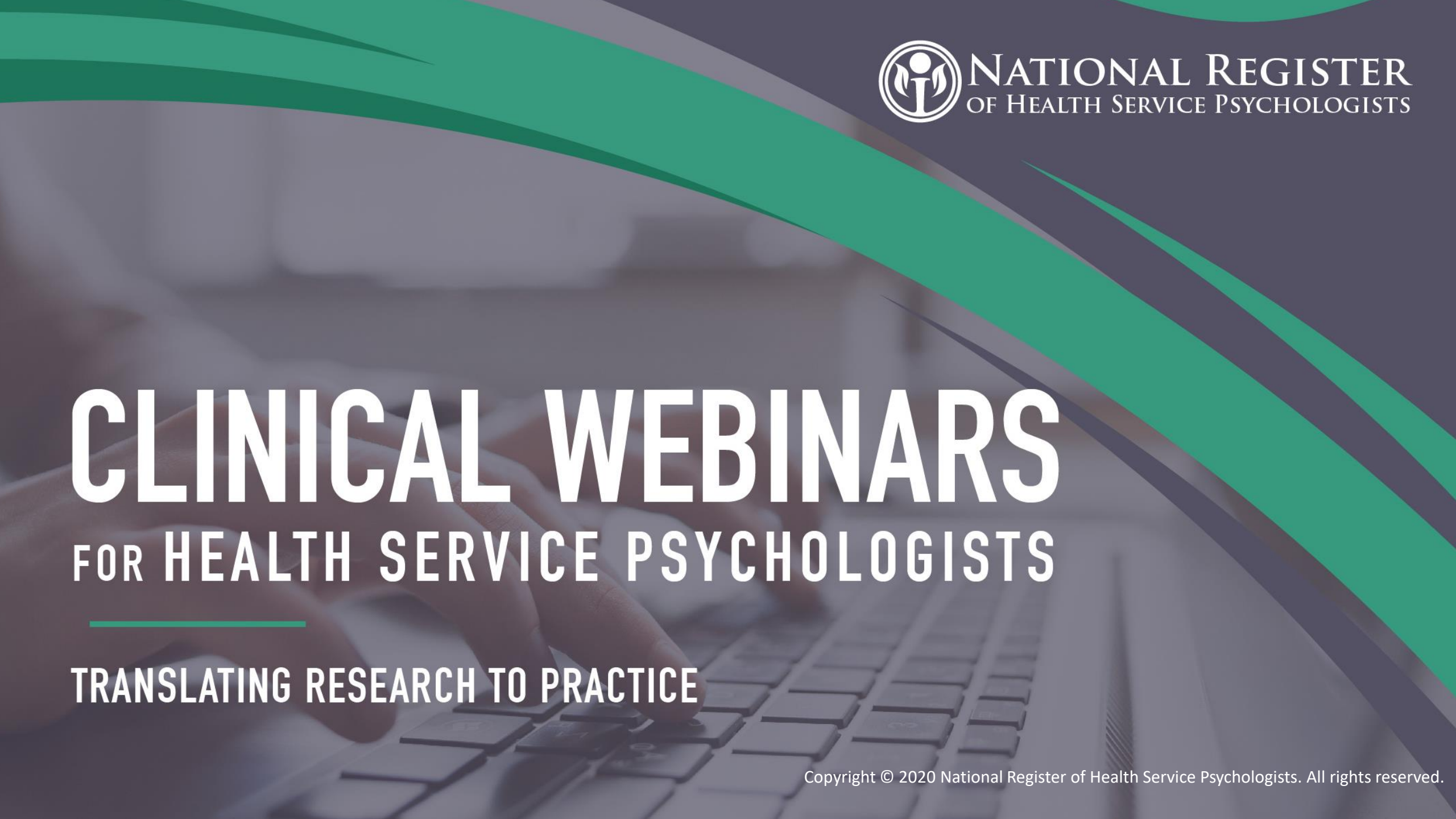

Normative Aging: Typical challenges, Common Deviations, and Psychological Adjustment

Susan Krauss Whitbourne, PhD, ABPP

University of Massachusetts Boston

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Susan Krauss Whitbourne, PhD, ABPP

Dr. Whitbourne is Professor Emerita of Psychology at UMass Amherst and Gerontology Faculty Fellow at UMass Boston. Author of 180 refereed articles and book chapters and 20 books (many in multiple editions), she also has a *PsychToday* blog (86 million hits). Recipient of a 2011 APA Presidential Citation, she served in numerous leadership roles including President of the Eastern Psychological Association, Board Member of the Massachusetts Psychological Association, and APA Council Representative.

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Disclosures/Conflicts of Interest

I have no conflicts of interest regarding this presentation.

References/Citations

- Whitbourne, S.K. & Whitbourne, S.B. (2020). Adult development and aging: Biopsychosocial perspectives, 7th edition. Hoboken NJ: Wiley.
- Park, D. C., & Reuter-Lorenz, P. (2009). The adaptive brain: aging and neurocognitive scaffolding. Annual Review of Psychology, 60, 173-196. doi: 10.1146/annurev.psych.59.103006.093656
- Qualls, S. H. (2015). Building competencies in professional geropsychology: Guidelines, training model, and strategies for professional development. In P. A. Areán (Ed.), Treatment of late-life depression, anxiety, trauma, and substance abuse. (pp. 11-48). Washington, DC: American Psychological Association.
- Conti, E. C., Kraus-Schuman, C., & Stanley, M. A. (2017). Cognitive-behavioral therapy in older adults. In S. G. Hofmann & G. J. G. Asmundson (Eds.), The science of cognitive behavioral therapy. (pp. 223-255). San Diego, CA: Elsevier Academic Press.

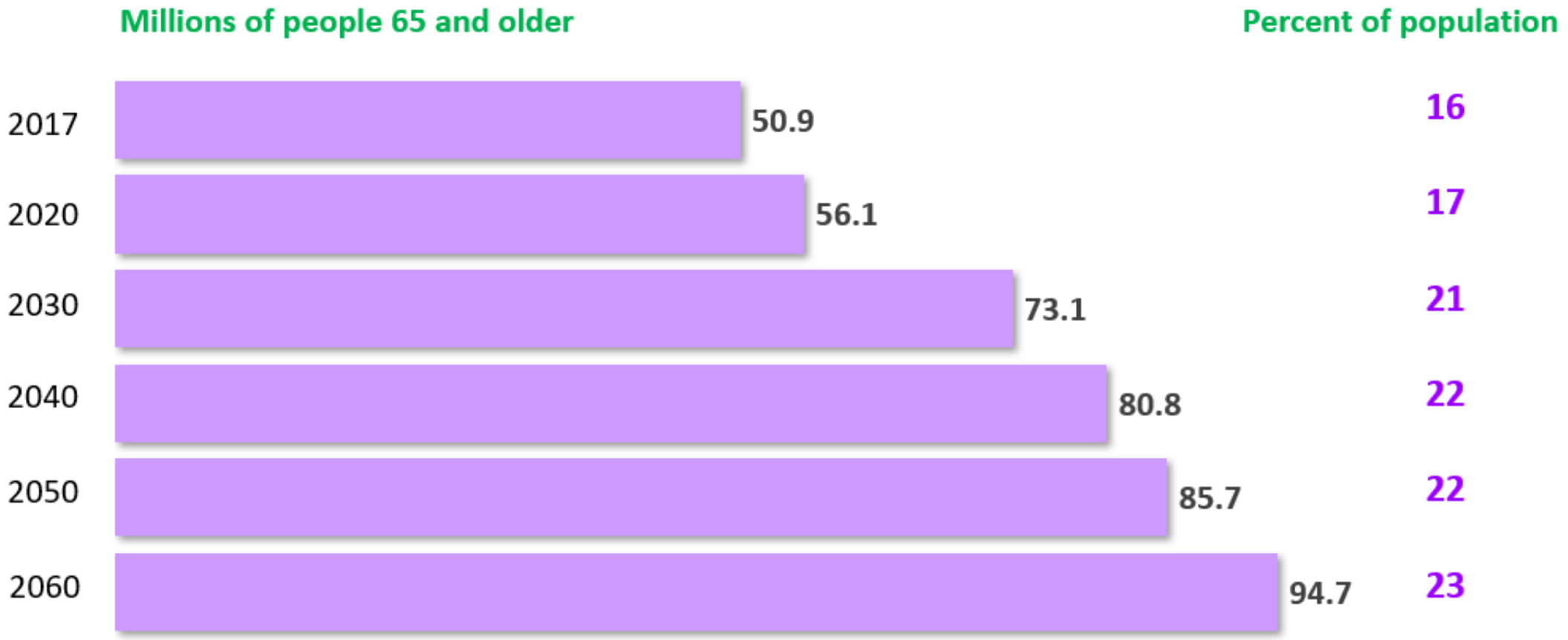
Learning Objectives

- Identify major principles of normal aging and how physical and psychological changes in later life can affect the mental health of older adults.
- Predict factors affecting service delivery to older adults with a focus on attitudes toward aging that can play a role in treatment.
- Explain the major psychological disorders that can affect older adults and the evidence-based treatments for these disorders.

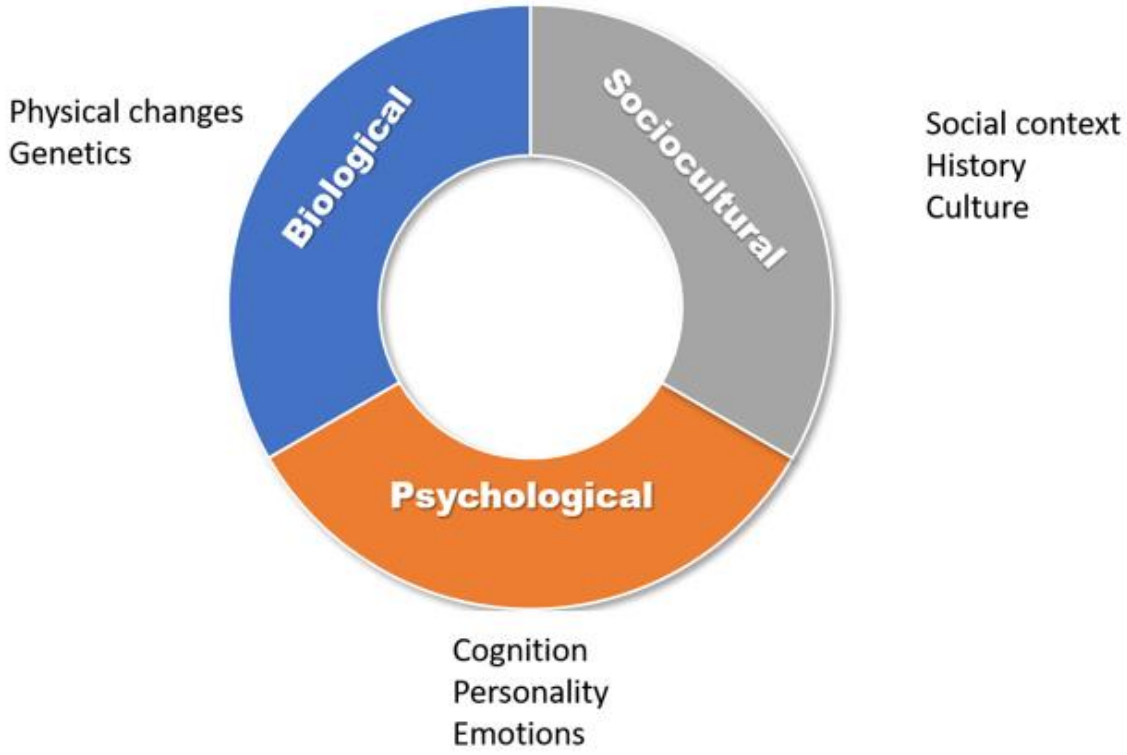
Background

- Demography of Aging
- Biopsychosocial Model
- Four principles of adult development and aging
- Ageism

Projections of the Older Adult Population: 2020 to 2060



The biopsychosocial model



Four principles of adult development and aging

Changes are continuous over the life span

Only the survivors grow old

Individuality matters

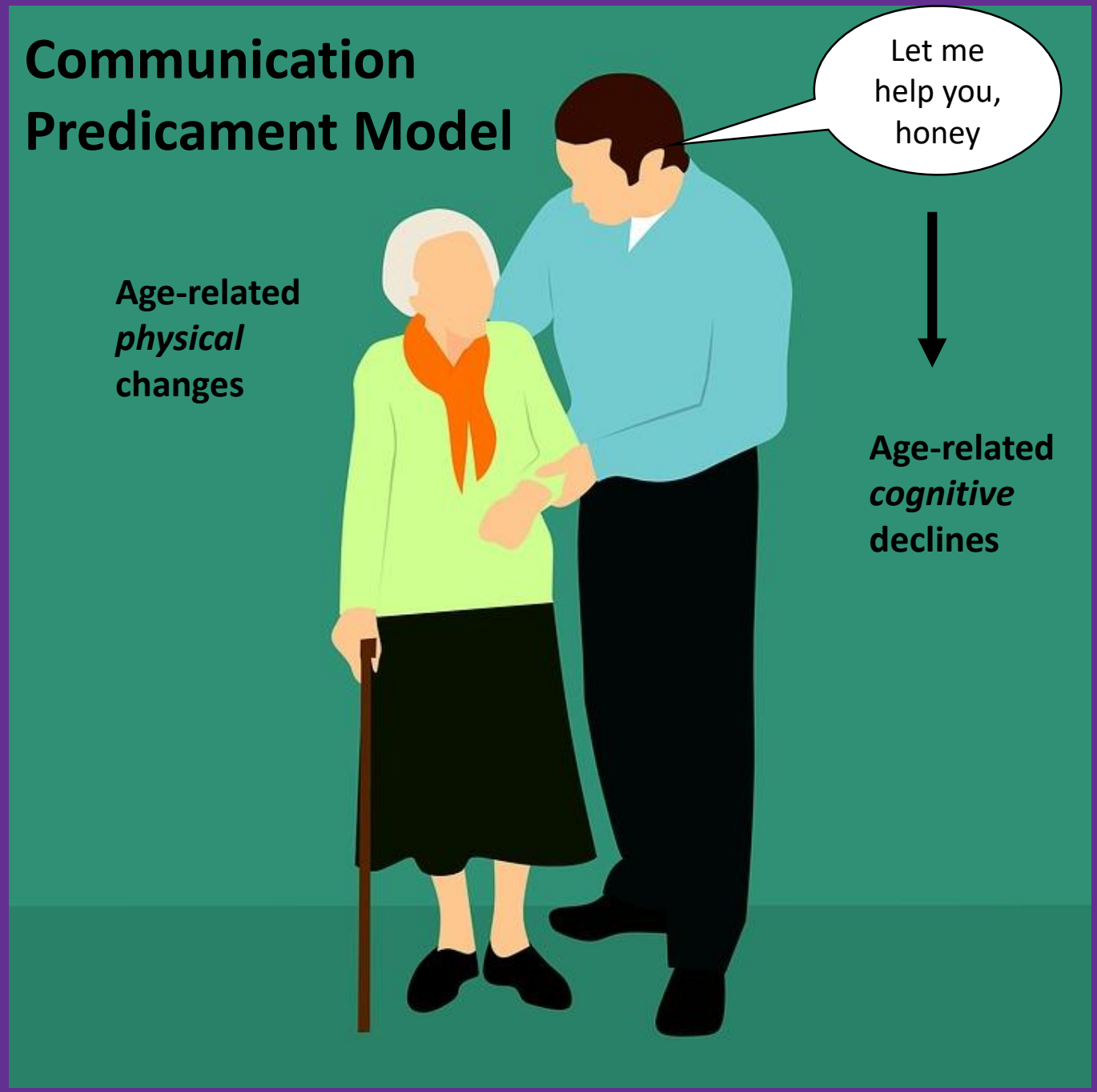
Normal aging is different from disease

Ageism

A set of beliefs, attitudes, social institutions, and acts that denigrate individuals or groups based on their chronological age.

Ageism and its Effect on Service Provision

1. Assume aging associated with depression
2. React to clients as to their own family members
3. Believe that older adults don't need special treatment
4. Set stage for harmful self-stereotypes



Elderspeak is one manifestation of ageism, as shown in the Communication Predicament Model

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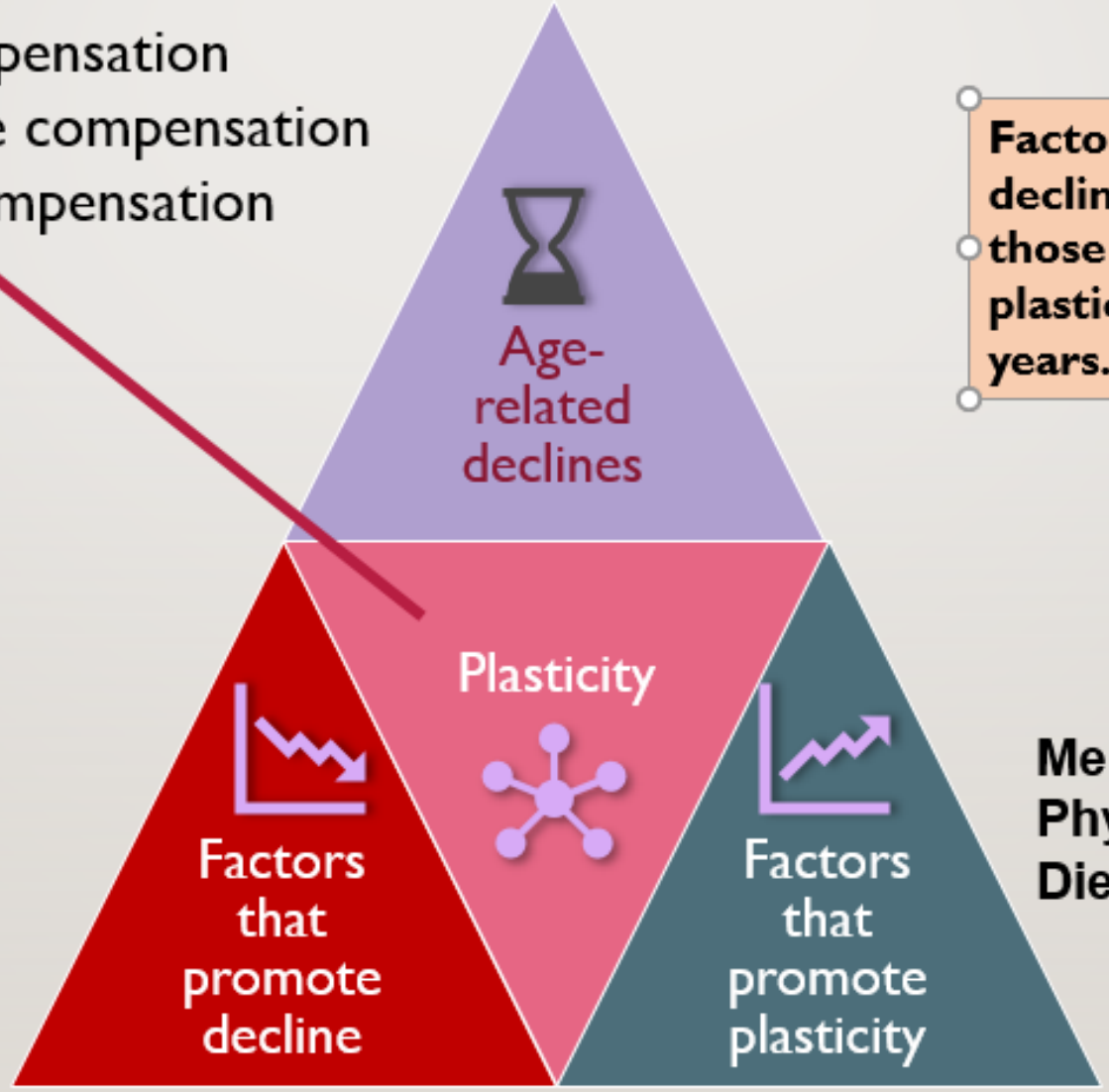
NORMAL BRAIN AGING AND DISEASE

- PLASTICITY MODEL OF BRAIN AGING
- NEUROCOGNITIVE DISORDERS- SIGNS AND TREATMENTS

PASA- front-back compensation
HAROLD- hemisphere compensation
CRUNCH- general compensation

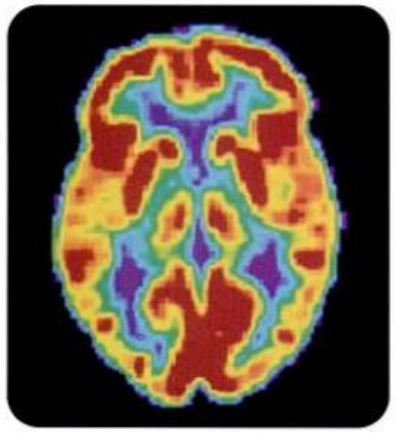


Factors that promote decline can be offset by those that can promote plasticity across the adult years.

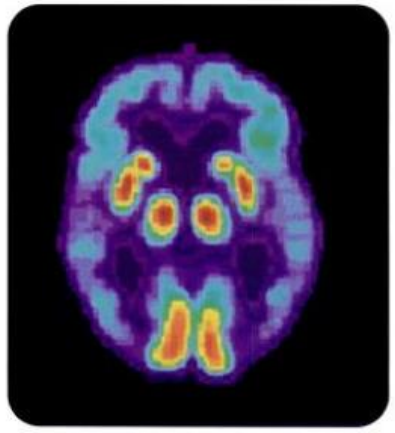
Disuse
Sedentary life style
Poor diet
Environmental toxins (including alcohol)

Mental engagement
Physical exercise
Diet

Differences between Normal Aging and Alzheimer's Disease



PET Scan of Normal Brain



PET Scan of Alzheimer's Disease Brain

Normal aging

- Making a bad decision once in a while
- Missing a monthly payment
- Forgetting which day it is and remembering it later
- Sometimes forgetting which word to use
- Losing things from time to time

Alzheimer's disease

- Making poor judgments and decisions a lot of the time
- Problems taking care of monthly bills
- Losing track of the date or time of year
- Trouble having a conversation
- Misplacing things often and being unable to find them

Other forms of neurocognitive disorder

- Vascular neurocognitive disorder (multi-infarct dementia)
- Frontotemporal neurocognitive disorder
- Parkinson's disease
- Neurocognitive disorder with Lewy bodies
- Pick's disease

→ **Important to distinguish from reversible neurocognitive disorders as well as depression**

Psychological Disorders in Adulthood

- Major Depressive Disorder
- Bipolar Disorder
- Anxiety Disorders
- Trauma and Stress-Related Disorders
- Substance-Related Disorders
- Personality Disorders

Conditions that can contribute to depression in older adults

Mobility limitations

Hypertension

Sensory impairments

Pain

Stroke

Lack of vitamin D

Metabolic syndrome and diabetes

Sleep disturbance

Tooth loss

Forms of anxiety disorders (prevalence 65-84 years)

- Generalized anxiety disorder (3.1%)
- Panic disorder (3.8%)
- Agoraphobia (4.9%)
- Specific phobia (animal phobia 3.5%)
- Social anxiety disorder (1.3%)

Trauma and stress-related disorders

- PTSD symptoms can persist for many years
- More severe in combat-exposed veterans
- Supportive early childhood environments may be protective
- Other sources of PTSD in later life:
  - Motor vehicle collisions
  - Imprisonment
  - Employment as first responder
  - Natural disasters
- PTSD places individual at risk for chronic health conditions
- LOSS may occur years after exposure

Concerns regarding alcohol use and older adults

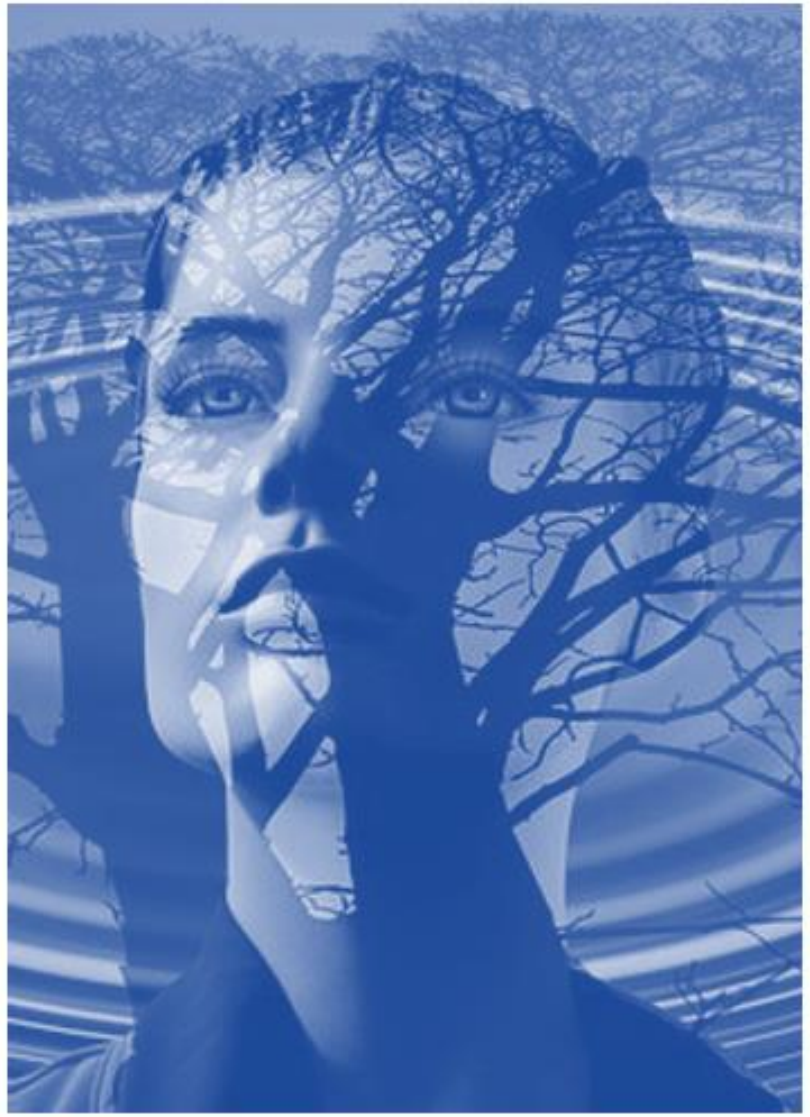
- Risk of cirrhosis of the liver
- Higher rates of injury
- Risk of adverse drug-alcohol interactions
- Associated with certain living situations (retirement communities and nursing homes)
- Present risk of developing neurocognitive disorder
- Relationship to smoking must also be considered

Antisocial personality disorder

- Antisocial personality disorder is typically “adolescence-limited”
- Many most likely die due to poor health habits
- Those who live still retain the psychopathy factor

Borderline personality disorder

- Increased risk due to early life adversity
- From early to middle adulthood, decrease in symptoms of emotional instability, impulsivity, and problems in relationships
- Suicidality shows survivor effect
- Older adults remain high in some personality traits such as fear of abandonment, selfishness, lack of empathy, and tendency to manipulate others and are at higher risk of stressful life events
- Obesity in later life linked to more chronic health conditions.



Treatment Issues with Older Adults

- Assessment Methods
- Therapy with Focus on Cognitive-Behavioral
- Pikes Peak Model of Geropsychology Training

General diagnostic considerations

- Screening and assessment tools should be those designed for older adults
- Medical conditions can mask or exacerbate depression and anxiety

Assessment Measures

- Geriatric Depression Scale (GDS): 30-item self-report.
- Center for Epidemiologic Studies—Depression Scale (CESD): 20 self-report items based on symptoms in past week.
- Geriatric Anxiety Scale (GAS): 30-item self-report of somatic, cognitive, and affective symptoms.

Depression and anxiety vs. neurocognitive disorder

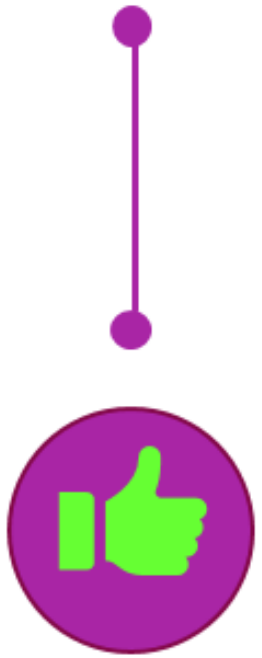
- "Pseudodementia:" Cognitive impairment due to depression mimics neurocognitive disorder; the impairment remits with treatment for depression
- Depression and neurocognitive disorder can co-exist especially in early stages (30-50%).
- Anxiety can interfere with cognitive performance due to disrupted sleep and other anxiety-related symptoms

Assessment of neurocognitive disorders

- Rule out reversible causes
- Measure IADLS and ADLs
- Use brief screening tools (e.g. Mini-Mental State Exam, Montreal Cognitive Assessment) and follow with fuller neuropsychological testing as needed
- Take a person-centered approach to full assessment
- Assess families for stress and depression
- Evaluate decision-making ability

→ Focus is on management to prevent excess disability and rapid decline.

COGNITIVE-BEHAVIORAL THERAPY (CBT)



ADVANTAGES

Most widely supported
Short-term and transportable

OTHER BENEFITS

Suicidality
Sleep
Pain

COMBINE WITH

Relaxation
Mindfulness
Exercise

NEWER APPROACHES

Problem-solving therapy

Q&A

- Dr. Sammons will read select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.

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