Integrating Aging Services and Behavioral Health: Key Resources You Should Know About

NCOA
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Kimberly Williams, NCMHA Chair & Geriatric Mental Health Alliance of New York Director
Rising to the Challenge of Providing Mental Health Care for Older Adults

- Imperative that we take advantage of efforts to advance an integrated, comprehensive care system responsive to the unique BH needs of older Americans.

- Mental health needs of older adults have been neglected. The result: Unnecessary suffering for millions of older adults and their family caregivers. As this population continues to grow, we remain challenged in responding to the increasing need for care.

- With major BH policy shifts happening at all levels of government, we have a unique and timely opportunity to promote and maximize greater access to services and integration of care.
Needed Mental Health Services for Older Adults

- Outreach and education
- Screening, assessment, and treatment
- In-home
- In community settings: Sr. Centers, NORCs, Day Care, Sr. Housing, Case management, APS, etc.
- Bi-lingual/culturally competent
- Affordable
- Accessible sites: transportation
- Higher quality
- Integrated mental health, health, and aging services
Mental Health Services in Aging Services Programs

- Many clients have mental disorders
- Many will not go for mental health services
- Mental health clinics do not have adequate capacity
- Goal is to provide high quality mental health services in aging services programs
Incorporate Mental Health in Aging Service Settings

- Community gatekeepers
- Neighborhood-based networks (formal or informal)
- Mental health education, screening, and referral (follow-up is key)
- On-site treatment services in community settings
- Activity and socialization promote mental health
Potential Mental Health Partners in Your Community

- Community mental health centers
- Federally qualified health centers
- Aging service organization hire staff who are reimbursable by Medicare
- Arrangements with private practitioners
Community Mental Health Centers

- Depending on state regulations, mental health centers can provide off-site services at an aging service program.

  - Services could include:
    - Client and staff education and training (Not billable)
    - Screening and referral
    - Assessment and treatment (including medication management)
    - Case management (Not billable to Medicare)

- Challenge: Most mental health centers do not have a history of, or expertise with, serving older adults.

- Locating mental health centers:
  - SAMHSA Treatment Locator: https://findtreatment.samhsa.gov/
  - National Suicide Prevention LifeLine: http://www.suicidepreventionlifeline.org/getinvolved/locator.aspx
Federally Qualified Health Centers (FQHCs)

- FQHCs can provide off-site services at aging service programs

- Types of services:
  - Comprehensive primary and preventive care
  - Mental health and substance abuse services
  - Dental care
  - Transportation

- Serve persons of all ages, regardless of their ability to pay or health insurance status

- Challenge: FQHCs do not typically have expertise with addressing older adult behavioral health

- Locator: [http://findahealthcenter.hrsa.gov/Search_HCC.aspx](http://findahealthcenter.hrsa.gov/Search_HCC.aspx)
Aging Service Organization Hire MH Staff

- Medicare reimbursable mental health providers:
  - Psychiatrist or other Doctor
  - Clinical Psychologist
  - Clinical Social Worker
  - Nurse Practitioner
  - Clinical Nurse Specialist
  - Physician Assistant

- Medicare & Your Mental Health Benefits: https://www.medicare.gov/Pubs/pdf/10184.pdf
Arrangements with Private Practitioners

- Licensed private practitioners who are authorized to bill Medicare can provide billable, on-site services at aging service programs.
  - This includes group private practices and faculty practice plans.
  - This model is similar to that used in nursing homes.
  - The practitioner bills for the service and gets reimbursed as a private practitioner.
Leveraging Coalitions
State and Local Mental Health and Aging Coalitions

- Partnership between interested organizations and individuals to improve and increase mental health and substance abuse care for older adults

- Members include public and private aging, mental health, substance abuse and health care systems, representatives from consumer, family and caregiver organizations, advocacy groups, professional organizations, higher education, the faith community, and other interested agencies and organizations

- Scope of Activities:
  - Networking
  - Education
  - Training
  - Advocacy
  - Resource Coordination
  - System Planning
  - Policy Analysis
State Mental Health and Aging Coalitions Across the Country
Dual Demonstration Coalitions

- Community Catalyst’s *Voices for Better Health* program is partnering with advocates in **Michigan, New York, Ohio and Rhode Island** to shape the design and implementation of innovative demonstration projects to provide better coordinated, comprehensive, high quality care to dual eligible.

- In each of the five states, **geriatric experts have been engaged** to work in partnership with state advocates to incorporate best practices in geriatrics care.
Local Systems Starting Points

- Develop working relationships across systems—especially informally

- Develop cross-system “coalitions” or “alliances”
  - Local planning
  - Collaborative program development
  - Advocacy for policy change

- Establish cross-systems networks to handle tough cases, especially with APS

- Develop initiative to optimize funding
Need Help?

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National Coalition on Mental Health and Aging:
www.ncmha.org
Integration of Aging and Mental Health Services

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Division of Mental Health
GeroPsych Initiative

- Beginning in 2001, the Illinois Department of Human Services, Division of Mental Health, initiated the Gero-Psychiatric Initiative, which operated in 5 predominantly rural regions.
- The intent of the grant was to focus on three main areas: systems integration, mental health services/consultation, and training/education.
- The initiative is based upon evidenced-based treatment outcomes including access to expertise in gero-psychiatry and clinical gero-psychology and the evidenced-based community outreach model.
• The program employed Gero-Psychiatric Specialists who met the state’s certification requirements as Qualified Mental Health Professionals (QMHP) and had at least two years experience in providing direct services to individuals over 60 with mental health needs

• The Gero-Psychiatric Specialists were based in comprehensive community mental health centers and work on enhancing mental health and aging staff competencies in geriatric mental health and increasing the integration and responsiveness of the mental health systems to older adults

• The Gero-Psychiatric Specialists had direct access to a board-certified psychiatrist for a minimum of ten hours per month
Systems Integration Task Force

• Providers from Aging and Mental Health from all levels of responsibility
• Both state directors met twice a year
• Task Force met quarterly
• Mental Health liaison invited to Council on Aging Meetings
• Geriatric representative invited to state Mental Health Advisory Council meetings
• Mental Health representative invited to participate in Mental Health and Aging Coalition meetings as a resource
• Joint Mental Health and Aging Conferences – statewide and regionally
Tasks

• Developed objectives:
Goal 1: All older persons in need of mental health services will have **access** to such services in a consistent manner statewide.
Goal 2: All older persons in need of mental health services will be provided with consistent service statewide.

• Macro and Micro Measures with Action Steps and Targeted Completion dates
• Statewide Assessment of Need
• White Papers
• Proposals
“Say hello to your new neighbor”

- Language barriers?
  “C & A?,” “Co-Occurring Disorders,”
  “AAA?,” “CCU?,”

Who do you serve?
What services do you provide?
How are those services paid for?
Medicaid vs. Medicare?
Mental Health and Aging Manual

• Authored by the GeroPsych Specialists with the Assistance of the Midwestern Geriatric Education Center
• Copyrighted to the State of Illinois – Division of Mental Health
Mental Health and Aging Manual

The Illinois Mental Health Network
Tips for Addressing the Mental Health Needs of Older Adults
The Aging Network in Illinois
Building Coalitions in Mental Health and Aging Services
Normative versus Pathological Aging
Mental Health Assessment for Older Adults
Alcohol Abuse and Drug Abuse in Older Adults
- Anxiety in Older Adults
- Depression in Older Adults
- Suicide in Older Adults
- Dementia in Older Adults
- Late Life Psychiatric Disorders in Older Adults
- Behavior Management in the Psychiatrically Impaired Older Adults
- Self-Neglect Syndrome in Older Adults
- Special Needs of the Chronically Mentally Ill
- Nutrition
Mental Health and Aging Workshops

- Invitees: Mental Health, Aging, and Public Health Providers, Nursing Home Administrators
- Psychiatric expertise as the lead
- Topic expertise
- Experience of jointly staffing a case
- Treat was receiving a Mental Health and Aging Manual
AfterMath

- Mental Health, Aging and Substance Abuse Task Force
- Self-Neglect Task Force
- PEARLS (Initiated by East Central Illinois Area on Aging)
- IMPACT (Initiated by Moultrie County Counseling)
- Expanded behavioral health domains on CCU Assessment and provided training on additional domains
Evidenced-Based Points of Intersection

- PEARLS
- IMPACT
- Behavioral Activation
- Problem Solving Therapy
Money Follows the Person

• Target population is expanding to include those persons with mental illness residing in nursing homes – due to state and national rebalancing efforts

• 12 Community Mental Health Agencies outside of Cook County house Resident Reviewers and Transition Coordinators

• Work is done collaboratively with DOA, CIL, DD and DORS

• Another opportunity to expand discussion and expertise
Look for New Neighbors and Points of Intersection

PROPOSED STATE MODEL PLAN - Draft 06/7/2010 - Charlotte Kaufman

INFRASTRUCTURE ISSUES - Building and propsective elements to deliver mental health services to older adults

J. State Initiatives - Tailoring Resources for Structural Components to deliver Mental Health Services for Older Adults
   A. Legislation
   B. State Plan - Specificity of Mental Health Services for Older Adults as Part of State Planning
      1. Behavioral Health Strategic Plan
      2. Budget Grant Reporting
      3. Unfunded Plan
      4. Money Follows the Person
      5. Suicide Prevention Film
   C. Financing
      1. State Medicaid Plan
      2. Federal
      3. State Plus Financing
      4. Grants, Private Foundations
      5. Federal funding for Older Americans Act (Disability Prevention and Health Promotion Services and Caregiver Services)

II. Systems Integration

A. State Department of Aging
B. Office of Alcohol and Substance Abuse
C. Department of Public Health
D. Office of Veteran Affairs
   1. Types of problems with older adult veterans or older adult family members of younger veterans
   2. Interface with the Veterans Administration (Identification of gaps)
E. Office of Consumer Affairs
F. County Mental Health Boards
G. Primary Care
H. PAHSIT
I. Federally Qualified Health Centers
J. Department of Corrections
   1. Care of Incarcerated Older Offenders
   2. Data on Older Offenders
   3. Types of older offenders and special circumstances (18 time offenders, repeat offenders, incest offenders
   4. Sexual predators
   5. Intoxicators
   6. Problems prior to incarceration
K. Long Term Care (older adult only)
   1. Incarceration
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Mental Health and Aging Resources

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Office on Aging
American Psychological Association
MENTAL AND BEHAVIORAL HEALTH

Aging & Behavioral Health Partnerships – Strategies for SUCCESS! (NCOA)
• Behavioral Health (National Council on Aging)
• Bring Change 2 Mind (the Child and Adolescent Bipolar Foundation, Fountain House, and International Mental Health Research Organization)
• Community Integration for Older Adults with Mental Illnesses: Overcoming Barriers and Seizing Opportunities (SAMHSA)
• Depression in Older Adults Fact Sheet (Mental Health America)
• The State of Mental Health in America (CDC)
• Good Mental Health is Ageless (SAMHSA)
• Meeting the Mental Health Challenges of the Elder-Boom (Geriatric Mental Health Alliance on of New York)
• National Council for Behavioral Health Mental Health First Aid (NCBH)
• Older Adults: Depression and Suicide Facts (NIMH)
• Older Americans Behavioral Health: Issue Brief Series (NCOA)
• Older Americans Behavioral Health: Webinar Series (NCOA)
NCMHA Resource List

SUBSTANCE ABUSE

• Get Connected! Toolkit: Linking Older Adults with Medication, Alcohol and Mental Health Resources (SAMHSA, AoA and National Council on Aging)
• Older Americans Behavioral Health Issue Brief Series (SAMHSA, AoA/ACL, NCoA)
• Prevention and Management of Alcohol Problems (NCoA)
• Promoting Older Adult Health: Aging Network Partnerships to Address Medication, Alcohol and Mental Health Problems (SAMHSA, AoA and NCOA)
• TIP 26: Substance Abuse Among Older Adults (SAMHSA)

SUICIDE PREVENTION

• Depression and Suicide in Older Adults Resource Guide (American Psychological Association)
• Issue Brief 4: Preventing Suicide in Older Adults (NCoA)
• Pennsylvania Older Adult Suicide Prevention Plan
• Suicide Prevention and Older Adults (NCoA)

MODEL PRACTICES

• Caregiver Intervention Database (Rosalynn Carter Institute for Caregiving)
• Caregivers as Partners and Clients of Behavioral Health Service. Issue Brief and Webinar
• Healthy IDEAS and PEARLS: evidence-based community programs for depression identification and management
• National Registry of Evidence-Based Programs and Practices (SAMHSA)

http://files.ctctcdn.com/dd3bfe37001/ab68b0c7-5204-4445-b0ff-be48c362627f.doc
OTHER RESOURCE TOPICS

- Advocacy
- Family Caregiving
- Clinical Mental Health Practice
- Cognitive Aging
- Cultural Diversity
- Dementia
- Elder Abuse
- LGBT Aging
- Medicare
- Trauma
- Workforce
- General Reports
APA Resources
Available on line, cost-free at
What Mental Health Providers Should Know About Working with Older Adults

- Introduction
- Why Practitioners Need Information About Working with Older Adults
- Competence in and Attitudes toward Working with Older Adults
- Commonly Held Myths About Older Adults
- General Knowledge About Adult Development, Aging and Older Adults
- Diversity in the Aging Process
- Clinical Issues
  - Assessment of older adults
  - Intervention, Consultation and Other Service Provision
  - Professional Issues and Education
- Useful Resources
- Authors
Clinical Issues

In general, most older adults have good mental health. However, prevalence estimates suggest that 20-22 percent of older adults meet criteria for a mental disorder. Some older adults may have a recurrence of psychological disorders from earlier in life or develop new problems because of unique age-related stressors or neuropathology. Others may have histories of chronic mental illness or personality disorders, which may change in presentation because of other factors (cognitive impairment, medical comorbidity, polypharmacy and end-of-life issues). Many older adults have significant psychological symptoms that are less impairing or distressing, but remain important to address. Rates may be even higher among older adults in residential facilities.

Some mental health disorders have unique presentations in older adults. For example, late-life depression may have a relative emphasis on somatic rather than emotional symptoms. Anxiety disorders, while relatively common in older adults, are not part of normal aging. Symptoms are typically similar to those of young adults, but the content of older adults’ fears and worries tend to be age related (e.g., health concerns).

Older adults are at increased risk for alcohol-related problems due to age-related physiological changes. Approximately 2.2 percent of older men and 1.4 percent of older women report using illicit drugs such as cocaine, heroin and marijuana and this rate is expected to increase as baby boomers age.

For most older adults, normative age-associated changes in cognition are mild and do not significantly interfere with daily functioning. However, an appreciable minority of older adults suffers impaired cognition that adversely impacts functional abilities. Older adults living with dementia may evidence coexistent psychological symptoms (e.g., depression, anxiety, paranoia, behavioral disturbances). As functional ability declines, the environment becomes increasingly important in maximizing the older adult’s functioning and ability to maintain their quality of life.

Familiarity with the prevalence of mental disorders in late life, their symptom presentation and their relationship with physical health problems will facilitate accurate recognition of and appropriate therapeutic response to these and other syndromes.
Additional Resources

- APA Guidelines 7, 8 and 9: Clinical issues
- APA Aging and Human Sexuality Resource Guide
- APA Elder Abuse and Neglect: In Search of Solutions
- APA End-of-Life care fact sheet
- APA Older Adults and Insomnia Resource Guide
- The State of Mental Health and Aging in America (Issue Brief #1: What Do the Data Tell Us?) (PDF, 1.8MB)
- The State of Mental Health and Aging in America (Issue Brief #2: Addressing Depression in Older Adults: Selected Evidence-Based Programs) (PDF, 1.1MB)
Diversity in the Aging Process

The older adult population is highly diverse and is expected to become even more so in the coming decades. The heterogeneity among older adults surpasses that seen in other age groups. Psychological issues experienced by older adults may differ according to factors such as age cohort, gender, race, ethnicity and cultural background, sexual orientation, disability status, rural/frontier living status, education and socioeconomic status, and religion.

Age intersects with other aspects of diversity (e.g., 75-year old, low-income, self-identified lesbian with osteoarthritis). Persons with multiple minority statuses have often suffered discrimination from the larger society, including from the mental health professions. Discriminatory life experiences can result in health disparities. Practitioners are encouraged to consider these factors in providing culturally sensitive mental health services.

Emerging cohorts of older adults (e.g., “baby boomers”) are likely to have generational perspectives that differentiate them from earlier and later cohorts, and these generational perspectives will continue to profoundly influence the experience and expression of health and psychological problems.

Additional Resources

- APA Guideline 5: Diversity in the aging process
- APA Aging and SES Fact Sheet
- APA Guidelines for Assessment of and Intervention with Persons with Disabilities
- APA Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients
- APA Multicultural Aging and Mental Health Resource Guide
- APA Multicultural Competency in Geropsychology
- Minority Aging and Health Disparities (National Institutes of Health)
APA Resource Guides

Summarize research studies and relevant books and journal articles on important topics related to the well-being of older adults. Additional resources, including health education materials for consumers and national organizations that can provide assistance are listed at the end of the guides.

- Multicultural Aging and Mental Health
- Psychological Services in Long Term Care
- Depression and Suicide in Older Adults
- Psychotherapy and Older Adults
- Older Adults and Insomnia
- Aging and Human Sexuality

APA’s Family Caregiver Briefcase

An online resource for professionals who serve family caregivers

Caregiving responsibilities will touch almost all of us at some point in our lives. With an aging population and with many caring for ill and disabled children and young adults, an increasing number of people are family caregivers.

APA can help psychologists and health care professionals recognize, anticipate, and reduce the stresses on family caregivers across the life span. The **APA Family Caregiver Briefcase** is a Web-based resource that professionals can use to assist caregivers through individual and organizational practice, research, teaching, and community service.

**BRIEFCASE COMPONENTS INCLUDE:**
- Caregiving facts and figures
- Strategies for reaching family caregivers
- Caregiving interventions
- Assessment tools
- Research opportunities and considerations
- Resources
- Variations for culturally diverse groups
- Practical aspects of providing services

Welcome to the Caregiver Briefcase

Caregiving responsibilities will touch almost all of us at some point in our lives. With an aging population and with many caring for ill and disabled children and young adults, an increasing number of people are family caregivers.

The APA Family Caregiver Briefcase is a user-friendly, online resource to help psychologists and other health and social service professionals assist family caregivers through individual and organizational practice, research, teaching and community service. Family caregivers will also find useful information in the resources section of the Briefcase.

This Briefcase provides useful and practical information, tools and resources about:

- How caregiving affects all of us.
- Facts about family caregiving.
- Common caregiving problems.
- How to identify and reach caregivers.
- Roles psychologists have in working with family caregivers.
- Assessment tools and effective interventions.
- Conducting caregiver research.
- Educating and teaching about caregiving.
Assessment Tools

Beyond the use of open-ended clinical interviews, the Task Force recommends psychologists be familiar with structured interviews and questionnaires related to caregiving for use in some clinical situations. Clinicians will need to tailor their use of assessment instruments depending on the characteristics of the caregiver (e.g., age, cultural background), and the care recipient (e.g., age and specific medical problem or disability). We have provided examples of a number of caregiver intake forms; measures of caregiver mental health; and measures of caregiver stress, burden, coping, and family context. We have also provided care receiver measures of behavior and functioning; cognitive problems; quality of care; health problems; and mental health. Finally, we have provided instruments that may be particularly useful with caregivers from diverse cultural backgrounds.

<table>
<thead>
<tr>
<th>Intake Interviews</th>
<th>Caregiver Assessment</th>
<th>Care Receiver Assessment</th>
<th>Assessing Diverse Cultures</th>
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The Caregiver Intake Interview may be different from assessments psychologists typically undertake to identify individual psychopathology or distress. In order to create strong interventions for a caregiving family, psychologists must gather key information about a range of topics to help determine:

- The nature of the care-recipient’s illness or disability
- The family’s stage of caregiving (early, middle or late)
- The constellation of individuals involved in care, including community support persons, and treating professionals
- Unique or challenging caregiving circumstances

Seven Domains to Assess

Recommended by the Family Caregiver Alliance’s (FCA) National Center on Caregiving.

- Background on the caregiver and the caregiving situation.
- Caregiver’s perception of the health and functional status of the care-recipient.
- Caregiver’s values and preferences.
- Health and well-being of caregiver.
- Consequences of caregiving on the caregiver.
- Care provision requirements.
- Resources to support the caregiver.
Patient Health Questionnaire (PHQ-9 & PHQ-2)

Construct: Depressive symptoms

Description of Measure: The PHQ-9 and PHQ-2, components of the longer Patient Health Questionnaire, offer psychologists concise, self-administered tools for assessing depression. They incorporate DSM-IV depression criteria with other leading major depressive symptoms into a brief self-report instruments that are commonly used for screening and diagnosis, as well as selecting and monitoring treatment.

The diagnostic validity of the 9-item PHQ-9 was established in studies involving 8 primary care and 7 obstetrical clinics. PHQ-9 scores > 10 had a sensitivity of 88% and a specificity of 88% for Major Depressive Disorder. Reliability and validity of the tool have indicated it has sound psychometric properties. Internal consistency of the PHQ-9 has been shown to be high. A study involving two different patient populations produced Cronbach alphas of .86 and .89. Criteria validity was established by conducting 580 structured interviews by a mental health professional. Results from these interviews showed that individuals who scored high (≥ 10) on the PHQ-9 were between 7 to 13.6 times more likely to be diagnosed with depression by the mental health professional. On the other hand, individuals scoring low (≤ 4) on the PHQ-9 had a less than a 1 in 25 chance of having depression (Kroenke et al, 2001).

The PHQ-9 also has been used in many studies in primary care settings, as well as with older individuals and with those who have physically disabling conditions. It is free to users and available in English and over 30 other languages.

The PHQ-2, comprising the first 2 items of the PHQ-9, inquires about the degree to which an individual has experienced depressed mood and anhedonia over the past two weeks. Its purpose is not to establish final diagnosis or to monitor depression severity, but rather to screen for depression. Patients who screen positive should be further evaluated with the PHQ-9 to determine whether they meet criteria for a depressive disorder. The PHQ-2 has been validated in 3 studies in which it showed wide variability in sensitivity (Gilbody, Richards, Brealey, and Hawitt, 2007).
# Caregiving Resources

## For Diverse Populations
Guides for working with specific culture and language groups, as well as links to national support organizations.

## Resources Overview
This section of the Briefcase is a compilation of web-based materials, tools, and organizations that psychologists may find useful in their work with family caregivers. While in some cases the resource may help inform the psychologist’s work with family caregivers, sometimes the psychologist may want to pass on the link or the information directly to the caregiver to help them with specific problems or provide them with an organized framework for the myriad of online caregiving resources.

As research and practice with family caregivers has grown over the past decade, so, too, have the number and breadth of available resources. There is now a wealth of materials about caregiving available on the Web and elsewhere. What follows is not an exhaustive listing but an organized, easy-to-use guide of key resources, including those pertinent for working with all family caregivers across the lifespan, as well as those targeted to specific groups of family caregivers. These specific groups include young caregivers, those caring for children, adults, older adults, service members and Veterans, individuals with disabilities, mental disorders, and addictive disorders. Some of the specific resources for psychologists and other professionals that are listed in this section include training videos, reports on best practices and educational handouts for family caregivers.

## In the Resources Section

### Key Websites
National organizations that provide information for caregivers.

### State and National Resource Locators and Tools to Coordinate Caregiver Support
List of state and national locator web resources and tools to coordinate care.

### Resources for Caregivers of Diverse Populations and Specific Age Groups

### Resources for Specific Health Issues
List of web resources for specific health issues, such as cancer, stroke, Alzheimer's and neurological diseases.

### Resources for Psychologists
Reports, videos, handouts, magazine articles and websites providing information on treating and studying caregivers, including training and cultural competency.
Resources for Caregivers of Diverse Populations and Specific Age Groups

Resources for caregivers who work with children, individuals from diverse cultural backgrounds, lesbian, gay, bisexual and transgender individuals, people with disabilities, older adults and young caregivers.

- Caregivers of Children
- Caregivers of Adults and Older Adults
- Caregivers of Individuals with Mental Disorders
- Caregivers of Individuals with Addictive Disorders
- Caregivers of Individuals with Disabilities
- Multicultural Caregiving
Caregivers of Adults and Older Adults

- Resources for Children and Teens About Alzheimer's Disease
  National Institute on Aging list of books, articles, websites and other materials that may help youth cope when a family member or friend has Alzheimer's.

- Caregivers and Family
  Find out what to expect if you become a caregiver for a person with cancer, and get tips for making sure that you take care of yourself as well. From the American Cancer Society.

- U.S. Government Caregivers' Resources
  Find a nursing home, assisted living, or hospice; check your eligibility for benefits; get resources for long-distance caregiving; review legal issues; and find support for caregivers.

- Caregiving Resource Center
  American Association of Retired Persons (AARP) information tools and tips for caregivers.

- Carefinder (PDF, 1.44MB)
  Alzheimer's Association tips on how to find the care that's right for you.

- Caring.com
  For those seeking information and support as they care for aging parents, spouses, and other loved ones.

- Caring for a Person with Alzheimer's Disease: Your Easy-to-Use Guide
  National Institute on Aging guide for people who care for family members or others with Alzheimer's disease at home.

- Centers for Medicare and Medicaid Services
  Works to achieve a high quality health care system with better care at lower costs.

- Preventing Elder Abuse by Family Caregivers (PDF, 765KB)
  National Center on Elder Abuse guide for putting together a caregiving plan with your loved ones.

- Family Caregiver's Guide to Hospice and Palliative Care
  United Hospital Fund guide answers questions about hospice care.

- Five Wishes
  A living will, also available in Spanish, that lets adults of all ages plan how they want to be cared for in case they become seriously ill.

- Next Step in Care
  Guides to help family caregivers and health care providers work together to plan safe and smooth transitions for chronically or seriously ill patients

- Prepare to Care: A Planning Guide for Families
  Tips on how to put together a caregiving plan with your loved ones, from AARP.

- So Far Away: Twenty Questions for Long-Distance Caregivers
  Answers to long-distance care questions, from the National Institute on Aging.

- Well Spouse Association
  Support for husbands, wives or partners looking after a spouse or partner with chronic illness and/or long-term disability.
State and National Resource Locators and Tools to Coordinate Caregiver Support

ARCH National Respite Locator Service and Resource Center
For family caregivers of those with disabilities, chronic or terminal illnesses

Benefits Check Up (National Council on Aging)
Determine your eligibility for assistance with prescription drugs, health care, meals, and utility bills

Centers for Independent Living (MetroWest Center for Independent Living, Inc.)

Eldercare Locator (Administration on Aging)

Family Care Navigator (Family Caregiver Alliance)

GrandCare Support Locator (AARP Foundation)

GrandFacts: State Resources Factsheets for Grandparents or Other Relatives Raising Children (Children’s Defense Fund)

Lotsa Helping Hands (National Alliance for Caregiving)
A web-based coordination tool that allows family and friends to coordinate their assistance to caregivers needing help with daily tasks

Psychologist Locator (American Psychological Association)
Resources for Psychologists

In addition to resources useful for both family caregivers and psychologists, the following resources were developed specifically for professionals:

<table>
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<tr>
<th>General Resources</th>
<th>Reports</th>
<th>Videos</th>
<th>Handouts</th>
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**Alzheimer's and Dementia**

- Alzheimer's Association Diversity Toolbox: Caring for Diverse Populations
  Provides resources for working with African-American, Chinese, Latino and Korean Communities

- Implementing a Community Based Program for Dementia Caregivers: an Action Guide using Reach Out (Centers for Disease Control and Prevention and University of Michigan Institute of Gerontology)

**Cultural Competency**

- Caring for caregivers: The issues interventions are different for racial and ethnic-minority caregivers (American Psychological Association)

- Cultural Competency and Health Literacy Resources for Health Care Providers (U.S. Department of Health and Human Services Health Resources and Services Administration)

**Mental Health**

- Catalog of Clinical Training Opportunities: Best Practices for Recovery and Improved Outcomes for People with Serious Mental Illness (PDF, 545KB) (American Psychological Association)

- Mental Health and Related Resources for Assisting Service Members, Veterans and Their Families (American Psychological Association)
Resources for Psychologists

In addition to resources useful for both family caregivers and psychologists, the following resources were developed specifically for professionals:

- 10 Tips for Family Caregivers (Caregiver Action Network)
- A Guide to Taking Care of Yourself (Family Caregiver Alliance)
- Care for the Family Caregiver: A Place to Start (National Alliance for Caregiving & Emblem Health)
- Caregiver Stress Quiz: Stressed or Strained? (AARP)
- Caregiver Tip Sheet (Administration on Aging)
- The Caregiver Experience: A Snapshot of the Caregiving Journey - A visual depiction of work and caregiving issues (ReACT)
- The Caregiver Journey—Pathways to an Authentic and Fulfilling Life (Well Spouse Association)
Issues Discussed

- Medical Consent
- Sexual Consent Capacity
- Financial Capacity
- Testamentary Capacity
- Driving Capacity
- Independent Living
- Undue Influence
Useful Information in Handbooks  
(from Psychologist Handbook)

- Medical Conditions Affecting Capacity
- Temporary and Reversible Causes of Confusion
- Medications That May Commonly Cause Confusion
- Distinguishing Delirium from Dementia
- Common Neuropsychological Domains
### Capacity Worksheet for Lawyers: Observational Signs

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<table>
<thead>
<tr>
<th>Cognitive Functioning</th>
<th>Examples</th>
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</thead>
</table>
| Short-term Memory Problems                 | Repeats questions frequently
|                                            | Forgets what is discussed within 15-30 min.
|                                            | Cannot remember events of past few days                                 |
| Language/Communication Problems            | Difficulty finding words frequently
|                                            | Vague language                                                          |
|                                            | Trouble staying on topic                                                 |
|                                            | Disorganized                                                            |
|                                            | Bizarre statements or reasoning                                          |
| Comprehension Problems                     | Difficulty repeating simple concepts                                     |
|                                            | Repeated questioning                                                    |
| Lack of Mental Flexibility                 | Difficulty comparing alternatives                                       |
|                                            | Difficulty adjusting to changes                                          |
| Calculation/Financial Management Problems  | Addition or subtraction that previously would have been easy for the   |
|                                            | client                                                                   |
|                                            | Bill paying difficulty                                                  |
| Disorientation                              | Trouble navigating office                                                |
|                                            | Gets lost coming to office                                               |
|                                            | Confused about day/time/year/season                                     |

<table>
<thead>
<tr>
<th>Emotional Functioning</th>
<th>Examples</th>
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</thead>
<tbody>
<tr>
<td>Emotional Distress</td>
<td>Anxious</td>
</tr>
<tr>
<td></td>
<td>Tearful/distressed</td>
</tr>
<tr>
<td></td>
<td>Excited/pressured/manic</td>
</tr>
<tr>
<td>Emotional Lability</td>
<td>Moves quickly between laughter and tears</td>
</tr>
<tr>
<td></td>
<td>Feelings inconsistent with topic</td>
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</tbody>
</table>
Capacity Worksheet for Lawyers

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<th>Behavioral Functioning</th>
<th>Examples</th>
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</table>
| Delusions              | Feels others out “to get” him/her, spying or organized against him/her  
|                        | Fearful, feels unsafe |
| Hallucinations         | Appears to hear or talk to things not there  
|                        | Appears to see things not there  
|                        | Misperceives things |
| Poor Grooming/Hygiene  | Unusually unclean/unkempt in appearance  
|                        | Inappropriately dressed |

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<tr>
<th>Mitigating/Qualifying Factors Affecting Observations</th>
<th>Ways to Address/Accommodate</th>
</tr>
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</table>
| Stress, Grief, Depression, Recent Events affecting stability of client | Ask about recent events, losses  
|                                                      | Allow some time  
|                                                      | Refer to a mental health professional |
| Medical Factors                                      | Ask about nutrition, medications, hydration  
|                                                      | Refer to a physician |
| Time of Day Variability                              | Ask if certain times of the day are best  
|                                                      | Try mid-morning appointment |
| Hearing and Vision Loss                              | Assess ability to read/repeat simple information  
|                                                      | Adjust seating, lighting  
|                                                      | Use visual and hearing aids  
|                                                      | Refer for hearing and vision evaluation |
| Educational/Cultural/Ethnic Barriers                 | Be aware of race and ethnicity, education,  
|                                                      | long-held values and traditions |
ETHNOGERIATRIC COMPETENCIES

Developed by the Stanford Geriatric Education Center

Health Care Providers should be able to:

1. Assess and describe their own cultural and spiritual/religious values and discuss the effect of those values on their health care beliefs and behavior.
2. Identify and understand the heterogeneity within categories and groups of ethnic elders and their families.
3. Assess their clients' position on the continuum of acculturation in relation to their preferences, perceptions, and definitions, and their explanatory models of physical and mental health and illness, their health literacy, and their health behaviors.
4. Demonstrate interviewing skills which promote culturally appropriate decision-making and mutual respect between health care providers and ethnic clients and their families in patient centered care throughout the continuum of their lives, including end-of-life care.
5. Communicate effectively and elicit information from elders of any ethnic background and their families, particularly those who speak little or no English, with appropriate use of interpreter services and information technology.
6. Communicate with ethnic elders and their families using oral and written strategies mindful of health literacy levels and abilities.
7. Explain the importance of cultural and historical experiences (e.g., historical trauma from racism and discrimination) and describe their effect on the older client's help-seeking behaviors, and their access and utilization of health care services, including emergency preparedness.
8. Identify available resources within older individuals, their families, and their ethnic communities for promoting and maintaining elders' physical, mental, and spiritual health, and support those resources in a respectful way.
9. Advocate for adoption of policies and practices that facilitate cultural humility, ethically sensitive and proficient health care within patient centered medical homes, institutions, organizations, and professions.
10. Maintain up-to-date knowledge on health disparities in geriatric care and the effect of ethnicity and culture on physical and mental health care of older adults.
Finding a Health Care Provider with Geriatrics or Gerontology Training

- Find a [geriatrics healthcare professional](#)
- Find a [geriatric psychiatrist](#)
- Find a [geropsychologist](#) (specialization "Aging")
- Find a [gerontological social worker](#) (specialization "Aging")
- Find a [Geriatric Education Center](#) (GEC)
- Find a [senior care pharmacist](#)
We all need a Life Plan for the Life Span!

*Life Plan for the Life Span* translates the wealth of empirical evidence in the aging research literature into practical steps to assist young, middle-aged and older adults to optimize successful and healthy aging.

- Health and Health Care
- Legal and Financial Matters
- Work Life and Retirement
- Psychological Issues
- Social Roles and Resources

Contact Information

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