



Council of Professional Geropsychology Training Programs

GEROPSYCHOLOGY DOCTORAL TRAINING SYLLABI (September 2013)

The following contains geropsychology training relevant course syllabi and course descriptions for doctoral training that were submitted by CoPGTP members. It will be updated periodically.

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UNIVERSITY OF COLORADO-COLORADO SPRINGS

PSY 6610 Clinical Geropsychology I

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Office Hours by appointment

Course Schedule

DATE	TOPIC	➤ READINGS [avail in notebooks at Gero Ctr]	Assignment	SITE
8/22	1 Settings and Contexts of Clinical Geropsychology	<ul style="list-style-type: none"> ➤ Knight et al 2009-Pikes Peak Model competencies ➤ APA, 2004 - Guidelines for Practice of Professional Geropsychology ➤ APA Report to National Alliance on Workforce 		
8/29	2 The Power of Environment-Person Interaction	<ul style="list-style-type: none"> ➤ Lawton, 1999 ➤ Wahl & Lang (2003) ➤ Heyl & Wahl (2012) 		Palisades
9/5	3 Policy, Funding Streams, and Services Streams	<ul style="list-style-type: none"> ➤ Karlin & Humphries (2007) ➤ Hinrichsen, G. A. (2010) ➤ Kaskie, Van Gilder & Gregory (2008) <p><i>Optional:</i> NIH State-of-the-Science Conference Statement; Consensus Statement on Improving the Quality of MH in US Nursing Homes</p> <p>Key Q's to consider:</p> <ul style="list-style-type: none"> ➤ Who makes policies that influence our practice? How are policies changed? How does US Medicare and Medicaid structure work for/against our efficacy? 	<p>On the APA web site, look up APA priorities related to public policy affecting geropsychology (Hint: find Office on Aging).</p> <p>IN CLASS Skype w Diane Elmore, Assoc Exec Dir of PI Directorate, APA; Nica Corry, Senior Legislative and Federal Affairs Officer, APA</p>	
9/12	4 Cultural Competency	<ul style="list-style-type: none"> ➤ Review the Guidelines for Multicultural Competency in Geropsychology @ http://www.apa.org/pi/aging/programs/pipeline/multicultural-competency.pdf ➤ Iwasaki et al (2009) ➤ Complete Modules 1-3 available at http://www.stanford.edu/group/ethnoger/, ➤ Hinrichsen (2006) 		Oct 5 event?

9/19	5 InterProfessional Teams	<ul style="list-style-type: none"> ➤ GITT Training – Topic 1: Teams and Teamwork ➤ View the presentation that can be downloaded from: http://www.rush.edu/professionals/vip/ ➤ Qualls & Czirr, (1988) ➤ Kasl-Godley & Kwolisz (Qualls & Kasl-Godley, ch 11) ➤ Mitchell, Parker & Giles (2011) 	How does viewing ourselves on a virtual team alter our work? What would you guess are characteristics of successful teams?	During week: PACE team visits – 8:15am-9ish. 1 block past Silver Key on Bott Ave
9/27	6 Health Care Settings: Primary and Acute	<ul style="list-style-type: none"> ➤ Modules 4 and 5 at http://www.stanford.edu/group/ethnoger/, ➤ Georgalakis, Proper utilization...H&B codes [avail in notebook or @ website in ref] ➤ Kaslow, Dunn & Smith 2008 ➤ Blueprint for Integrated Care 	What are the key challenges and opportunities of integrated care?	
10/3	7 Legal System: Assessment and Consultation Roles	<ul style="list-style-type: none"> ➤ Marshall, Seal, & Vanatta (2007) ➤ Karel (2007) ➤ APA/ABA handbook for psychologists (obtain e-copy at www.apa.org/pi/aging or hardcopy is available on shelf above the notebooks of readings) 	How does culture interact with the model of assessment developed by ABA/APA?	
10/10	8 Long Term Care: The settings-	<ul style="list-style-type: none"> ➤ Gaugler and Kane (2007) ➤ Cohen-Mansfield & Bester (2006) ➤ Rabig, et al. (2006) ➤ Kane & Mach (2007) 	Key determining factors of the culture in LTC? What do psychologists contribute uniquely to policy, environment design, and programming in LTC?	Palisades – AL 3rd floor private dining room
10/17	9 Long Term Care- Psychological Services SITE VISITS	<ul style="list-style-type: none"> ➤ Rosowsky, Casciani, & Arnold (2008) - selections ➤ Meeks et al 2008 	How does work in LTC facilities differ from the same clinical tasks performed in outpt setting? How can psychologists be most useful in improving QoL in LTC?	9am – Namaste Alz Ctr, 2 Penrose Blvd w Tammy Minuhin 11am – CO Spgs Senior Homes, N. Prospect w Richard Larsen owner
10/24	10 Social Services and the Consultant Role	<ul style="list-style-type: none"> ➤ Sokolovsky (2009) – selection in notebook ➤ TBD 	Compare consultant and therapy roles –	

			what are the leverage points for impact on well-being?	
10/31	11 End-of-Life care – hospice and palliative	<p>McDaniel, Campbell, Hepworth, & Lorenz (2005) ch 16</p> <ul style="list-style-type: none"> ➤ Kasl-Godley, Qualls & Kasl-Godley ch 1 ➤ Gabrielle, ch 2 Qualls & Kasl-Godley ch 2 ➤ <i>Clinical Practice Guidelines for Quality Palliative Care</i> {scan only} ➤ Chan, & Kayser-Jones (2005) 	IN CLASS Tour PP Hospice and talk w CEO/Pres of largest non-profit hospice in town	PP Hospice residence, Martha Barton (Pres/CEO) 2550 Tenderfoot Hill St
11/7	12 Community MH, Prevention, wellness and day care	<ul style="list-style-type: none"> ➤ Femia, Zarit, Stephens, & Greene (2007) ➤ Kaskie, Gregory & Cavanaugh (2008) ➤ Colorado Trust Suicide Report (scan as example of foundation-sponsored local study) 		
11/14	GSA			
11/21	T-giving Break			
11/28	13 Supervision	<p>Aten, Strain, & Gillespie (2008) Ellis (2010) Falendar & Shafranske (2004) Hernandez (2008)</p>		
12/5	14 The Business of Clinical Practice	<ul style="list-style-type: none"> ➤ Hartman-Stein (2006) ➤ APA Record keeping guidelines ➤ APA Practice Dir materials on Medicare practice (search for them on www.apa.org) ➤ Find the Colorado Medicare carrier's regulations for psychologists online (Trailblazer) 	<i>Turn in Team Analysis</i>	
12/12	Presentation	Group presentation		

Objectives:

- **Gain understanding of service systems available to older adults in the U.S., how those systems are accessed, how and by whom they are funded, the services they provide, and aspects of well-being that each affects**
- **Articulate the role of psychologists within each system**
- **Develop a psychological intervention for community-dwelling elderly from diverse psychosocial contexts**
- **Develop professional research skills appropriate to a scientist-practitioner:**
 - **Create consultation approach**
 - **Collaborate with peers on team project, and analyze group process**
 - **Contribute distinct segment to the Consultation Report and Presentation**
 - **Contribute to team product in Consultation Report and Presentation**

Assignments

- Seminar Contributions. Prior to class, *read all assigned readings and submit 2 questions* that will prompt discussion among class members related to the readings. Participate actively in designing class projects and structures, including class discussion.
- Team Project.
 - Propose a program for interprofessional training of students within the Lane Center, including rationale, philosophy of training, strategies for training, and assessment of outcomes.
 - In order to be successful you will have to stage several phases of this project, such as
 - a data gathering phase that likely will include activities like:
 - gathering data from faculty and students in academic disciplines at UCCS that could benefit from the activities in the Lane Center
 - identifying models of training in other universities/communities that could serve as models
 - gathering standards for interprofessional training that have been established by various professions
 - proposal development
 - proposal feasibility assessment (how can you vet this proposal idea to ensure it is acceptable to the various participants?)
 - revisions into a final written proposal
 - oral presentation of that proposal
 - Product
 - Written proposal appropriate to give to Deans of colleges and schools that house academic programs relevant to Lane Center.
 - Oral presentation to Lane Center clinical service directors and other relevant leaders on Wed 12/12/12 during the class period (we won't shoot for presenting at 12:12 pm although it is a cool idea!).
 - You may want to consider developing a publishable version of this project as well
 - Grading
 - Written product and oral presentation will be graded in ways that are familiar to other professional products you have done
 - Individual contributions need to be noted so I can evaluate your individual contributions. You might do this by noting who took charge of which sections, and who served as second reader (if you use that format). Or you may need to note to me who took charge of which processes/stages rather than sections. As the project unfolds, you can let me know how you decide to do this.
- Team Analysis: After completion of the group project, write a description of the way your "team" functioned to create the project – what roles were assumed formally and informally, what processes did the team use, what challenges arose and how were they addressed, and an analysis of how the outcome was shaped by the process. Use the readings on team function to structure your analysis.

Grading 330 possible points can be accrued as follows:

- Seminar Contributions 30 (includes class prep, readings Qs, and participation)
- Team Analysis 30
- Project 150 - group portion 75 points, individual portion 75 points

Disabilities Services: Students with disabilities should turn in their disability verification letters within the first two weeks of class. For further information, contact Disability Services, Main Hall 105, 255-3354. For more information, see the Disability Services page:

<http://www.uccs.edu/~dservice/>. Military students: If you are a military student with the potential of being called to military service and/or training during the course of the semester, you are encouraged to contact your UCCS course instructor no later than the first week of class to discuss the class attendance policy. Please see the Military Students website for more information: <http://www.uccs.edu/~military/>.

Readings

- American Bar Association and American Psychological Association (2008) *Assessment of Older Adults with Diminished Capacity: A Handbook for Psychologists*.
- American Psychological Association (2007). Record keeping guidelines. *American Psychologist*, 62, 993-1004.
- American Psychological Association (2004). Guidelines for psychological practice with older adults. *American Psychologist*, 59, 236-260.
- Aten, J. D., Strain, J. D., & Gillespie, R. E. (2008). A transtheoretical model of clinical supervision. *Training and Education in Professional Psychology*, 2, 1-9.
- Chan, J., & Kayser-Jones, J. (2005, August). The experience of dying for Chinese nursing home residents: cultural considerations. *Journal of Gerontological Nursing*, 31(8), 26-32
- Cohen-Mansfield, J., & Bester, A. (2006). Flexibility as a management principle in dementia care: The Adards example. *Gerontologist*, 46, 540-544.
- Ellis, M. V. (2010). Bridging the science and practice of clinical supervision: Some discoveries, some misconceptions. *The Clinical Supervisor*, 29, 95-116.
- Falender, C. A., & Shafranske, E. P. (2007). Competence in competency-based supervision practice: Construct and application. *Professional Psychology: Research and Practice*, 38, 232-240.
- Femia, E. E., Zarit, S. H., Stephens, M., & Greene, R. (2007). Impact of adult day services on behavioral and psychological symptoms of dementia. *The Gerontologist*, 47(6), 775-788. doi:10.1093/geront/47.6.775
- Gabriel, M. S. (2011). Trajectories of chronic illnesses. In S.H.Qualls & J.E. Kasl-Godley (Eds.), *End-of-life issues, grief, and bereavement: What clinicians need to know* (pp. 26-42). Hoboken, NJ: Wiley.
- Gaugler, J. E., & Kane, R. L. (2007). Families and assisted living. *The Gerontologist*, 47, 83-99.
- Georgoulakis, J. M. (2004). Proper utilization of health and behavior assessment intervention codes for psychologists. Retrieved 6/8/2004 from http://www.centerforhealthyaging.com/proper_utilization_of_health_and.htm
- Hartman-Stein, P. E. (2006). The basics of building and managing a geropsychology practice. In S. H. Qualls & B. G. Knight (Eds.), *Psychotherapy for depression in later life* (pp. 229-249).
- Hernandez, P. (2008). The cultural context model in clinical supervision. *Training and Education in Professional Psychology*, 2, 10-17.
- Heyl, V., & Wahl, H-W. (2012). Managing daily life with age-related sensory loss: Cognitive resources gain in importance. *Psychology and Aging*, 27, 510-521. doi: [10.1037/a0025471](https://doi.org/10.1037/a0025471)
- Hinrichsen, G. A. (2006). Why multicultural issues matter for practitioners working with older adults. *Professional Psychology: Research And Practice*, 37(1), 29-35. doi:10.1037/0735-7028.37.1.29

- Hinrichsen, G. (2010). Public policy and the provision of psychological services to older adults. *Professional Psychology: Research and Practice*, *41*, 97-103.
- Iwasaki, M., Tazeau, Y.N., Kimmel, D., Baker, N. L., & McCallum, T.J. (2009). Gerodiversity and social justice: Voices of minority elders. In J. L. Chin (Ed.), *Diversity in mind and in action* (vol. 3). Santa Barbara, CA: Praeger.
- Kane, R. L., & Mach, J. R. (2007). Improving health care for assisted living residents. *The Gerontologist*, *47* (Special Issue III), 100-109.
- Karel, M. J. (2007). Culture and medical decision-making. In S.H. Qualls & MA Smyer (Eds.), *Changes in decision-making capacity in older adults: assessment and intervention* (pp. 145-174). Hoboken, NJ: Wiley.
- Karlin, B. E., & Humphries, K. (2007). Improving Medicare coverage of psychological services for older Americans. *American Psychologist*, *62*, 637-649.
- Kaskie, B. B., Gregory, D., & Cavanaugh, J. (2008). The use of public mental health services by Older Californians and complimentary service system effects. *Journal of Behavioral Health Services and Research*, *35*, 142-158.
- Kaskie, B. B., Van Gilder, R. R., & Gregory, D. D. (2008). Community mental health service use by older adults in California. *Aging & Mental Health*, *12*(1), 134-143. doi:10.1080/13607860801942761
- Kasl-Godley, J.E. & Kwolisz, D. (2011). Health-care teams. In S.H.Qualls & J.E. Kasl-Godley (Eds.), *End-of-life issues, grief, and bereavement: What clinicians need to know* (pp. 201-228). Hoboken, NJ: Wiley.
- Kasl-Godley, J.E. (2011). Introduction to end-of-life care for mental health professionals. In S.H.Qualls & J.E. Kasl-Godley (Eds.), *End-of-life issues, grief, and bereavement: What clinicians need to know* (pp. 1-25). Hoboken, NJ: Wiley.
- Kaslow, N.J., Dunn, S.E., & Smith, C. O. (2008). Competencies for psychologists in academic health centers (AHCs). *Journal of Clinical Psychology in Medical Settings*, *15*, 18-27.
- Knight, B., Karel, M., Hinrichsen, G., Qualls, S. H., & Duffy, M. (2009). Pikes Peak model for training in professional geropsychology. *American Psychologist*, *64*, 205-214.
- Lawton, M. P. (1999). Environmental design features and the well-being of older persons. In M. Duffy, *Handbook of counseling and psychotherapy with older adults* (pp. 350-363). New York: Wiley.
- Marshall, W. M., Seal, C., & Vanatta-Perry, L (2007). A primer for legal proceedings. In SH Qualls & MA Smyer (Eds.), *Changes in decision-making capacity in older adults: assessment and intervention* (pp. 121-144). Hoboken, NJ: Wiley.
- McDaniel, S.H., Campbell, T.L., Hepworth, J., & Lorenz, A. (2005). *Family-oriented primary care* (2nd ed.). New York: Springer.
- Meeks, S., Looney, S. W., Van Haitsma, K., & Teri, L. (2008). BE-ACTIV: A staff-assisted, behavioral intervention for depression in nursing homes. *The Gerontologist*, *48*, 105-114.
- National Consensus Project for Quality Palliative Care. (2004). *Clinical practice guidelines for quality palliative care*. Brooklyn, NY: NCPQPC.
- Qualls, S. H., & Czirr, R. (1988). Geriatric health teams: Classifying models of professional and team functioning.

The Gerontologist, 28, 372-376.

Rabig, J., Thomas, W., Kane, R. A., Cutler, L. J., & McAlilly, S. (2006). Radical redesign of nursing homes: Applying the Green House concept in Tupelo, Mississippi. *Gerontologist*, 46, 533-539.

Regnier, V. & Pynoos, J. (1992). Environmental intervention for cognitively impaired older adults. In J. E. Birren, R. B. Sloane, & G. D. Cohen (Eds.), *Handbook of mental health and aging* 2nd ed. (pp. 763-792). San Diego: Academic Press. [used designs only; chapter not assigned]

Rosowsky, E., Casciani, J., & Arnold, M. (2008). *Geropsychology and long term care: A Practitioner's Guide*. New York: Springer.

Slone, D. G. (2002). A team effort for treating depression in dementia. *Clinical Gerontologist*, ??, 173-195.

Sokolovsky, J. (2009). *The cultural context of aging: worldwide perspectives*. Westport, CT: Praeger.

Wahl, H.W. & Lang, F. R. (2003). Aging in context across the adult life course: Integrating physical and social environmental research perspectives. In H.W. Wahl, R. J. Scheidt, & P. G. Windley (Eds.), *Annual Review of Gerontology and Geriatrics (Aging in Context: Socio-physical environments)*, 23, 1-33.

Syllabus: Clinical Geropsychology II (3 credits)**PSY 6620 (Spring 2013)****Wednesday 1:40-4:20 pm (Columbine Hall #303)**

<i>Instructor:</i>	Daniel L. Segal, Ph.D. Professor of Psychology
<i>Contact Info:</i>	Columbine Hall #4015; phone: 255-4176; email: dsegal@uccs.edu
<i>Office Hours:</i>	Thursday 11:00 am – 12:00 noon and also by appointment
<i>Prerequisites:</i>	Graduate standing; PSY 5210, PSY 5220, PSY 5710, PSY 6610

Course Description:

This course will cover psychopathology among older adults, clinical assessment approaches with older adults, and psychotherapeutic interventions with older adults. Specific content will include familiarization with: the effects of age upon psychopathology; instruments designed for older adults in the assessment of mood, personality, and cognition; and specialized psychotherapeutic approaches with older adults. Emphasis will be placed on familiarizing students with *empirically based treatments* designed for the unique problems of the older adult.

Course Objectives:

Upon successful completion of this course, students will have ability to:

1. Describe and apply major models of case conceptualization.
2. Demonstrate a working knowledge of psychopathology among older adults.
3. Demonstrate a working knowledge of assessment strategies and instruments used in clinical geropsychology.
4. Demonstrate a working knowledge of the primary psychotherapy, intervention strategies, and evidence-based practices used in clinical geropsychology.
5. Apply theoretical concepts of aging and psychotherapy interventions to practice.
6. Increase professional identity and identification as a clinical psychologist and clinical geropsychologist.

Required Texts:

Frazer, D. W., Hinrichsen, G. A., & Jongsma, Jr., A. E. (2011). *The older adult psychotherapy treatment planner* (2nd ed.). New York: Wiley.

Knight, B. (2004). *Psychotherapy with older adults* (3rd ed). Thousand Oaks: Sage.

Laidlaw, K., Thompson, L., Gallagher-Thompson, D., & Dick-Siskin, L. (2004). *Cognitive behavior therapy with older people*. New York: Wiley.

Segal, D. L., Qualls, S. H., & Smyer, M. A. (2011). *Aging and mental health*. (2nd edition). New York: Wiley/Blackwell.

Scogin, F., & Shah, A. (Eds.). (2013). *Making evidence-based psychological treatments work with older adults*. Washington, DC: APA Books.

Assignments and Grading:

There are 6 assignments to be completed for this class.

1. Development of Syllabus (50 points)

In the initial session, class will engage in self-review of clinical geropsychology competencies accomplished to date. Following that review, the class will negotiate the priorities for this class. Each student will be evaluated on their participation in the group process, the critical analysis of the curriculum to date, and support the effort to identify ideal learning resources for the topics selected. Students will also divide the topics among themselves for special topic presentations.

2. Special topics presentation (100 points)

The purpose of this presentation is to give you an opportunity to explore in-depth one topic within clinical geropsychology that you and your peers identify as competencies you still need to develop. Also consider this an opportunity to practice your teaching. Each student will select a “Special Topic” from the list generated in class on week 2, and provide a presentation (70-75 minutes, including discussion) to the group on the topic during the second half of the semester. This assignment includes selecting extra readings of your choice (to be provided the week before your presentation date) and providing questions, cases, or notes to prompt discussion. The presentation must include a didactic component (made in PowerPoint) and some kind of group exercise for us to do (i.e., a role-play, a case, a game, etc.). The didactic component on disorders will include epidemiology, etiologies, cultural variations, symptom presentation, differential diagnosis, assessment tools (outcome measures as well as diagnostic tools), and treatments (EBP’s and cases). This material will be presented in a handout for peers, with a reference list. The final requirement is that an electronic version of your PowerPoint presentation must be submitted to me (via email) prior to the presentation. *The date of your presentation will be decided in class today.*

3. Clinical case presentation (100 points)

To give you an opportunity to enhance your clinical skills in geropsychology, each student will prepare and deliver a “clinical case presentation” which is similar in content and format to a required component of the Clinical Competence part of the Comprehensive Examination required of all clinical Ph.D. students. A separate Handout will describe this presentation in detail. An important part of this

assignment, however, is that you receive constructive feedback from me and your peers on this process to prepare you for success in this part of your Comprehensive Examination. For the presentation, you should prepare a 45 minute presentation assuming that with Q&A, this will translate into a 75-80 minute process.

4. Theoretical orientation essay (100 points)

This paper will help you coalesce your ideas about your preferred theoretical model and way of working with clients in psychotherapy. It will also help you prepare for your internship application which requires an essay on this topic. We will each review, critique, and learn from each other's essays in the hopes that this will help to improve the final product.

5. Professional development paper (100 points)

This paper will focus on your assessment and reflection of your development as a clinical psychologist and geropsychologist. It will include 4 specific segments or essays. The first three essays correspond to required essays for internship applications (each capped at 500 words), focusing on 1) your autobiographical statement, 2) your experience and training in work with diverse populations, and 3) your research experience and interests. The fourth essay (no word limit) will focus on your review of competencies in geropsychology (including your perceptions of your current skills, competencies, strengths, and weaknesses) and a description of your knowledge and skill competencies regarding evidence-based practices (EBPs) and empirically-supported treatment (ESTs). Also feel free to think about your career trajectory and describe where you see yourself heading personally and professionally in the next 5 years and 10 years.

6. Class contributions (50 points)

Please read all assigned readings prior to class and participate actively and constructively in class discussions. Please email me 2-3 "Discussion Questions" based on the readings by the agreed-upon deadline before class each week. We will also select a Discussion Leader for most classes.

Thus, 500 points are available and cutoffs are made at 90% (A), 80% (B), and so on.

PSY 6620 Clinical Geropsychology II (*Course Schedule*)

DATE	TOPIC	READINGS	Discussion Leader
1/23/2013	Introduction to course; Syllabus review; Intro to evidence based treatments	Clinical Geropsychology Competencies Evaluation Tool – review and self-rate - Scogin & Shah Chapter 1	Segal
1/30/2013	Treatment planning; Basic issues in gerontology and in geropsychology practice; Special topics discussion and selection; Case conceptualization overview (Dan)	- Frazer, Hinrichsen, & Jongsma, pages p 1-12 (review rest of book with focus on goals, objectives, and interventions for diverse problems; identify at least 5 specific new interventions you plan to use and be ready to share) - Segal, Qualls, & Smyer Chapters 1-2 - Laidlaw et al., Chapters 1-2	Group
2/6/2013	Cognitive therapy case conceptualization	- Segal, Qualls, & Smyer Chapter 4 - Beck, Chapters 1-2, 6-8 - Laidlaw et al., Chapter 3	
2/13/2013	Behavior therapy case conceptualization; Stress	- Laidlaw et al., Chapters 4-7 - Segal, Qualls, & Smyer Chapter 5	

	and coping model		
2/20/2013	Interpersonal / psychodynamic therapy case conceptualization; Family systems case conceptualization	- Segal, Qualls, & Smyer Chapters 3 and 6 - Other readings TBD	
2/27/2013	Psychopathology and assessment (cognitive impairment; schizophrenia and other chronic mental disorders; substance abuse, personality disorders, and marital conflict)	- Segal, Qualls, & Smyer Chapters 7, 9, and 11 - Theoretical orientation essay DUE (see APPIC for guidelines and word limit) - Discussion and feedback on essays	
3/6/2013	Work session on GPE project, case presentations, and special topic presentations	- TBD	
3/13/2013	Clinical Case Presentation # 1 & 2		Presenters: Sam (1); Nicole (2)
3/20/2013	Clinical Case Presentation # 3; Depression	- Special Topics # 1 and #2 Readings DUE - Segal, Qualls, & Smyer Chapter 8 - Scogin & Shah Chapter 4	Presenter: Brenna (3)
3/27/2013	Spring Break!!		
4/3/2013	Special Topic # 1 & 2	Special Topics # 3 Readings DUE	Presenters: Brenna (1); Nicole (2)
4/10/2013	Special Topics # 3; Anxiety, sexual, and sleep disorders	- Segal, Qualls, & Smyer Chapter 10 - Scogin & Shah Chapters 2 and 3	Presenter: Sam (3)
4/17/2013	Professional issues in psychology (internship, post-doc, licensure, Medicare; board certification in geropsychology)	- Review APPIC application guidelines for internship	Segal
4/24/2013	Psychotherapy (CCMSC model; adapting psychotherapy for older adults; building rapport)	- Knight Chapters 1-3	
5/1/2013	Psychotherapy (transference; assessment in context of psychotherapy; grief work)	- Knight Chapters 4-6	
5/8/2013	Psychotherapy (chronic illness; dementia; family caregivers; life review)	- Self-Development Paper DUE - Knight Chapters 7-10	
5/15/2013	Other evidence based practices; Discussion of self-development paper; Course wrap-up and review	- Scogin & Shah Chapters 5-7	Group

UNIVERSITY OF MASSACHUSETTS AMHERST

Psychology 365 Psychology of Aging
Spring 2012
Schedule #51679

Professor Susan Krauss Whitbourne
9:30-10:45 am Tuesdays and Thursdays, Herter 231

Texts:

Whitbourne, S.K. & Whitbourne, S.B. (2011). *Adult development and aging: Biopsychosocial perspectives (4th Ed)*. New York: Wiley, and Whitbourne, S.K. (2011). *Lecture Notes (4th Ed.)* New York: Wiley.

Both are available as e-books:

Text:

<http://www.coursesmart.com/adult-development-and-aging-biopsychosocial/whitbourne-susan-krauss-university-of-massachusetts/dp/9780470646977>

Lecture notes: <http://store.vitalsource.com/show/9781118339619>

CONTACT INFORMATION

Professor Whitbourne: 409 Tobin Hall

Phone/Voice Mail: 545-4306

Email address: swhitbo@psych.umass.edu

Office hours: Tuesdays 11 am –noon, Tobin 409, and by appointment

Graduate Teaching Assistant:

Chrisanthi Karanikas: cakarani@cns.umass.edu

Undergraduate Teaching Assistant:

Chelsea Paoella

COURSE OBJECTIVE

The purpose of this course is to provide an orientation to development from early through later adulthood. Students will be introduced to basic theoretical models, research methods, and current information on the psychology of adulthood and aging. In keeping with this course's General Education "Diversity" designation (SBD), it will also focus on the particular concerns of racial and ethnic minorities and the issue of "ageism" as a form of discrimination in our society. A one-credit service learning option is available to provide students with hands-on experiences in working with older adults.

COURSE PROCEDURES

This syllabus contains the requirements for the course, including details about grading and the schedule of assignments. Any updates or changes to the syllabus will be posted on SPARK, and an announcement about any such changes will be sent to all students via email on SPARK.

Readings

Readings are assigned from the required text. Students will be expected to follow along with the reading from the text according to the Course Schedule outlined below. The Lecture Notes are not intended to replace the required text readings and since the lectures are based on the Lecture Notes, they should be brought to class every day.

Academic Honesty

All students are expected to adhere scrupulously to the University policy concerning academic honesty, which is found in "Undergraduate Rights and Responsibilities" and online at:
http://www.umass.edu/dean_students/codeofconduct/acadhonesty/

Any violations of the academic honesty policy will of course be vigorously pursued.

Web Site

This is a SPARK course and so the SPARK site will be used for all official announcements, updates, and assignments. You can also use the "Discussions" page to submit questions of general interest to others in the course and to offer suggestions and comments. Please use the **SPARK email** to ask specific questions about your grade or to raise any concerns you may have. This is much more efficient than emailing the professor or TA individually and guarantees a speedy response. If you're not familiar with SPARK, make sure you learn how to use the system by using the online help on the SPARK website and completing the practice quiz. We cannot grant extensions for late assignments, so please stay on top of the due dates.

All of the assignments are organized in terms of "Learning Modules" on SPARK. Be sure that you use the actual icons for each Learning Module rather than attempt to complete assignments through the sidebar links and when in doubt, check the Syllabus.

Class Attendance

Discussions in class of the assigned readings are an important part of the learning process for this course, and the examinations will reflect these class discussions accordingly. During class, please follow ordinary conventions of good manners and courtesy during the lectures and discussions. If you need to bring your laptop to class, please restrict its use to taking notes and please do not use cellphones.

Examinations (100 points each, for 300 points total)

All examinations are made up of 50 multiple-choice questions. There will be 3 in-class examinations, each worth 100 points. The in-class examinations are not cumulative; that is, they only cover the material immediately preceding each one. **There will be no make-up dates for any of these in-class examinations.** There will be a cumulative final given during finals week. This final is **optional** and can be used as a make-up for one missed in-class examination. It can also replace a poor grade on a previous examination because only the top 3 exam grades will be counted. **Please note that, on the day of an exam, any student who arrives after 9:30 am will not be seated.** This will be strictly enforced. Please plan accordingly.

Concept Quizzes on SPARK (100 points total)

There are 20 SPARK learning modules that contain quizzes. The quizzes are due on the date indicated on the SPARK home page and the calendar. Each learning module consists of Concept Quizzes that include 5 multiple choice questions. The quizzes are based on the assigned readings. For each quiz, you are allowed two attempts. Each answer you choose includes feedback that will guide you to the right answer on the next attempt if you decide to retake the quiz.

Surveys on SPARK (60 points total)

Twelve SPARK learning modules contain a survey based on a related blog posting. Ten are based on the professor's "Fulfillment at Any Age" blog on Psychology Today (<http://www.psychologytoday.com/blog/fulfillment-any-age>). Completing all 12 surveys will give you 5 points per assignment. The assignments each contain the instructions for you to follow in order to receive credit.

In-class Reaction Papers (20 points total)

There will be two in-class reaction papers based on assignments conducted during class time (10 pts each).

Extra Credit opportunities

There are a number of psychological experiments conducted each semester in which you can participate through the department's online recruiting system known as SONA. You will get one experimental credit for each 30 minutes of participation. Each experimental credit earned in this manner is worth 1 point of extra credit for this class. You can earn a maximum of 5 extra credit points toward the class total of 480. If you sign up for an experiment but fail to show up you will not get credit and if you fail to show up for 3 experiments that you sign up for, you will lose your extra credit privilege.

There will be an opportunity to participate in the department's prescreening program offered between **Jan 23 and Feb 5** at 11:59pm; this opportunity will automatically be offered to you after you have logged onto SONA on this website <http://umasspsych.sona-systems.com/>

The last day to do studies this semester is April 30th at 11:59pm. You then have until May 7th at 11:59pm to make any changes to your records. After that no changes will be made.

Please read the SONA instructions at

http://www.psych.umass.edu/uploads/sites/0/Files/S12_ug_SONA_%20instructions.pdf

Course Grade

The course grade will be based on the total number of points with a maximum of **480 points** for the course as follows:

Grade	Points	Grade	Points
A	456	C+	379
A-	442	C	360
B+	427	C-	346
B	408	D+	331
B-	394	D	312
		F	<312

All questions about grades and grading policies must be handled through SPARK**email. Service Learning Option**

Students who wish to gain practical experience in working with older adults may elect to register for one additional credit of Service Learning. Those who complete Service Learning will be graded on a scale of 100 points comparable to the scale listed above (i.e. 95% and above for an "A", etc.). Service Learning involves a commitment to complete 30 hours of community service work during the semester (3 hours a week for 10 weeks). If you choose this option you will be required to keep a record of hours and a journal, and at the end of the semester obtain from the agency supervisor a written acknowledgement of your work. In addition to completing the community service, students will be expected to attend a weekly one-hour discussion group. 50% of the service learning grade is based on attendance at discussion group meetings and participation in the service learning agency. The necessary paperwork must be turned in during class on **FEBRUARY 9**, discussion groups begin on the

week of **FEBRUARY 6**, and the community service will begin on the week of **FEBRUARY 13**. The final report, worth 25% of the service learning grade, will be due by class time on APRIL 26.

Students who complete the service learning option will be expected to make a group presentation in class on April 26, which will count toward 25% of the service learning grade. **All forms for Service Learning must be downloaded from SPARK**

COURSE SCHEDULE

Date	Topic	Reading (to be completed by class time)	SPARK Assignment due on this date (<i>NOTE: all assignments close at 9 am on the due date</i>)
1/24	Introduction to course		
1/26	Service learning and online assignments		Practice Concept Quiz (though worth 0 points, you should complete it. Survey #1: How do You Feel About Aging?
1/31	Introductory themes	Chapter 1, pp. 2-15	CQ #01: Introductory themes
2/2	Demography	Chapter 1, pp. 15-19	CQ #02: Demography Survey #2: Were the youth of yesterday better than the youth of today?
2/7	Theories and models part I (Psychosocial)	Chapter 2, pp. 20-35	CQ #03: Theories part 1
2/9	Theories part II (Biological) SERVICE LEARNING CONTRACTS DUE	Chapter 2, pp. 35-43	CQ #04: Theories part 2 Survey #3: Resist the temptation to look like your kids
2/14	Research methods	Chapter 3, pp. 44-63	CQ #05: Research methods
2/16	Physical changes	Chapter 4, pp. 64-86	CQ #06: Physical changes Survey #4: Why iPods may be hazardous to your health
2/21	Nervous and sensory system changes	Chapter 4, pp. 87-97	CQ #07: Nervous & sensory system changes
2/23	Health	Chapter 5, pp. 98-111	CQ #08: Health Survey #5: I'm a social smoker: who are you kidding?
2/28	Dementia	Chapter 5, pp. 111-122	CQ #09: Dementia
3/1	Exam 1		

3/6	Attention and memory	Chapter 6, pp. 124-142	CQ #10: Attention & memory Survey #6: Get out and walk: Your brain will thank you
3/8	Cognition and intelligence	Chapter 7, pp. 144-165	CQ #11: Cognition & intelligence
3/13	Personality	Chapter 8, pp. 166-189	CQ #12: Personality Survey #7: The introversion-creativity link: How to boost your brain's "alpha power"
3/15	Review Exam 2	Review Chapters 5-8	
3/27	Exam 2		
3/29	Relationships 1	Chapter 9, pp. 190-200	CQ #13: Intimate relationships Survey #8: Lowering the odds of divorce: ways to boost your marital longevity
4/3	Relationships 2	Chapter 9, pp. 201-212	CQ #14: Family relationships Survey #9: Family caregiving across the generations
4/5	Vocational development	Chapter 10, pp. 214-228	CQ #15: Work & vocational development
4/10	Retirement	Chapter 10, pp. 228-237	CQ #16: Retirement Survey #10: Risky business? Why women earn less than men
4/12	Mental health	Chapter 11, pp. 238-259	CQ #17: Mental health Survey #11: The end of talk therapy
4/17	NO CLASS - MONDAY SCHEDULE		
4/19	Institutionalization and health care	Chapter 12, pp. 260-278	CQ #18: Institutionalization
4/24	Death and dying	Chapter 13, pp. 280-302	CQ #19: Death and dying
4/26	Service learning presentations and Successful aging	Chapter 14, pp. 304-320	CQ #20: Successful aging Survey #12: How Do You Feel About Aging? (Part 2)
5/1	Exam 3		

FINAL EXAM WILL BE GIVEN DURING FINAL EXAMS WEEK

UNIVERSITY OF SOUTH FLORIDA

Syllabus – Aging & Mental Disorders Course

Victor Molinari, PhD

Professor, Department of Aging & Mental Health Disparities

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Overview: My plan is to use slides, mental health videos of older adults, vignettes, and the DSM-IV combined with student-led facilitations of discussions of research-oriented articles and literature reviews to enhance understanding of the diverse psychopathologies of older adults and how they should be addressed. The organization of the class periods will be a combination of my lectures and discussions of assigned readings facilitated by students. The first few classes will present overarching thoughts on normal and abnormal aging, ethical issues in working with older adults, and limitations of the DSM system of classification. The next classes will review theoretical frameworks (behavioral, CBT, family, psychodynamic) and how they do or don't help us understand late life problems. Finally, we will discuss specific diagnostic categories (e.g., depression, schizophrenia, anxiety, paranoia etc.) and how they present in older age. Each student will be asked to critically review and/or facilitate discussions of certain assigned articles that all students will be required to read.

A final 10-page paper is required. Using material from the scientific literature, lectures, readings, and/or class presentations discuss the strengths & limitations of behavioral, CBT, family/systems, and psychodynamic interventions in reducing psychopathology (for at least 3 diagnostic categories) in older adults.

Goals:

- 1) Provide a reasoned, balanced framework for understanding psychopathology in older adults.
- 2) Understand the need for more professional development and research in geriatric mental health.
- 3) Learn about the unique presentations of the major psychological conditions affecting older adults.
- 4) Understand the latest research on the epidemiology and ethical treatment of late life psychological conditions.
- 5) Recognize the strengths and limitations of the DSM vis a vis older adults' psychiatric conditions.

Grading (A, B, C, D, F):

Students will be graded on midterm (25%), final (25%), facilitation of discussion (10%), overall class participation (15%), and 10-page final paper (25%) based on the applicability of the diverse clinical models to the broad diagnostic groupings. The midterm & final will include both multiple-choice and essay questions.

Incomplete grades are given only in extreme circumstances. College policy states that the S/U option must be agreed to during the first three weeks of the semester. Incomplete grades are only granted

when, due to circumstances beyond the control of the student, only a small portion of the required work remains undone and the student is otherwise passing the course: You should not expect to receive an incomplete just because you are busy at the end of the term and feel that you need a break, or because of the stresses in your life. Balancing multiple demands in your personal and work life will be a lifelong task, develop these skills now if you don't have them.

Make-up tests are given at the discretion of the instructor, only for excellent reasons and must be completed prior to the originally scheduled exam date. Assignments completed or turned in late will receive reduced grades from that which they would have earned.

Classes: Topics are emboldened; assignments are underlined.

Introduction – Goals of course, Syllabus, Assignments, (**Ethical Issues in working with older adults**) (PBS Video & Discussion)

Ethical Issues in working with older adults (Video cont); **Healthy Aging** (Boston Video)
{Chapters 1&2} {Readings # 1, 2, 3}

Theoretical Frameworks – Diagnosis in older adults; Psychotherapy with older adults (Lecture/Slides) {Reading # 4} For a critique of DSM, please access:
<http://www.minddisorders.com/Del-Fi/Diagnostic-and-Statistical-Manual-of-Mental-Disorders.html>

Behavioral Assessment & Intervention (Theories of Therapy slides) (Vignette);
Stress/Coping/CBT Assessment & Intervention (Vignette) {Chapters 4 & 5} {Reading # 5}

Psychodynamic/Interpersonal Model Assessment & Intervention (Theories of Therapy slides) (Vignette) (Chapter 3) {Reading # 6}; **Family/systems Assessment & Intervention** (Vignette) (Chapter 6)

Cognitive Disorders: Dementia (Lecture/Slides & DSM); **Delirium** (DSM) {Chapter 7}
{Reading # 7}

Affective Disorders (DSM & Stiles Video & Lecture/Slides) {Chapter 8} {Readings # 8, 9, 10};
Somataform/Factitious/Dissociative Disorders (DSM) {Readings #11}

Bereavement (Lecture/Slides & DSM) {Reading # 12}; **Death & Dying** (Lecture/Slides)
{Reading # 13}

Midterm Exam - Feedback re test questions & paper

Anxiety Disorders – (Lecture/Slides/DSM) {Chapter 10} {Readings # 14,15}
Sexual/Eating/Sleep Disorders (Lecture/Slides/DSM) {Readings #22/23/24}

Serious Mental Illness (Video & DSM) {Chapter 9} {Readings # 16,17}

Personality Disorders (Lecture/Slides & DSM) {Chapter 10} {Readings #18, 19}; **Substance Abuse Disorders** {Lecture/Slides} {Readings # 20, 21}

Long Term Care (Lecture/Slides){Chapter 11}; **Caregiving/Elder Abuse**
(Lecture/Slides, Teasdale/Qualls Video){Readings #25/26/27}

Professional practice & Research directions {Chapter 12} **Final**

paper due!! Final Exam - Feedback re test questions & paper

Other Points:

1. Read the text by the date assigned. It will make the lecture easier to understand, will improve class discussion, and will allow you to ask questions if something is unclear.
2. Lecture material will overlap with the text, but will also introduce new material not included in the reading. Not all material in the text will be covered in class. In order to do well in the class, you must read and understand the text, and attend and understand the class presentations.
3. Participate in class – ask questions and join in discussion even when you are not the assigned facilitator (It will help you remember the material better).
4. We will use the syllabus as a guide, but be prepared if we get ahead or behind

schedule.

5. Please check Blackboard once a week. The syllabus, PP slides, and messages will be posted.

More Points

1. Attendance is not mandatory, but it certainly helps. 25% of your grade will be earned from class participation & facilitation of discussion of assigned articles. There will be material covered in class that is not in the text, so coming to class would help your grade substantially.
2. If you know in advance that you will have to miss an exam, let me know, I may allow you to take it early (but never late).
3. You will not be allowed to keep the tests that you take.
4. Any form of cheating on examinations or plagiarism on assigned papers constitutes unacceptable deceit and dishonesty. Cell phones, IPODs, or any other electrical devices are forbidden when taking tests. Disruption of the classroom or teaching environment is also unacceptable. The University of South Florida has very specific policies and procedures regarding academic dishonesty or disruption of academic process (see <http://usfweb2.usf.edu/usfgc/ogc%20web/currentregs/USF3-0015.htm>). Academic honesty and good conduct in the classroom are highly valued, and as such, university guidelines are strongly adhered to with regard to departure from these conventions. Punishment for academic dishonesty includes receipt of a "0" or failing grade for a specific assignment, an "F" or "FF" final course grade, as well as suspension from the university for a semester or entire year. If you have any questions about academic dishonesty please see your instructor or university policies.
5. The University of South Florida has an account with an automated plagiarism detection service, which allows instructors to submit student assignments to be checked for plagiarism. I reserve the right to submit assignments to this detection system. Assignments are compared automatically with a huge database of journal articles, web articles, and previously submitted papers. The instructor receives a report showing exactly how a student's paper was plagiarized.

Any student with a disability is encouraged to meet with me privately during the first week of class to discuss accommodations (See Student responsibilities:

<http://www.sds.usf.edu/Students.htm>). Each student must bring a current

Memorandum of Accommodations from the Office of Student Disability Services that is prerequisite for receiving accommodations. Accommodated examinations through the Office of Student Disability Services require two weeks notice.

Deadline for students to elect to drop this course is **August 31, 2007**

Text:

1) Smyer, M. A. & Qualls, S. H. (1999). Aging & mental health. Blackwell Publishers: Malden, Massachusetts.

2) Book of Readings:

1. American Psychiatric Association (1994). Diagnostic and statistical manual of mental disorders (4th ed). Introduction (pp..xv-xxv). APA Press: Washington DC.

2. McCullough, L. (2000). Bioethics and aging. In Thomas Cole, Robert Kastenbaum & Ruth Ray (eds.) Handbook of the humanities and aging (pp. 93-113). New York: Springer Publishing Company.

3. Moyer, J. (2000). Ethical issues. In Victor Molinari (ed.) Professional psychology in long term care, pp.329-348. Hatherleigh Press, {FMHI & Main Libraries RC451.4 A5 P735}

4. Knight, B. G. (1996). Psychotherapy with older adults (2nd ed.). Building rapport with older adults (chapter 3). London: Sage Publications. {FMHI & Main libraries RC451.4 A5 K59}.

5. Satre, D. D., Knight, B. G., & David, S. (2006). Cognitive-behavioral interventions with older adults: integrating clinical and gerontological research. Professional Psychology: Research and Practice, 37(5), 489-498.

6. Lazarus, L. W. & Sadavoy, J.(1996). Individual psychotherapy. In J. Sadavoy, L.W. Lazarus, L. F. Jarvik & G. Grossberg (eds.) Comprehensive review of psychiatry – II. Washington DC: American Psychiatric Press. {FMHI & Main Libraries RC451.4 A5 C634}

7. Birks, J. & Flicker, L. (2006). Donepezil for mild cognitive impairment. Cochrane Database of Systematic Reviews.

8. Charney et al. (2003). Depression and bipolar support alliance consensus statement on the unmet needs in diagnosis and treatment of mood disorders in late life. Archives of General Psychiatry, 60(7), 664-672.

9. Hinrichsen, G. (1999). Treating older adults with interpersonal psychotherapy for

depression. Journal of Clinical Psychology/In Session, 55(8), 949-960.

10. Reynolds et al. (1999). Nortriptyline and interpersonal psychotherapy as maintenance therapies for recurrent major depression. JAMA, 281(1), 39-45.

11. Sheehan, B., Bass, C., Briggs, R., & Jacoby, R. (2003). Somatization among older primary care attenders. Psychological Medicine, 33, 867-877.

12. Bonanno, G. A., Wortman, C. B., Lehman, D. R., Tweed, R. G., Haring, M., Sonnega, J., Carr, D., & Nesse, R. M. (2002). Resilience to loss and chronic grief: A prospective study from preloss to 18-months postloss. Journal of Personality and Social Psychology, 85(5), 1150-1164.

13. Haley, W. E., Larson, D. G., Kasl-Godley, J. Neimeyer, R. A., & Kwilosz, D. M. (2003). Roles of psychologists in end-of-life care: emerging models of practice. Professional Psychology: Research and Practice, 34(6), 626-633.

14. Stanley. M., Beck, J. G., Novy, D., Averill, P. M., Swann, A. C., Diefenbach, G. J., & Hopko, D. R. (2003). Cognitive-behavioral treatment of late-life generalized anxiety disorder. Journal of Consulting and Clinical Psychology, 71(2), 309-319.

15. Wetherell, J. L., Sorrell, J. T., Thorp. S. R., & Patterson, T. L. (2005). Psychological interventions for late-life anxiety: A review and early lessons from the CALM study. Journal of Geriatric Psychiatry and Neurology, 18, 72-82.

16. Bartels, S. J., Miles, K. M., Dums, A. R., & Pratt, S. I. (2003). Factors associated with community mental health service use by older adults with severe mental illness. Journal of Mental Health and Aging, 9(2), 123-135.

17. Harding, C. M. (2003). Changes in schizophrenia across time: Paradoxes, patterns, and predictors. In Carl I Cohen (ed.), Schizophrenia into later life: Treatment, research, and policy (pp. 19-41). Arlington, VA: American Psychiatric Publishing, Inc.

18. Abrams, R. C., & Horowitz, S. V. (1999). Personality disorders after age 50: A meta-analytic review of the literature. In E. Rosowsky, R. C. Abram, and R. A. Zweig (eds.) Personality disorders in older adults: Emerging issues in diagnosis and treatment (pp. 55-68). Lawrence

Erlbaum Associates.

19. Coolidge, F. L., Segal, D. L., Hook, J. N., Stewart, S. (2000). Personality disorders and coping among anxious older adults. Journal of Anxiety Disorders, 14(2), 157-172.

20. Schonfeld, L., Dupree, L. W., Dickson-Fuhrmann, E., Mckean Royer, C., McDermott, C. H., Rosansky, J. S., Taylor, S., & Jarvik, L. (2000). CBT of older veterans with substance abuse problems. Journal of Geriatric Psychiatry and Neurology, 13, 124-129.

21. Bartels, S. et al. (2004). Improving access to geriatric mental health services: a randomized control trial comparing treatment engagement with integrated versus enhanced referral care for depression, anxiety, and at-risk alcohol abuse. American Journal of Psychiatry, 161, 1455-1462.

22. Zeiss, A. & Zeiss. R. (1999). Sexual dysfunction: Using an interdisciplinary team to combine cognitive- behavioral and medical approaches. In Michael Duffy (ed.) Handbook of Counseling and psychotherapy with older adults, pp 294-313 John Wiley Pub {In Health Sciences Library – WT 150 H2344.

23. Morley, J. (2003). Anorexia and weight loss in older adults. Journal of Gerontology Series A; Biological Sciences and Medical Sciences, 58, M131-M137.

24. Nau, S. D., Mccrae, C. S., Cook, K. G., & Lichstein, K. L. (2005). Treatment of insomnia in older adults. Clinical Psychology Review, 25(5), 645-672.

25. Schulz, R., & Martire , L. M. (2004). Family caregiving of persons with dementia: Prevalence, health effects, and support strategies. American Journal of Geriatric Psychiatry, 12, 240-249.

26. Gitlin, L. E. et al. (2003). Effect of multicomponent interventions on caregiver burden and depression: The REACH multisite initiative at 6-month follow-up. Psychology and Aging, 18(3), 361-374.

27. Lachs, M. S., & Pillemer, K. (2004). Elder abuse. The Lancet, 364(9441), 1263-1272.

28. Jeste. D. et al. (1999). Consensus statement of the upcoming crisis in geriatric mental health:

research agenda for the next 2 decades. Archives of General Psychiatry, 56(9), 848-853.

29. Bartels, S. J., Dums, A. R., Oxman, T. E., Schneider, L. S., Arean, P. A., Alexopoulos, G. S., & Jeste, D. (2002). Evidence-based practices in geriatric mental health care. Psychiatric Services, 53, 1419-1431.

If you have the Diagnostic and Statistical Manual -IV (American Psychiatric Association: Washington DC), please bring to class.

Bibliography:

1. Michael Duffy (ed.) Handbook of Counseling and psychotherapy with older adults, 1999, John Wiley
Pub {In Health Sciences Library – WT 150 H2344}
2. Hersen & Van Hasselt (eds.) Psychological treatment of older adults 1996, Plenum Press. {In FMHI Library - RC451.4 A5P7776}
3. Zarit & Zarit. Mental disorders in older adults: fundamentals of assessment and treatment, 1998, Guilford Press. {In Main & FMHI Libraries - RC451.4 A5 Z374}
4. David Bienenfeld (ed.) Verwoerd's Clinical Geropsychiatry (3rd ed.), 1990, Williams & Wilkins. {Main Library – RC451.4 A5 V48}
5. Victor Molinari (ed.) Professional psychology in long term care, 2000, Hatherleigh Press. {FMHI & Main Libraries RC451.4 A5 P735}
6. George Vaillant. Aging well, 2003, Boston: Little, Brown (Main Library - HQ1064.U5 V35 2002).
7. Bob Knight. Psychotherapy with older adults, 1996, Thousand Oaks: Sage Publications (Main Library - [RC451.4.A5 K59 1996.](#))

WASHINGTON UNIVERSITY

Course Name	Geriatric Interdisciplinary Teams
Course Number	Interdisciplinary Studies 5001 Psychology 5102 Social Work S50-5705 Public Health S55-5340 Occupational Therapy M01 5850 01
Credits	3.0
Instructors	Brian Carpenter: bcarpenter@wustl.edu Nancy Morrow-Howell: morrow-howell@wustl.edu Suzy Stark: starks@wusm.wustl.edu
Teaching Assistants	Jennifer Greenfield: jcgreenfield@wustl.edu Marian Keglovits: mkeglovits@wustl.edu Alexandra Zaleta: zaleta@wustl.edu
Times	Thursdays, 5:30pm - 8:30pm
Location	Program in Occupational Therapy 4444 Forest Park Avenue OT Conference Room, Room #1502

Objectives

1. Understand discipline-specific theories and clinical practice approaches used with older adults and their families.
2. Understand discipline-specific theories and methods used in aging research.
3. Explore principles for working with interdisciplinary geriatric healthcare teams.
4. Understand discipline-specific language, philosophy, and perspectives to improve interdisciplinary communication regarding older adults.
5. Understand the need for and importance of collaboration and interdisciplinary teams in aging.
6. Recognize barriers that affect communication exchange among providers, patients, their families, and communities.

Teaching and Learning Experiences

Lecture, Self-directed learning, Discussion, Group Presentations, Case-based learning, Community observation

Professional Competencies

Due to the interdisciplinary nature of this course, the various professional competencies covered by this course are not listed in this syllabus. Instead, the competencies are described in addenda to this syllabus, which are available on the course's Telesis site in documents specific to each discipline. Students in social work and public health should consult the appropriate syllabus addendum to understand the professional competencies that will be addressed in this course.

Course Overview

Date	Topic	Assignment Due
January 19	Introduction and Empathic exercise	
January 25	Teams	Reflection
February 2	Psychology	Reflection
February 9	Social Work	Reflection
February 16	Occupational Therapy	Reflection
February 23	Physical Therapy	Reflection
March 1 - March 21	NO CLASS: Community Observations to be done outside of class (2)	
March 22	Chaplaincy	Reflection
March 29	Nursing	Community Observation Reports
April 5	Medicine	Reflection
April 12	Pharmacy	Reflection
April 19	Speech and Language Pathology	Reflection
April 26	Presentations & Wrap up	Presentations
May 3		Final Exam Due

Textbook

There is no textbook for this course. Readings will be posted to Telesis.

Assignments

Class Participation	22%
Weekly reflections	18%
Community observation reports (2)	30% (15 points per report)
Community observation group presentation	10%
Final exam	20%

Assignment Descriptions

Weekly Reflections and Class Participation:

Please attend and participate in each class session. That means come to class having done the reading, ask questions in class, and participate meaningfully in class discussions. Additionally, bring to each class a printed copy of your weekly written reflection, to hand in at the beginning of class. The reflection will consist of a brief (one paragraph) commentary on 1) one of the week's readings or the readings as a set, and 2) at least one question you have about the reading or about how that week's topic relates to your practice experience/practicum. Reflections are due each week, except when another assignment (i.e. the community observation reports and the group presentation) is due. Therefore, a total of 9 reflections are required.

Community Observations and Group Presentation:

During the semester you will conduct observations of geriatrics interdisciplinary teams at two health care sites in the community. Location of sites will be discussed in class prior to these visits, and you will sign up in advance for your two sites. These visits will not start until after February 20th. Note that we have no class from 3/1 through 3/21, giving you time to complete these visits. But you could attend at any time that works for your schedule. If you will be on a practicum this semester and have the opportunity to attend a geriatric team meeting at your practicum, this can count as one team visit. You will submit a written report on each visit (approximately 5 pages in length), describing the site visits. Several students will visit each site, so you can compare notes and collaborate on a class presentation about each observed team.

Final Written Exam:

Students will complete a take-home final exam that will be distributed in the week of April 26 and due on May 3.

Grading Scale

97-100 A+	87-89.9 B+	77-79 C+	67-69 D+	<60 F
94-96.9 A	84-86.9 B	73-76 C	63-66 D	
90-93.9 A-	80-83.9 B-	70-72 C-	60-62 D-	

Audit and Pass/Fail Policy

In order to offer maximum flexibility to students from a range of disciplines, pass/fail and audit options have been approved for this course. Please be advised, however, that not all programs recognize these grade options; students are responsible for checking with their individual programs to ensure that proper credit will be granted. Please note that ALL students, including those who audit the course, are required to complete all assignments.

Expectations

Attendance is expected. Please let us know in advance if you must miss class, and please make arrangements with your classmates to get copies of handouts or to learn of announcements made in class. Attendance will be factored into your participation grade.

Late Policy

Assignments are due on the dates assigned. Late reflection papers will not be accepted; the community observation reports will be penalized **1 point per day late** unless arrangements are made ahead of time with the instructor. Should extenuating circumstances result in a situation where make-up exams and/or assignments are necessary, it is the student's responsibility to discuss and schedule those with the course instructor(s).

Religious Holidays

We respect your right to participate in religious celebrations. If the class schedule presents problems for you with any assignment, contact the course instructor(s) indicating the conflict so accommodations can be made.

Accommodations

If you are requesting any accommodations for this class, please contact the course instructor(s) promptly (within one week of the new semester or a new accommodation).

Collaboration and Independence

The instructors encourage students to collaborate, but all written assignments are expected to be done independently and reflect the student's own work. Collaboration is expected in the group presentation assignment.

NOTE: The syllabus may be changed as needed by the instructors to best meet the needs of the class and to achieve the stated course objectives.

Course Outline

Week 1 (January 19, 2012): Introduction

During our first session we will overview the course, review the syllabus, and make introductions. We will review some basic knowledge about aging and later life. We will also complete an exercise to generate discussion about common chronic conditions.

Week 2 (January 26): Interdisciplinary Teams

In this session, we will review the basic structure and functions of interdisciplinary geriatric teams. We will view videos of two teams and discuss HOW to assess team functioning. Finally, we will review the ICF (International Classification of Functioning) developed by the World Health Organization. The model will be used throughout the course to organize disciplinary information pertinent to individual functioning.

GITT Video Case Studies (Parts 1 & 2): Mrs. Watson & Mrs. Cuervo

Week 3 (February 2): Psychology

We begin our series of presentations by experts in disciplines that serve on interdisciplinary teams. A psychologist (Brian Carpenter, Ph.D.) will present key disciplinary perspectives and lead a discussion that incorporates issues raised in student's reflection papers. There will be an exercise using a case example.

GITT Video Case Study (Part 6): The Tsai's

Week 4 (February 9): Social Work

Three social workers (Nancy Morrow-Howell, Ph.D., Diane Beckerle-O'Brien, MSW, and Jennifer Greenfield, MSW) will present key disciplinary perspectives and lead a discussion that incorporates issues raised in student's reflection papers. There will be group discussion around a case example.

GITT Video Case Study (Part 5): Mr. Jenkins

Week 5 (February 16): Occupational Therapy

Two occupational therapists (Susy Stark, Ph.D. & Carolyn Baum, Ph.D.) will present key disciplinary perspectives and lead a discussion that incorporates issues raised in student's reflection papers. There will be group discussion around a case example.

GITT Video Case Study (Part 3): Mr. Rosario

Week 6 (February 23): Physical Therapy

A physical therapist (Michael Mueller, Ph.D.) will present key disciplinary perspectives and lead a discussion that incorporates issues raised in student's reflection papers. There will be group discussion around a case example.

GITT Video Case Study (Part 4): Mrs. Busby

Weeks 7 & 8: (March 1-March 15): Community Observations

Students will arrange to visit two interdisciplinary team meetings at health care settings identified in class. Class will not meet during this three-week period because of the spring breaks of each participating school/program.

Week 9 (March 22): Chaplaincy

A hospice chaplain (Kathleen Stock) will present key disciplinary perspectives and lead a discussion that incorporates issues raised in student's reflection papers. There will be group discussion around a case example.

Week 10 (March 29): Nursing

**** Community Observation Write-Ups Due ****

A nurse (Jan Palmer, Ph.D.) will present key disciplinary perspectives and lead a discussion that incorporates issues raised in student's reflection papers. There will be group discussion around a case example.

Week 11 (April 5): Geriatric Medicine

A geriatrician (Consuelo Wilkins, M.D.) will present key disciplinary perspectives and lead a discussion that incorporates issues raised in student's reflection papers. There will be group discussion around a case example.

Week 12 (April 12): Pharmacy

A pharmacist (Scott Vouri, Pharm.D.) will present key disciplinary perspectives and lead a discussion that incorporates issues raised in student's reflection papers. Time will be given at the end of class to work on group presentations.

Week 13 (April 19): Speech and Language Pathology/Communication

A speech language pathologist (Travis Threats, Ph.D.) will present key disciplinary perspectives and lead a discussion that incorporates issues raised in student's reflection papers. Time will be given at the end of class to work on group presentations.

Week 14 (April 26): Group Presentations (take-home final distributed)**Week 15 (May 3): Take-home final due (via Telesis)****Reading Assignments****Week 1 (January 19, 2012): Introduction**

No readings.

Week 2 (January 26): Interdisciplinary Teams

- Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Washington, D.C.: Author.
- Kane, R. A. (2002). Avoiding the dark side of geriatric teamwork. In *Ethical Patient Care*, Mezey et al. (Eds.), p. 187-207. Baltimore: Johns Hopkins University Press.
- Mezey, M., Mitty, E., Burger, S.G., & McCallion, P. (2008). Healthcare professional training: a comparison of geriatric competencies. *Journal of the American Geriatrics Society*, 56(9): 1724-1729.
- Rentsch, H. P., Bucher, P., Dommen Nyffeler, I., Wolf, C., Hefti, H., Fluri, E., Wenger, U., Walti, C., & Boyer, I. (2003). The implementation of the 'International Classification of Functioning, Disability and Health' (ICF) in daily practice of neurorehabilitation: An interdisciplinary project at the Kantonsspital of Lucerne, Switzerland. *Disability and Rehabilitation*, 25(8), 411-421.
- Zeiss, A.M., & Steffen, A.M. (1996). Intedisciplinary health care teams: The basic unit of geriatric care. In L.L. Carstensen, B.A. Edelstein, & L. Dornbrand (Eds.), *The practical handbook of clinical gerontology* (pp. 423-450). Thousand Oaks, CA: Sage Publications.

GITT Video Case Studies: Watson and Cuervo cases.

Week 3 (February 2): Psychology

- American Psychological Association. (2004). Guidelines for practice with older adults. *American Psychologist*, 59, 236-260.
- American Psychological Association. (2002). *Ethical principles of psychologists and code of conduct*. Washington, DC: Author.
- Karel, M. J., Knight, B. G., Duffy, M., Hinrichsen, G.A., & Zeiss, A. M. (2010). Attitude, knowledge, and skill competencies for practice in professional geropsychology:

Implications for training and building a geropsychology workforce. *Training and Education in Professional Psychology*, 4, 75-84.

Slone, D. G. (2002). A team effort for treating depression in dementia. In M. P. Norris, V. Molinari, & S. Ogland-Hand (Eds.), *Emerging trends in psychological practice in long-term care* (pp. 173-196). New York: Haworth Press, Inc.

Week 4 (February 9): Social Work

Morrow-Howell, N. (2003). Gerontological social work. In L. Vitt (Ed.), *Encyclopedia of retirement & finance, Volume one*. Westport, CT: Greenwood Press.

Mellor, M. J. (2006). Interdisciplinary team practices. In B. Berkman (Ed.), *Handbook of social work in health and aging*, p. 765-772. New York: Oxford University Press.

McInnis-Dittrich, K. (2009). Conducting a biopsychosocial assessment. In *Social work with older adults: A biopsychosocial approach to assessment and intervention* (pp. 82-111). Boston: Pearson Education, Inc.

Week 5 (February 16): Occupational Therapy

American Occupational Therapy Association. (2010). Occupational therapy code of ethics and standards. *The American Journal of Occupational Therapy*, 64(6), S17-S26.

American Occupational Therapy Association. (2010). What is the evidence for the effect of occupation and activity-based interventions on the performance of selected instrumental activities of daily living (IADL) for community-dwelling older adults? *AOTA critically appraised topics and paper series: Occupation and activity-based interventions*. Author.

Christiansen, C., Baum, C. M., & Bass, J. (2011). The person-environment-occupational performance (PEOP) model. In E. A. S. Duncan (Ed.), *Foundations for practice in occupational therapy* (5th Ed.). Philadelphia: Elsevier.

Foster, E. R., Perlmutter, M., & Baum, C. M. (2008) Evaluating occupational performance in older adults. In S. Coppola, S. J. Elliott, & P. E. Toto (Eds.), *Strategies to advance gerontology excellence: Promoting best practice in occupational therapy* (AOTA Self-Paced Clinical Course). Bethesda, MD: American Occupational Therapy Association and AOTA Press.

Week 6 (February 23): Physical Therapy

Mueller, M. J., & Maluf, K. S. (2002). Tissue adaptation to physical stress: A proposed “physical stress theory” to guide physical therapist practice, education, and research. *Physical Therapy*, 82, 383-403.

Weeks 7 & 8: (March 1-March 15): Community Observations

No readings.

Week 9 (March 22): Chaplaincy

Association of Professional Chaplains. (2009). *Standards of practice for professional chaplains in acute care settings*. Schaumburg, IL.

Chichin, E. R., & Mezey, M. D. (2002). Professional attitudes toward end-of-life decision making. In M. D. Mezey, C. K. Cassel, M. M. Bottrell, K. Hyer, J. L. Howe, & T. J. Fulmer (Eds.), *Ethical patient care: A casebook for geriatric care teams* (pp. 67-80). Baltimore: The Johns Hopkins University Press.

Council in Collaboration. (2004). *Common code of ethics for chaplains, pastoral counselors, pastoral educators and students*. Portland, ME: Author.

Jankowski, K. R. B., Handzo, G. F., & Flannelly, K. J. (2011). Testing the efficacy of chaplaincy care. *Journal of Health Care Chaplaincy*, 17, 100-125. DOI: 10.1080/08854726.2011.616166

Week 10 (March 29): Nursing

Fulmer, T., & Abraham, I. L. (1998). Rethinking geriatric nursing. *Geriatric Nursing*, 33(3), 387-394.

Grady, P. A. (2011). Advancing the health of our aging population: a lead role for nursing science. *Nursing Outlook*, 59(4), 207-209. doi: 10.1016/j.outlook.2011.05.017

Lach, H. W. (2007). Gerontological nursing: Issues and trends in practice. In A. D. Linton, & H. W. Lach (Eds.), *Gerontological nursing: Concepts and practice (3-24)*. Philadelphia: Saunders.

Case Study: Mrs. Emma Cook. GITT Core Curriculum 2001.

Week 11 (April 5): Geriatric Medicine

Burck, R., & Lapidus, S. (2002). Ethics and cultures of care. In M. D. Mezey, C. K. Cassel, M. M. Bottrell, K. Hyer, J. L. Howe, & T. T. Fulmer (Eds.), *Ethical patient care: A casebook for geriatric care teams* (pp. 41-66). Baltimore: The Johns Hopkins University Press.

Callahan, C. M., Weiner, M., & Counsell, S. R. (2008). Defining the domain of geriatric medicine in an urban public health system affiliated with an academic medical center. *Journal of the American Geriatrics Society*, 56(10), 1802-1806.

Elsawy, B., & Higgins, K. E. (2011). The geriatric assessment. *American Family Physician*, 83(1), 48-56.

Jimant, D. (2003). Roles and responsibilities of attending physicians in skilled nursing facilities. *Journal of the American Medical Directors Association*, 4(4), 231-243.

Week 12 (April 12): Pharmacy

American Pharmacists Association. (1994). *Code of ethics for pharmacists*.

Brown, B. K. (2001). Pharmacist participation on an inpatient geriatric team. *American Journal of Health-System Pharmacy*, 58, 2132-2133.

Rollason, V., & Vogt, N. (2003). Reduction in polypharmacy in the elderly: A systematic review of the role of the pharmacist. *Drugs & Aging*, 20(11), 817-832.

Case Study: Ms. Tonita Brown. GITT Core Curriculum 2001.

Week 13 (April 19): Speech Language Pathology/Communication

Ashley, J., Duggan, M., & Sutcliffe, N. (2006). Speech, language, and swallowing disorders in the older adult. *Clinics in Geriatric Medicine*, 22, 291-310.

Boczko, F., & Feightner, K. (2007). Dysphagia in the older adult: The roles of speech-language pathologists and occupational therapists. *Topics in Geriatric Rehabilitation*, 23(3), 220-227.

Brush, J. A., Threats, T. T., & Calkins, M. P. (2003). Influences on perceived function of a nursing home resident. *Journal of Communication Disorders*, 36, 379-393.

Hopper, T. (2003). "They're just going to get worse anyway": Perspectives on rehabilitation for nursing home residents with dementia. *Journal of Communication Disorders*, 36, 345-359.

Case Study: Mrs. Lin Trang. GITT Core Curriculum 2001.

Week 14: Geriatric Interdisciplinary Team Presentations

No readings

YESHIVA UNIVERSITY, FERKAUF GRADUATE SCHOOL OF PSYCHOLOGY

PSYCHOLOGICAL ASSESSMENT AND TREATMENT OF OLDER ADULTS

Fall 2013

PSC 6448

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Office Hrs: Wed. 2-3PM;

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Quote of the Day: "The brain is a very resilient and plastic organ...Dendrites and synapses retract and reform, and reversible remodeling can occur throughout life".

--- Bruce McEwen, NYT, 2009

COURSE DESCRIPTION:

This course will provide a didactic overview of issues critical to the diagnosis and psychotherapeutic treatment of psychological problems in older adults, as well as a forum for case discussion of psychotherapy with the older patient. Theoretical and empirical research in geropsychology will be reviewed, including topics such as: The psychology of normal aging & diversity in the aging process; Foundations of gero-psychological assessment; Psychopathology in older adulthood; Consultation with families and in interdisciplinary settings; Psychotherapeutic treatment models, modalities, and approaches for older adults in varied treatment settings. The goal is to provide students with an understanding of the conceptual and empirical underpinnings of the practice of Clinical Gero-psychology.

COURSE OBJECTIVES / GOALS:

By the end of the semester, students will have attained knowledge regarding:

1. Normal and pathological processes associated with aging
2. Gero-psychological diagnostic assessment of mental disorders utilizing a biopsychosocial etiological model
3. Empirical basis for and application of psychotherapeutic and pharmacologic treatment approaches for mental disorders of older adults

COURSE PROCESSES:

The course will be comprised of weekly lectures by the instructor, guest lectures by interdisciplinary faculty, student lecture presentations, and a final exam.

Student Mini-Lecture: All students will be responsible for a brief (10-15 minute) lecture toward the conclusion of the course, based on a topic of interest not covered in the course. The lecture

should be based upon a brief literature review of a select topic relevant to gero-psychological practice (e.g. Issues in GLBT aging; Assessment of anxiety in context of dementia; Addressing the sexualized transference in therapy with older adults, etc.). Students will distribute a lecture outline and a list of references as handouts.

COURSE REQUIREMENTS AND EVALUATION OF COMPETENCY:

Grades will be based upon several components:

- (1) Class participation (in which students will display mastery of readings): 20%
- (2) Student Lecture (see above): 30%
- (3) Final Exam (take-home): 50%

COURSE TEXTBOOKS AND READINGS:

Required:

Zarit, S.H. & Zarit, J.M. (2011). *Mental Disorders in Older Adults: Fundamentals of Assessment & Treatment, 2nd ed.* NY: Guilford. (abbrev: **ZZ**)

Assigned Readings (abbrev: **AR**, listed below as “Required Readings”): on ANGEL website; NOTE: Recommended readings are not required.

Recommended:

Karel, M., Ogland-Hand, S, Gatz, M. (2002). *Assessing and Treating Late-Life Depression: A Casebook and Resource Guide.* NY: Basic Books.

COURSE SEQUENCE:

- 8/27 Overview of Geropsychology and Normative (Usual) Aging
AR: APA (2014) Guidelines for Psychological Practice with Older Adults
ZZ: Chapter 2
- 9/3 Overview of Geropsychology & Psychology of Normative (Usual) Aging, Cont.
- 9/10 Principles of Assessment with Older Adults
ZZ: Chapter 6
AR: La Rue & Watson (1998); Silver & Herrmann (1991)
- 9/17 NO CLASS: Follows a Thurs schedule
- 9/24 Gero-Psychological Disorders: Dementia / Delirium
AR: Zarit & Zarit (2007; Chap. 3); Broshek & Marcopulos (1999); Jeste et al. (1999)
- 10/1 Overview of Cognitive Screening and Neuro-Psychological Assessment of Older Adults

AR: La Rue (1999) "Geriatric Neuro-psychology"; Kaszniak & Christenson (1994); MacNeill & Lichtenberg (1999)

- 10/8 Gero-Psychological Disorders: Mood Disorders and Suicide
ZZ: Chapter 4; **AR:** Fiske, Wetherell, & Gatz (2009); Chiraboga, Yee, & Jang (2005)
- 10/15 Gero-Psychological Disorders: Anxiety / Substance Abuse Disorders
ZZ: Chapter 10; **AR:** Ayers, Sorrell, Thorp, & Wetherell (2007); Wolitzky-Taylor et al (2010)
- 10/22 Gero-Psychological Disorders: Schizophrenia/ Bipolar / Psychotic Disorders
ZZ: Chapter 5; **AR:** Kennedy (2000) "Psychosis/Mania"
- 10/29 Gero-Psychological Disorders: Personality Disorders
AR: Sadavoy (1987) "Character Disorders"; Zweig & Agronin (2011); Segal et al. (1996)
- 11/5 Gero-Psychological Interventions: Overview of Psychotherapy for Older Adults
AR: Karel & Hinrichsen (2000); Scogin et al (2005); David & Knight (2008)
Recommended: ZZ: Chapter 8
- 11/12 Gero-Psychological Interventions: Psychodynamic and Interpersonal Therapy
AR: Nordhus, Nielson, & Kvale, 1998; Hinrichsen (1999)
Recommended: Hillman & Stricker, 2001
- 11/19 Gero-Psychological Interventions: Cognitive and Behavioral Therapies
AR: Coon et al (1999); Stanley & Averill (1999); Logsdon, McCurry, & Teri (2007)
Recommended: Gallagher-Thompson & Coon, (2007)
- 11/26 Gero-Psychological Interventions: Pharmacotherapy for Older Adults
AR: Bell (1999); Tsai & Carstensen (1996)
- 12/3 Gero-Psychological Interventions: Persons with Dementia and their Families
ZZ: Chap. 13, 14; **AR:** Qualls (1999)
Recommended: ZZ: Chapter 12; **AR:** Hyer et al (2005);
Note: Take-home Final Exam distributed
- 12/10 *Student Presentations*
AR: Lichtenberg et al (1998)
- 12/17 *Student Presentations*
Note: Take-home Final Exam due

PSC 6448: Psychological Assessment and Treatment of Older Adults:

Readings:

American Psychological Association (2014). Guidelines for psychological practice with older adults. *American Psychologist*, *in press*.

APA Working Group on the Older Adult (1998). What Practitioners Should Know About Working With Older Adults. *Professional Psychology: Research and Practice*, *29*, 413-427.

Ayers, C.R., Sorrell, J.T., Thorp, S.R., Wetherell, J.L. (2007) Evidence-based psychological treatments for late-life anxiety. *Psychology & Aging*, *22*, 8-17.

Bell, I.R. (1999). A Guide to Current Psychopharmacological Treatment for Affective Disorders in Older Adults: Anxiety, Agitation, and Depression. In M. Duffy (Ed.), *Handbook of Counseling & Psychotherapy with Older Adults*, (pp. 561- 576) NY: Wiley.

Broshek, D.K. & Marcopulos B.A. (1999) Delirium Assessment in Older Adults. In P. Lichtenberg (Ed.), *Handbook of Assessment in Clinical Gerontology*, (pp.167- 204). NY: Wiley.

Carmin, C.N., Pollard, C.A, & Gillock K.L., (1999). Assessment of Anxiety Disorders in the Elderly. In P. Lichtenberg (Ed.), *Handbook of Assessment in Clinical Gerontology*, (pp.59-90). NY: Wiley.

Chiraboga, D.A., Yee, B., Jang, Y. (2005). Minority and cultural issues in late-life depression. . *Clinical Psychology: Science and Practice*, *12*, 358-363.

Cohen-Mansfield, J., & Schindel, L. M., (1999) Assessment of Agitation in Older Adults. In P. Lichtenberg (Ed.), *Handbook of Assessment in Clinical Gerontology*, (pp.297-330). NY: Wiley

Coon, D.W., Rider, K., Gallagher-Thompson, D., & Thompson, L. (1999). Cognitive-Behavioral Therapy for the Treatment of Late-Life Distress. In M. Duffy (Ed.), *Handbook of Counseling & Psychotherapy with Older Adults*, (pp.487-510). NY: Wiley.

David, S. & Knight, B.G. (2008). Stress and coping among older adult gay men: Age and ethnic differences. *Psychology & Aging*, *23*, 62-69.

Edelstein, B.A., Woodhead, EL, Segal, DL, Heisel MJ, Bower, EH, Lowery, AJ, Stoner, SA (2008). Older adult psychological assessment: Current instrument status and related considerations. *Clinical Gerontologist*, *31*, 1-35.

Hillman, J. & Stricker, G. (2001). The management of the sexualized transference and

- countertransference with older adult patients: Implications for practice. *Professional Psychology: Research and Practice*, 32(3), 272-277.
- Hinrichsen, G., (1999) Interpersonal Psychotherapy for Late-Life Depression. In M. Duffy (Ed.), *Handbook of Counseling & Psychotherapy with Older Adults*, (pp.470-486). NY: Basic Books
- Hyer, L., Carpenter, B., Bishman, D., Wu, H. (2005). Depression in long term care. *Clinical Psychology: Science and Practice*, 12, 280-299.
- Jeste, D.V., Alexopoulos, G.S., Bartels, S.J., et al. (1999). Consensus statement on the upcoming crisis in geriatric mental health. *Archives of General Psychiatry*, 56, 848-853.
- Karel, M.J., Hinrichsen, G. (2000). Treatment of depression in late life: Psychotherapeutic Interventions. *Clinical Psychology Review*, 20, 707-729.
- Kaszniak A., & Christenson G.D. (1994) Differential Diagnosis of Dementia and Depression. In: M. Storandt, G. Vandenbos (eds.) *Neuropsychological Assessment of Dementia and Depression*, (pp. 81-117). Washington, DC: APA
- Kennedy, G. (2000). Psychosis & Mania. *Geriatric Mental Health Care: A Treatment Guide for Health Professionals*. (pp. 84-102). NY: Guilford.
- La Rue, A. (1992). Introduction to Aging and Older Adults. In: *Aging and Neuropsychological Assessment* (pp. 3-23). NY: Plenum.
- La Rue, A. (1999) Geriatric Neuropsychology: Principles of Assessment. In P. Lichtenberg (Ed.), *Handbook of Assessment in Clinical Gerontology*, (pp.381- 416). NY: Wiley.
- La Rue, A., & Watson J. (1998). Psychological Assessment of Older Adults. *Professional Psychology: Research and Practice*, 29, 5-14.
- Logsdon, R.G., McCurry, S.M., & Teri, L. (2007). Evidence-based psychological treatments for disruptive behaviors in individuals with dementia. *Psychology & Aging*, 22, 28-36.
- Lichtenberg et al. (1998). Standards for psychological services in long-term care facilities. *The Gerontologist*, 38, 122-127.
- Macneill, S., & Lichtenberg, P. (1999). Screening Instruments and Brief Batteries for Assessment of Dementia. In P. Lichtenberg (Ed.), *Handbook of Assessment in Clinical Gerontology*, (pp. 417-441) NY: Wiley.

- Nordhus, I.H., Nielsen, G.H., & Kvale, G. (1998). Psychotherapy with older adults. In I.H. Nordhus, G.R. VandenBos, & S. Berg (Eds) *Clinical Geropsychology*. Washington, D.C.: American Psychological Association.
- Qualls, S. H., (1999) Realizing Power in Intergenerational Family Hierarchies: Family Reorganization When Older Adults Decline. In M. Duffy (Ed.), *Handbook of Counseling & psychotherapy with Older Adults*, (pp.228-241). NY: Wiley
- Sadavoy, J. (1987). Character Disorders in the Elderly: An Overview. In J. Sadavoy & M. Leszcz (Eds.), *Treating the Elderly with Psychotherapy: The Scope for Change in Later Life*, (pp 175-229) Madison: IUP.
- Scogin, F., Welsh, D., Hanson, A., Stump, J., Coates, A. (2005). Evidence-based psychotherapies for depression in older adults. *Clinical Psychology: Science and Practice*, 12, 222-237.
- Segal, D.S., Hersen, M., Van Hasselt, V.B., Silberman, C.S., & Roth, L., (1996). Diagnosis and Assessment of Personality Disorders in Older Adults: A Critical Review. *Journal of Personality Disorders*, 10, 384-399.
- Silver, I.L., & Herrmann, N. (1991). History and mental status examination. In J. Sadavoy, C. Lazarus, & L. Jarvik (Eds.) *Comprehensive Review of Geriatric Psychiatry*. Washington, DC: American Psychiatric Association.
- Stanley, M. & Beck, J.G. (2000). Anxiety Disorders. *Clinical Psychology Review*, 20, 731-754.
- Stanley, M.A., & Averill, P. M., (1999) Strategies for Treating Generalized Anxiety in the Elderly. In M. Duffy (Ed.), *Handbook of Counseling & psychotherapy with Older Adults*, (pp. 511-525). NY: Wiley
- Tsai, J.L., & Carstensen, L.L. (1996) Clinical Intervention with Ethnic Minority Elders. In L. Carstensen, B. Edelstein, & L. Dornbrand (Eds.) *The Practical Handbook of Clinical Gerontology* (pp. 76-106). Thousand Oaks, CA: Sage Publications.
- Zarit, S.H. & Zarit, J.M. (2011). *Mental Disorders in Older Adults: Fundamentals of Assessment & Treatment*, 2nd ed. NY: Guilford.
- Zweig, R.A., Agronin, M.E. (2011). Personality Disorders in Late Life. In M.E. Agronin, G.J. Maletta (eds.) *Principles and Practice of Geriatric Psychiatry* (pp. 449-469). Philadelphia: Lippincott, Williams, & Wilkins.

Additional Recommended Readings:

- Blazer, D. (2003). Depression in Late Life: Review and Commentary. *Journal of Gerontology: Medical Sciences*, 58A, 249-265.

Duffy, M (Ed.) (1999) *Handbook of Counseling and Psychotherapy with Older Adults*. New York, NY: John Wiley and Sons.

Edelstein, B., Kalish K.D., Drozdick, L.W. & McKee, D.R., (1999). Assessment of Depression and Bereavement in Older Adults. In P. Lichtenberg (Ed.), *Handbook of Assessment in Clinical Gerontology*. (pp. 11-58) NY: Wiley.

Griffin, B. P., & Grunes, J.M. (1990). A Developmental Approach to Psychoanalytic Psychotherapy with the Aged. In R. Nemiroff & C.Colarusso (Eds.) *New Dimensions in Adult Development*, (pp. 267-287). NY: Basic Books

Kennedy, G (2000). *Geriatric Mental Health Care: A Treatment Guide for Health Professionals*. NY: Guilford Press.

Lichtenberg, PA (Ed.) (1999). *Handbook of Assessment in Clinical Gerontology*. NY: John Wiley & Sons.

Newton, N. A., & Jacobowitz, J. (1999) Transferential and Counter-transferential Processes in Therapy with Older Adults. In M. Duffy (Ed.), *Handbook of Counseling & Psychotherapy with Older Adults*,(pp. 21-40). NY: Wiley

Niederehe, G., & Schneider, L.S. (1998). Treatments for Depression and Anxiety in the Aged. In P.E., Nathan & J.M. Gorman (Eds.), *A Guide to Treatments That Work*, (pp. 270-287). NY: Oxford.

Sadavoy, J (1999) The Effect of Personality Disorder on Axis I Disorders in the Elderly. In M. Duffy (Ed.), *Handbook of Counseling and Psychotherapy with Older Adults* (pp. 397-413). NY: Wiley

Sadavoy, J, Leszcz M (Eds.) (1987). *Treating the Elderly with Psychotherapy: The Scope for Change in Later Life*. Madison CT: International Universities Press.

Settlage, C.F. (1996). Transcending old age: Creativity, development, and psychoanalysis in the life of a centenarian. *International Journal of Psychoanalysis*, 77, 549-564