehensive conceptualization of quality of life in long-term care
Cipher, D.J., Clifford, P.A. (2004). International Journal of Geriatric Psychiatry, 19 (8), 741-748.
The purpose of this study was to develop and compare two competing path models composed of quality of life variables, including dementia, pain, behavioral disturbances, and ADLs. Results: Path analytic results revealed that cognitive, emotional, and behavioral variables interact with one another to predict patients' activities of daily living. Pain levels did not influence activities of daily living directly, but rather influenced behavioral disturbances and depression, which in turn influenced activities of daily living. These preliminary findings suggest that in order to assist long-term care residents in improving their activities of daily living, decreasing pain is likely to yield the greatest overall improvements.

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.

Establishing and maintaining intimate relationships among home residents
Crose, R. (1990). Journal of Mental Health Counseling, 12 (1), 102-106.
Reviews therapeutic goals for nursing home residents, such as conflict resolution, confidence building and social skills. A group intervention model is suggested to help nursing home residents develop more intimate relationships. Case examples given.

Counseling psychologists as nursing home consultants: What do administrators want?
Crose, R., & Kixmiller, J. S. (1994). Counseling Psychologist, 22 (1), 104-114.
Investigated the extent to which nursing home administrators need consultation from counseling psychologists. After surveying 124 nursing home administrators (NHAs), the researchers found that these NHAs identified combative and demanding behaviors, depression, and confusion in residents as particularly difficult to handle. Therefore, there appear to be numerous entry points and levels of intervention by which counseling psychologists could be potentially helpful to NHAs.

Psychologists serving the elderly in long-term care facilities
DeRyke, S. C., Wieland, D., Wendland, C. J., & Helgeson, D. (1991). Clinical Gerontologist, 10 (4), 35-48.
Analyzed questionnaires from 183 long-term care facilities for the elderly to provide estimates of psychologists' involvement with a broader cross-section of geriatric facilities and their residents. Findings reveal that 29% of facilities use psychologists, 49% use psychiatrists, 26% use psychiatric social workers, and 10% use psychiatric nurses. Facilities employ very few psychologists and most of their services are patient-care related.

A psychogeriatric outreach service to nursing homes in sydney
Draper, B., Meares, S., & McIntosh, H. (1998). Australian Journal for the Aging, 17 (4), 184-186.
Described behavioral and psychiatric problems found in nursing home referrals to a multidisciplinary psychogeriatric outreach team . . . Of the 106 referrals from 22 nursing homes, 101(95%) were assessed in the home. Behavioral problems were identified in 87 referrals (82%). The most frequently identified problems were aggressive behaviors, agitation, uncooperativeness, and vocally disruptive behavior. Multiple diagnoses were present in 58 (55%) of referrals. Nursing interventions and psychotropic medication were the most frequently utilized treatment recommendations.

Hospital practice: Psychology's call to action
Enright, M. F., Resnick, R. J., Ludwigsen, K. R., & Deleon, P. H., (1993). Professional Psychology – Research and Practice, 24 (2), 135-141.
Presents current professional realities for psychologists in hospitals and health care settings and reviews the work of the American Psychological Association in support of hospital independent practice.

Empirically validated psychological treatments for older adults
Gatz, M., Fiske, A., Fox, L. S., Kaskie, B. Kasl-Godley, J. E., McCallum, T. J., & Wetherell, J. L. (1998). Journal of Mental Health & Aging, 4 (1), 9-46.
Psychological treatments for older adults evaluated against APA Clinical Psychology Division criteria for documenting effective psychosocial interventions. Several behavioral and environmental treatments for behavior problems in dementia patients met criteria for 'well-established.' Criteria requiring randomized controlled trials using treatment manuals are criticized for various reasons.

Behaviour therapy: Behaviour therapy in long term care
Gibson, M., & Bol, N. (1996). Canadian Nursing Home, 7 (1), 16-20.
Provides a description of a theoretical and procedural applied psychological approach for managing undesirable behaviors in long term care.

Adapting cognitive behavioral therapy for the frail elderly
Grant, R. W., & Casey, D. A. (1995). International Psychogeriatrics, 7 (4), 561-571.
A literature review on the use of cognitive behavioral therapy (CBT) with the elderly. Description of how and why CBT with elderly patients requires certain modifications. CBT is an effective treatment for depression and other affective disorders of the frail elderly.

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 $p = .001$.

Promoting occupational performance for entering residents in long term care
Hocking, C. (1996). Physical & Occupational Therapy in Geriatrics, 14 (4), 61-73.
The human occupational model examines the role of possessions in maintaining skills, habits, self-concept, and valued occupational roles. Occupational therapists need to extend their traditional practice to provide continuity of valued occupations and occupational roles for elderly people entering 'care' environments.

An interdisciplinary mental health consultation team in a nursing home
Joseph, C., Goldsmith, S., Rooney, A., McWhorter, K., & et al. (1995). Gerontologist, 35 (6), 836-839.
Describes the interdisciplinary Mental Health Consultation Team (MHCT) at the Nursing Home Care Unit of the Portland Veterans Affairs Medical Center. MHCT seeks to improve communication between consultants and primary care providers, help staff implement recommendations, and equip management with education on mental

health problems. The MCHT has decreased the demand for formal psychiatric and psychological consultations, while increasing health care services through innovative existing staff.

The benefits of psychiatric hospitalization for older nursing home residents
Kunik, M. E., Ponce, H., Molinari, V., Orengo, C., & et al. (1996). Journal of the American Geriatrics Society, 44 (9), 1062-1065.
Investigated the demographics and treatment outcomes of 41 male nursing home residents admitted to the geropsychiatric unit of a VA hospital for severe behavior problems. A multidisciplinary team gave a comprehensive evaluation of participants, testing for cognitive impairment and behavioral symptoms. The findings reveal that nursing home residents with and without dementia who were admitted for behavior problems benefited from inpatient psychiatric hospitalization.

Behavioral disturbances in geropsychiatric inpatients across dementia types
Kunik, M. E., Huffman, J. C., Bharani, N., Hillman, S. L., Molinari, V., & Orengo, C. A. (2000). Journal of Geriatric Psychiatry and Neurology, 13 (1), 49-52.
The authors compared differences in behavioral, psychiatric, and cognitive status among geropsychiatric inpatients with Alzheimer's, vascular, alcohol-induced and mixed dementia. No significant differences were found in the character or severity of agitation among patients with Alzheimer's, vascular, alcohol-induced and mixed dementia. However, patients with vascular dementia were less cognitively impaired and more medically burdened.

Psychological services provided within veterans administration nursing homes
Kupke, T. (1986). Professional Psychology – Research and Practice, 17 (3), 185-190.
Surveyed psychological services provided within 67 Veterans Administration nursing facilities to investigate the rising professional domain of the nursing home psychologist. Describes the ideal nursing home psychologist as a well-rounded psychologist capable of a large range of assessments, treatments, and consultative services while at the same time functioning as a treatment team member, a teacher, a program developer, and a researcher.

Observed affect in nursing home residents with alzheimer's disease
Lawton, M. P., Van Haitsma, K., & Klapper, J. (1996). Journals of Gerontology Series B-Psychological Sciences & Social Sciences, 51B(1), P3-P14.
Nursing home residents with Alzheimer's disease and nondemented residents took the reduced Philadelphia Geriatric Center Affect Rating Scale. Participants affect was assessed by observation of facial expression, body movement, and other non-self report dependent cues. The two groups displayed significant differences in four out of five affect states, the exception being sadness.

Assessment and intervention by rehabilitation psychology in long term care
Lawton, M. P., Whelihan, W. M., & Lesher, E. L. (1985). Rehabilitation Psychology, 30 (2), 71-82.
Effective long-term care relies on the dynamic relationship between support and autonomy and the strategy of incremental gains. The psychologist's role in management should range from intervention with patients to helping the institution and residents deal with institutional care.

Psychotherapy in geriatric long-term care
Lichtenberg, P. A. (1999). Journal of Clinical Psychology, 55 (8), 1005-1014.
Psychotherapy with older adult nursing home residents will typically involve two types of patients: chronically mentally ill patients and medical rehabilitation patients. The author describes a typology of patients with mental illness: the mildly cognitively impaired and behaviorally disturbed, the cognitively intact but interpersonally troubled, and the mentally ill patients who have lost their support systems. Inpatient methods for assessing and treating depression and alcohol abuse are explored for rehabilitation patients.

Standards for psychological services in Long-term care facilities
Lichtenberg, P. A., Smith, M., Frazer, D., Molinari, V., Rosowsky, E., Crose, R., Stillwell, N., Kramer, N. Hartman-Stein, P., Qualls, S., Salamon, M., Duffy, M., Parr, J., & Gallagher-Thompson, D. (1998). Gerontologist, 38 (1), 122-127.

Description of the standards for psychological practice in long term care facilities as developed by the Psychologists in Long Term Care (PLTC). The standards address provider characteristics, method of referral, assessment practices, treatment, and ethical issues.

Achieving mental health of nursing home residents: Overcoming barriers to mental health care
Lombardo, N. B. E., Fogel, B. S., Robinson, G. K., & Weiss, H. P. (1995). Journal of Mental Health & Aging, 1 (3), 165-211.
Describes the consensus reached at a conference on the enhancement of mental health of nursing home residents and the conference conclusions.

Mental health in homes for the aged and the clinical psychology of aging: Implementation of a model service
Lomranz, J. (1991). Clinical Gerontologist, 10 (3), 47-72.
Concentrates on the mental health needs of residents in homes for the elderly, describing the implementation of a geropsychological service in two large homes in Israel. The novelty of the service lies in the integration of geropsychology into homes for the aged and the integration of a clinical aging service with an academic body. Provides recommendations for clinical psychologists working in nursing home settings.

Delirium in geropsychiatric patients: Patient characteristics and treatment outcomes
McGee, S. B., Orengo, C. A., Kunik, M. E., & Molinari, V.A. (1997). Journal of Geriatric Psychiatry & Neurology, 10 (7), 7-10.
The authors examined the effect of geropsychiatric hospitalization on the cognitive and behavioral symptoms of delirious elderly patients with and without dementia. All patients received multimodal therapy including, structural environment, milieu therapy, occupational therapy, and pharmacologic and nonpharmacologic therapies. The total sample improved on all measures. When patients were divided into subgroups with and without dementia, both subgroups improved similarly.

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.

Exercising restraint
Pitt, B. (1987). International Journal of Geriatric Psychiatry, 2 (4), 207-210.
Homes for the elderly need to have more concrete policies about when and how to use restraint, with specific management plan for each resident. A multidisciplinary team of nurses, psychologists, care staff, social workers and doctors should create these plans. At the same time, family members should be consulted regarding the decision to detain or restrain.

A randomized trial of dementia care in nursing homes
Rovner, B. W., Steele, C. D., Shmuely, Y, & Folstein, M. F. (1996). Journal of American Geriatrics Society, 44 (1), 7-13.
Investigated the effectiveness of a dementia care program to reduce behavior disorders in 81 nursing home patients with dementia. Participants completed the Mini-Mental State Examination. After six months, 28.6% of the intervention group participants demonstrated behavior disorders compared with 51.3% of the control group.

A workshop for nursing home staff: Recognizing and responding to their own and residents' emotions
Ruckeschel, K., Kimberly, V.H. (2004). Gerontology & Geriatrics Education, 24 (3), 39-51.
An appreciation for the emotion work required of nursing home staff suggests that caregiver education should address the skills of emotional intelligence. Although the number of training efforts geared toward paraprofessionals is growing, few programs address caregivers' emotional skills, and fewer still have their roots in research. After providing background on resident-centered care, caring for the caregiver, and emotions in dementia, this paper describes a research-based workshop that promotes nursing home staff's skills in emotional intelligence. The first segment of the workshop introduces the importance of being aware of one's feelings and controlling impulses, and discusses how to manage one's own emotions. The second segment focuses on recognizing residents' emotions and helping residents manage their emotions.

The impact of regular multidisciplinary team interventions on psychotropic prescribing in swedish nursing homes
Schmidt, I., Claesson, C. B., Westerholm, B., Nilsson, L. G., & Bonnie, L. (1998). Journal of the American Geriatric Society, 46 (1), 77-82.
Participants were 1,854 long-term care residents. 42% suffered from dementia, 5% had psychotic disorder, and 7% had depression. Results reveal extensive psychotropic drug prescribing, 40% on hypnotics, 40% on anxiolytics, and 38% on antipsychotics. Twelve months of team meetings in the experimental homes provoked a significant decrease in the prescribing of psychotropic drugs. In the control homes there was an increase in the use of acceptable antidepressants, but there were no significant reductions in other drug classes.

Mental health services for nursing home residents: What will it cost?
Shea, D. G., Smyer, M. A., & Streit, A. (1993). Journal of Mental Health Administration, 20 (3), 223-235.
Describes the financial impact of the Nursing Home Reform Act of 1987 (NHRA) on the ability of nursing homes to provide mental health care for residents. Monthly psychotherapy and pharmacology for residents could potentially cost from 480 million to 1.3 billion dollars. In the absence of adequate funding, NHRA may require nursing home administrators to find resources to provide roughly 250,000 people with adequate mental health care.

A randomized trial of geriatric liaison intervention in elderly medical inpatients
Slaets, J. P. J., Kauffmann, R. H., Duivenvoorden, H. J., Pelemans, W., & Schudel, W. J. (1997). Psychosomatic Medicine, 59 (6), 585-591.
Intervention consisted of multidisciplinary joint treatment by a psychogeriatric team, in addition to usual care. The intervention sought to optimize physical functioning of elderly inpatients. Intervention group (N = 140) was compared with usual care group (N = 97) on physical functioning, length of stay, and nursing home placement. The intervention group outperformed the usual care group on all measures. Psychiatric co-morbidity was an important risk factor for the outcome of patients.

Providing psychological services in nursing homes
Smyer, M. A. (1986). Clinical Psychologist, 39 (4), 105-108.
Describes the multiple methods that psychologists can utilize in order to meet the mental health needs of nursing home residents. Interventions at the patient, staff, and community level are discussed. Describes potential barriers to providing psychological services in this setting.

Nursing homes as a setting for psychosocial practice: Public policy
Smyer, M. A. (1989). American Psychologist, 44 (10), 1307-1314.
Lack of funding and personnel represent substantial barriers that may prevent psychology's disciplinary expertise from being utilized in nursing homes. Consequently, nursing homes might have to perform certain mandated

activities without psychologists' expertise, thereby relying on unqualified personnel to perform these duties. Advocates for improved nursing home care must see the links among basic disciplinary skills, interdisciplinary collaboration, and improved care for mentally impaired elderly individuals.

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.

Use of geriatric depression scale by nurses
Snowdon, J., & Lane, F. (1999). Aging & Mental Health, 3 (3), 227-233.
Describes and demonstrates the effectiveness of the Geriatric Depression Scale (GDS) in alerting doctors that certain patients may need treatment for depression.

Impact of mental health services in nursing homes: The clinicians' perspective
Speer, D. C., O'Sullivan, M. J., & Lester, W. A. III. (1996). Journal of Clinical Geropsychology, 2 (2), 83-92.
The effects of two mental health team programs for nursing home residents were evaluated using clinician ratings of referral problems at admission. . . Across cohorts, clinicians perceived referral problems of 55% of residents [N = 221] to be much improved, 21% to be slightly improved, 17% to be unchanged, and 8% to be worse.

Lessons from geriatric psychiatry in the long term setting
Streim, J. E., Oslin, D., Katz, I. R., & Parmelee, P. A. (1997). Psychiatric Quarterly, 68 (3), 281-307.
A review of the literature on geriatric research and experience in long term care. Lessons from geriatric psychiatry research and practice in the nursing home have relevance to general psychiatry and to other health care settings informing the field on issues such as psychiatric disorders, varying types of depression, and behavioral problems resulting from brain damage.

Behavioral treatment of depression in dementia patients: A controlled clinical trial
Teri, L., Logsdon, R. G., Uomoto, J., & McCurry, S. M. (1997). Journals of Gerontology Series B-Psychological Sciences & Social Sciences, 52B (4), 159-166.
Investigated the effectiveness of two nonpharmacological treatments of depression in-patients with Alzheimer's disease. One treatment focuses on caregiver problem solving, while the other emphasizes "patient pleasant events." Patients in the nonpharmacological conditions showed significant improvement in depression symptoms.

The impact of validation group therapy on nursing home residents with dementia
Toseland, R. W., Diehl, M., Freeman, K., Manzanares, T., Naleppa, M., & McCallion, P. (1997). Journal of Applied Gerontology, 16 (1), 31-50.
Study examined the effectiveness of validation group therapy (VT) in decreasing physical and medical interventions and improving psychosocial well being in nursing home residents with dementia. Compared with the control group, the VT group showed less physically and verbally aggressive behavior and were not as depressed as the other residents. VT was not effective in reducing the use of physical restraints, psychotropic medication, and physically non-aggressive problem behaviors.

Influence of the success of the psychoeducational interventions on the course of family care
Whitlach, C. J., Zarit, S. H., Goodwin, P. E., & von Eye, A. (1995). Clinical Gerontologist, 16 (1), 17-30.
Studied whether the short-term success of caregiver interventions is associated with positive longer-term caregiver outcomes, by reanalyzing a previous study. 132 primary caregivers (mean age of 62.05 years) of noninstitutionalized dementia patients were assigned to individual and family counseling, support group, or wait list control group. They

underwent psychoeducational interventions, in two treatment conditions, to change specific aspects of the caregiving situation that may be leading to caregiving stress… A positive response to psychoeducational interventions was associated with long-term caregiver outcomes and the rate of institutionalization following the treatment.

Ethical issues in long-term care for the elderly
Wilson, C.C., & Netting, F. E. (1986). Health Values, 10(4), 3-12.
Provides case examples of potential issues when health professionals intervene with elderly persons who are in difficult situations. Five codes of ethics are examined in terms of their historic roots.

The prevalence of agitation and brain injury in skilled Nursing Facilities: A survey
Wolf, A. P., Gleckman, A. D., Cifu, D. X., & Ginsburg, P. C. (1996). Brain Injury, 10, 241-245.
Surveyed all skilled nursing facilities in Connecticut to assess the number of residents with primary diagnosis of brain injury, and the techniques utilized to manage this agitation. Of 253 facilities in this area, 162 responded to the survey, reporting that 140 brain-injured residents live in 24% of the 162 facilities. Findings reveal that 45% of these residents are agitated. Formal behavior care (62%) was used the most frequently in agitation management, followed by environmental manipulation (49%), and medications (38%). The availability of special consultation varied.

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Information for Older Adults and their Families

AARP
http://www.aarp.org/research/longtermcare/

American Psychological Association
Office on Aging
750 First Street, NE
Washington, DC 20002-4242
www.apa.org/pi/aging

APA Division 12-II
Society of Clinical Psychology-Clinical Geropsychology
www.geropsych.org

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

American Society on Aging
833 Market Street
Suite 511
San Francisco, CA 94103
http://www.asaging.org/index.cfm

Geriatric Education Center of Pennsylvania Long Term Care Project
http://agingpa.psu.edu/p_ltc.htm

Gerontological Society of America

1030 15th Street, NW
Suite 250
Washington, DC 20005
http://www.geron.org/

Long Term Care
http://www.longtermcarelink.net/

National Alzheimer's Association
225 N. Michigan Ave., Fl. 17
Chicago, IL 60601-7633
http://www.alz.org/

National Citizen's Coalition of Nursing Home Reform
1828 L Street, NW
Suite 801
Washington, DC 20036
http://www.nccnhr.org/

Psychologists in Long Term Care (PLTC)
www.wvu.edu/~pltc