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The Surprises of Serving Seniors

by Wendy Tayer, Ph.D.

Years of clinical experience have taught me that people enter psychotherapy feeling disempowered in some way. This characterization is especially true for seniors. They seek or are referred for mental health treatment for a variety of reasons, including depression, anxiety, grief, and disability. Often, those seeking therapy are isolated, widowed, struggling with caregiving burdens or feel disconnected from their community after retirement. This population is aging in a rapidly changing world of technology, mass communication, busy distracted family members and a society that does not revere aging. These circumstances create numerous challenges in addition to the expected declines in functioning due to aging.

Our elder population is growing; according to the APA Office on Aging (2011), people over 65 years old are the fastest growing segment of our population and and will comprise 20% of our nation's population by 2020. They are grossly underserved in the arena of mental health, so much so that the APA advertises this specialty, established in 2010, as one of the chief areas for job growth in clinical and research psychology. The APA materials explain the demographics and needs of the population but they don't convey the experience of working with seniors.

I believe that in order to draw more psychology students and newly licensed psychologists into the field of geropsychology, it is helpful to share my experience in working with seniors for 10+ years. I have done so with my supervision students in informal ways over the years with positive results. This article is intended to be a qualitative reporting of my many rewarding years of working with seniors. Research findings are interspersed to support and validate my experience.

Americans tend not to welcome aging or revere our seniors; in fact, we worship youth and often go to great lengths to prolong the appearance of youth, evidenced in our media. But aren't aging and the passage of time the most fundamental aspects of our life on this planet? These are some of the topics that I explore with seniors. Whether it is the retired physician in chronic pain or the lonely, frustrated widow or the man who cannot bear the thought of his wife dying – we find ways to explore their dissatisfactions, fears, memories and strengths in order to find points of connection and enrich their lives.

This population is characterized by rich, complex personal histories of coping, family life and personal struggles in addition to the challenges of facing personal and familial morbidity and mortality. (American Psychologist, 2014). And, they come into therapy ready to engage in "life review" work or reminiscence therapy, both of which are strategies for reviewing old memories and mementos while seeking connections, meanings, and summing up one's life in search of

resolution. This work is often profound for seniors, and the literature documents its efficacy in treating depression and enhancing well-being among cognitively intact seniors (Oxford Handbook of Clinical Geropsychology, 2014). My role is typically characterized by offering reality testing, socialization, and support to seniors who often feel disenfranchised. Frequently they tell me that I am the only or one of the few people in their lives who sits and listens to their struggles, offers empathy, unconditional acceptance and steps toward resolution. Often they describe their families as resentful, impatient, intolerant or just too busy to listen and attend to their needs, or include them socially.

Seniors today are a product of their experience and a 20th century worldview. We engage in much verbal unravelling of experience and personal stories to help them heal or uncover new ways to understand and carry their life story. We also discuss ways to adapt to the 21st century. They are digital "newbies," which I consider to be one of their strengths, as they understand the value of interpersonal connection; this appreciation for connection also yields a more positive result from our therapeutic relationship. Their generation understands personal responsibility and commitment; they show up for therapy, are goal-directed, do the work and tend to be more satisfied with psychotherapy than younger adults (New York Times, 2013). However, elders vary in their technological skill level. I spend many sessions offering tutorials in smart phone or PC utilization in order to foster more independence. Recent research findings indicate that utilization of technology is cognitively and emotionally beneficial to seniors (Oxford University Press USA, 2014).

The therapeutic alliance is a critical element with seniors. I have not encountered much data on this topic but can speak from years of experience. Seniors are unique in that they can be isolated and a third of them use some kind of device to help them ambulate (Purdue University, 2010). Thus, psychotherapy with them requires us to rethink the traditional rules of psychotherapy. For example, in most clinical settings, we typically would not touch our patients. However, seniors can have limited opportunities for socialization and human connectivity, especially affection or touch, this point commonly referenced on nursing home and caregiving websites. Thus, it is not unusual for female seniors to ask for a hug or for me to offer a reassuring pat, these gestures serving as vehicles for building and maintaining an emotional connection. Often, seniors come to my office with wheelchairs, walkers, canes and leg braces. They often need assistance and express gratitude for the acknowledgement of their "helping" device.

Seniors face the challenges of permanent life changes that threaten their autonomy. In my experience, one of the most prominent concerns is the loss of function, independence and ability to be self-sufficient. Surrendering one's driver's license and moving an elder out of his or her home into an assisted living facility are probably the most emotionally charged losses for seniors. Other common themes are cognitive and sensory decline, death and dying, and grief about ill and deceased loved ones, including pets (APA Office on Aging, 2011). These patients often have outlived their peers and feel disconnected and alone. And they are at various stages of aging and retirement. Some are adjusting to retirement after a long

purposeful, satisfying career. Others are trying to renew themselves and establish new avenues of expression or contribution to their community.

According to the APA and other literature, the interventions that we use with other populations are applicable to seniors (American Psychologist, 2014). However, they are adapted to meet the needs of our aging population. For example, we may spend more time on review of life events and memories than with younger people. And we may slow down the process of teaching them a new coping skill. I apply an array of evidence-based strategies such as journaling, CBT, humor therapy, mindfulness, ACT, and supportive psychotherapy. A mix of these strategies along with an acknowledgement and exploration of their existential issues, especially morbidity and mortality, is very effective with elders (American Psychologist, 2014).

I especially enjoy sharing the most recent advances in neuroscience with seniors. We have evidence that acquisition of new information enhances cognitive functioning (Psychological Science, 2014) and that the brain is neuroplastic across the lifespan. (SharpBrains.com, 2016) The influx of new information about our brains offers tremendous hope for easing the aging process and offering more fluid, flexible interventions for optimizing the aging brain. For example, we know that starting exercise regimens as a senior can improve memory processes and quality of life (University of Montreal, 2012). These are just a few of the recent research findings on this exciting topic.

Related to providing psychoeducation to seniors, I have developed a modest session goal over the years, which usually is well-received. I aim to offer my patients one suggestion or piece of information to take away and mull over until the next session. It focuses us on the experiential and relational elements in therapy. In this vein, I make it a point to capitalize on their strengths and emphasize a mindful, accepting approach. I enjoy humor and share laughter with seniors in session if they are amenable to it, thus incorporating a bona fide mood booster for all parties involved!

I learned how to work with seniors on the job, sitting with my patients, attending geropsychology seminars, reading the literature and consulting with colleagues. There is a great deal of information about gerontology that this article space does not allow, including the role of medications and substances, cognitive decline, assessment, caregiving, and potential financial and physical abuse. My aim was to touch on some key experiential themes that resonate with me as a clinician. I am constantly learning more about this multifaceted, largely unappreciated population group. They teach me valuable lessons every week for which I am eternally grateful. These therapeutic relationships are mutually emotionally beneficial. My newest tidbit for sharing is Dr. Amy Cuddy's power pose after listening to her speak recently. A Harvard Business School social psychologist, her research focus is the universal role and potential of nonverbal behavior to empower us, and her TED talk is the second most watched TED talk on the web. I also recommend her book entitled "Presence." This intervention is an especially enlivening and well-received addition to our sessions.

If you are interested in a career or specialization in geropsychology, acquaint yourself with the literature and online resources such as APA and The Gerontological Society of America.

Attend conferences, find a mentor, spend time with seniors and read both fiction and non-fiction about aging and seniors (some suggestions below).

Suggested Reading

Albom, Mitch. (1997) Tuesdays With Morrie. Doubleday

Bachman, Fredrik. (2014) A Man Called Ove: A Novel. Simon and Shuster

Brizendine, Louann (2007) The Female Brain. Harmony Books

Brizendine, Louann (2010) The Male Brain. Harmony Books

Cuddy, Amy (2015) Presence: Bringing Your Boldest Self to Your Biggest Challenge. Little, Brown, and Company

Didion, Joan. (2011) Blue Nights. Alfred A.Knopf

Ephron, Nora. (2008) I Hate my Neck and Other Thoughts About Being a Woman. Vintage Books

Gawande, Atul. (2014) Being Mortal. Metropolitan Books

Strout, Elizabeth. (2008) Olive Kitteridge. Random House

Suggested Websites

www.healthyaging.net

www.agingandsociety.com

www.gerocentral.org

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APA Office on Aging Resource Guides, 2009-2013, American Psychological Association, Retrieved from www.apa.org/pi/aging

The Gerontological Society of America. (2014, April 17) Internet use may cut retirees' depression. ScienceDaily. Retrieved from www.sciencedaily.com/releases/2014/04/140417124706.htm

Ellin, A. (2013, April 22) How Therapy Can Help In the Golden Years. The New York Times, Retrieved from http://www.nytimes.com

University of Montreal. (2012, September 6) Even the very elderly and frail can benefit from exercise. ScienceDaily. Retrieved from www.sciencedaily.com/releases/2012/09/120906182008.htm

Michelon, P. (2008) Brain Plasticity: How Learning Changes Your Brain. Retrieved from www.sharpbrains.com.

Pachana, N.A., and Laidlaw, K., eds. (2014) The Oxford Handbook of Clinical Geropsychology: Bahr, S.S., Reminiscence Therapy, A Review. Oxford University Press, pp. 675-690 DOI: 10.1093/Oxfordhb/9780199663170.13.018

Park, D.C. et al. (2014). The Impact of Sustained Engagement on Cognitive Function in Older Adults: The Synapse Project. Psychological Science. 25(1), 103-112. Retrieved from www.psychologicalscience.org

Purdue University. (2010, July 29) Weight issues move up need for walkers, canes, other devices. Science Daily. Retrieved from www.sciencedaily.com/releases/2010/07/100728121331.htm

Oxford University Press USA. (2014, August 12). Digital literacy reduces cognitive decline in older adults, experts find. ScienceDaily. Retrieved from www.sciencedaily.com/releases/2014/08/14081216709.htm