Preface

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Chapter 1. Overview of Evidence-Based Practice with Older Adults and Their Families

Sherry M. Cummings, PhD
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Over the past decade, there has been tremendous growth in the movement to enhance the delivery of quality services through the use of evidence-based interventions. While a growing number of reviews have examined the effectiveness of pharmacological interventions for older adults, few have examined the status of psychosocial interventions for the older population. The purpose of this special volume is to increase researchers' and practitioners' knowledge of evidence-based treatments for older adults and their family members. To this end, a thorough review of the extant research on psychosocial interventions available to address the varied health, mental health/cognitive, and social role challenges faced by older adults and family caregivers is provided.

KEYWORDS. Evidence-based treatment, psychosocial intervention, older adult, caregivers

Chapter 2. Cardiac Conditions

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Cardiovascular disease (CVD) is the leading cause of death in the US. The growth of the older population in coming decades will inevitably increase the incidence of age-related cardiac disease. Increasing evidence has shown the prevalence of co-morbid mental health conditions in CVD patients. Specifically, depression and anxiety have been linked with CVD mortality. Due to the risk of psychosocial conditions with cardiac patients, mental health practitioners in health and gerontology need to be well-informed about CVD-related mental health co-morbidity and current research developments. Accordingly, this article provides a systematic review of the clinical evidence about the efficacy, cost-effectiveness, and any potential risk of psychosocial intervention with cardiac patients.

KEYWORDS. Cardiovascular disease, coronary heart disease, psychosocial interventions
Cancer is of particular importance to gerontology due to the changing nature of the disease. Survival rates are at all time highs as a result of technological advances in early detection and treatment of cancer. Some less aggressive or invasive forms of cancer are now seen as chronic illnesses rather than acute, terminal diseases. As a result, demand is increasing for evidence-based psychosocial interventions designed to improve the health and well-being of people living with cancer. This article reviews evidence-based psychosocial interventions designed to address the needs of persons with cancer and their family members. Traditional and technology-enhanced interventions are discussed as are complementary and alternative therapies designed to augment traditional interventions.

KEYWORDS. Cancer, breast cancer, prostate cancer, psychosocial interventions

Arthritic pain is a common and disabling problem for many older adults. There is widespread evidence that despite its prevalence and debilitating effects on the physical, emotional and cognitive status of older adults, arthritic pain remains under-treated in those age 65 and older. This condition significantly and negatively impacts older adults’ quality of life and is a critical problem that requires the attention of gerontological social work. This chapter provides a brief summary of arthritic pain in older adults. It also discusses the treatment efficacy of cognitive-behavioral therapy and psycho-educational programs for older adults with this type of pain.

KEYWORDS. Arthritis, pain, cognitive-behavioral therapy, psycho-educational therapy

With the aging of the population, physical inactivity, and growing rates of obesity, there has been a dramatic rise in the incidence of diabetes. Diabetes and its treatment is a holistic and dynamic experience, shaping many aspects of a person's life and well-being. Despite the biopsychosocial nature of this chronic disease, medications tend to be the principal intervention among medical professionals. Over the past fifteen years, however, diabetes researchers and clinicians have begun to develop interventions addressing the psychosocial aspects of diabetes. The majority of these interventions fall within the knowledge base and clinical abilities of social work practitioners. This paper systematically reviews psychosocial intervention studies with older adults, identifying and summarizing treatment protocols.

KEYWORDS. Diabetes mellitus, type I diabetes, type II diabetes, individual interventions, group interventions
Although fewer people are being diagnosed with AIDS in the U.S. and deaths continue to decline, the number of adults age 50 and older who are living with HIV/AIDS is larger than ever. It is likely that older people will continue to comprise an increasingly larger proportion of individuals diagnosed with HIV/AIDS, reflecting both the ineffective prevention efforts targeting older adults and the highly effective antiretroviral therapies that allow many people to live for significantly longer periods of time. These recent trends have created two distinct populations of older persons with HIV/AIDS: those who were infected later in life and those infected earlier and now aging with HIV disease. Aging with HIV/AIDS presents unique psychosocial challenges that may be exacerbated by the aging process. HIV-related stigma, social support and coping issues and evidence-based psychosocial interventions for older adults with HIV/AIDS are reviewed in this paper and suggestions for future research are discussed.

**KEYWORDS.** HIV/AIDS, stigma, social support, coping, psychosocial intervention studies

**EVIDENCE-BASED INTERVENTIONS FOR COGNITIVE AND MENTAL HEALTH ISSUES**

Chapter 7. Depression and Anxiety

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Depression and anxiety are the most common psychiatric conditions in late life. Despite their prevalence, we know relatively little about their unique manifestation in older adults. And, although the most common intervention for late-life depression and anxiety continues to be medication, research on psychosocial interventions for late-life depression and anxiety has burgeoned in the past several years. Unfortunately, this growing body of intervention research has yet to be widely translated into improved systems of care for late-life depression. This article is one step toward synthesizing the knowledge in this growing area of research. The review of literature presents the conclusions of several meta-analyses that have reviewed psychosocial interventions for late-life depression and anxiety. In addition, intervention studies concerning the effectiveness of cognitive behavioral therapy, interpersonal therapy, reminiscence therapy, and alternative therapies with depressed and/or anxious older adults are reviewed. A brief description of various approaches to psychosocial intervention with anxious and/or depressed older adults is also presented.

**KEYWORDS.** Depression, anxiety, cognitive behavioral therapy, reminiscence therapy, interpersonal therapy

Chapter 8. Alzheimer's Disease and Related Dementias

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The number of individuals with Alzheimer's disease or a related dementia is growing at a staggering rate. Thus, it is essential that social workers in geriatric
settings are knowledgeable about this disorder and the appropriate interventions
to use at all stages of the disease. The purpose of this article is to examine the types
of non-pharmacological, psychosocial treatments that are used to manage the
behavioral manifestations and changes in the mood of individuals with
Alzheimer's disease or a related dementia. While great strides have been made in
pharmacological treatments of Alzheimer's disease, less attention has been given
to the types of psychosocial interventions that are readily employed in community-
based and long-term care settings to assist in the care of these individuals. This
article provides an overview of psychosocial interventions, as well as identifies the
direction for future evidence-based treatment studies, for individuals with
Alzheimer's disease and related dementia.

KEYWORDS. Alzheimer's disease, dementia

Chapter 9. Substance Abuse 206
Sherry M. Cummings, PhD
Brian Bride, PhD
Kimberly McClure Cassie, MSSW, MA
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Alcohol abuse poses special risks for increased morbidity and mortality among
older adults, contributing to the heightened use of medical resources and the
related increase in medical costs. Although the prevalence of alcohol use
disorders in the older adults is generally less than that found in younger groups,
it is expected to increase with the aging of the "baby-boom " generation. In spite
of this, little attention has focused on developing, and evaluating the efficacy of,
treatment programs for older adults with alcohol-related disorders. This article
discusses the availability of effective treatment strategies for older alcohol abusers
and reviews the epidemiological and outcomes research literatures related to
alcohol abuse and older adults. The few empirical studies that examine outcomes
associated with the treatment of older substance abusers reveal positive outcomes,
especially when "age-specific," cognitive-behavioral, and less confrontational
treatment approaches are employed.

KEYWORDS. Alcohol, substance abuse, aging-specific treatment, psychosocial
interventions

EVIDENCE-BASED INTERVENTIONS
FOR SOCIAL FUNCTIONING

Chapter 10. Individuals with Developmental Disabilities
and Their Caregivers 234
Philip McCallion, PhD
Tara Nickle, MSW

Adults with Developmental Disabilities (DD) are experiencing increased
longevity and the projected number of older persons with DD is expected to
double by 2020. As a result, concerns have been raised that agencies and
professional staff are illprepared to address the increased needs of an older
population with lifelong disabilities. The caregiving life of families of persons with
DD now spans multiple decades and is increasingly a feature of advanced age for
parents and grandparents, and of old age for siblings. Problem behaviors, onset or poor management of mental health concerns and inadequate planning for their aging years are the biggest barriers to successful aging for persons with developmental disabilities. However, psychosocial interventions have the potential to alleviate these barriers and promote positive aging for older persons with developmental disabilities. The evidence for the effectiveness of such interventions will be examined within this article.

KEYWORDS. Developmental disabilities, intellectual disabilities, caregiving, futures planning

Chapter 11. Treatment at the End of Life
Deborah P. Waldrop, MSW, PhD

End-of-life care has gained recognition as an important interdisciplinary clinical domain during the past three decades largely because scientific and medical advances have changed the nature of dying in the US. Advances in the treatment of lifelimiting illness have typically focused on medical issues and on treating the physical symptoms that accompany the final stage of a terminal illness. However, because the lengthening life span has made more choices available at the end of life, there is also greater need for evidence-based psychosocial treatment to diminish some of the prolonged emotional, psychological social, and spiritual distress that accompanies dying. Both terminally ill older adults and their caregivers can be helped by interventions that address the need for information, education, preparation, communication, emotional support, and advocacy. This paper presents a review of evidence-based psychosocial treatments at the end of life for both older adults and their caregivers.

KEYWORDS. End-of-life care, terminal illness, grief, bereavement, psychosocial intervention

Chapter 12. Familial Caregivers of Older Adults
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Sara Sanders, PhD

Caregivers of older adults face many obstacles as they balance family, career, and caregiving demands. Caregivers are at an increased risk for burden, stress, depression, and a variety of other mental and physical health complications. It is not uncommon for caregivers to receive some form of pharmacological therapy to treat the physical and mental health changes that may occur throughout their caregiving career. However, while pharmacological forms of treatment are invaluable, medications only may not be sufficient to treat the needs of caregivers. As such, geriatric professionals also have a responsibility to intervene with caregivers through psychosocial interventions. This paper provides an overview of caring, a summary of evidence-based psychosocial interventions for family caregivers of older adults, and recommendations for future interventions.

KEYWORDS. Caregivers, older adults, dementia, interventions, evidence-based treatments
Chapter 13. Grandparent Caregivers

Stacey Kolomer

Although grandparent caregiving is not a new phenomenon in the United States, there has been a dramatic increase in grandparent-headed households in the last two decades. Many of these care providers are older and feel somewhat unprepared to raise a new generation of children. As a result, grandparent caregivers are at risk for multiple physical, mental, and emotional problems due to the stresses and strains of care provision. This article summarizes characteristics of grandparent caregivers in our society, the challenges that they face, and how organizations are attempting to assist these older adults with their care provision responsibilities. Recommendations for future research and intervention design will also be discussed.

KEYWORDS. Grandparent caregivers, grandparents as parents, skipped generation households

Chapter 14. Evidence-Based Interventions with Older Adults: Concluding Thoughts

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Taken collectively, the articles in this volume provide a method to assess psychosocial outcome research in aging. Although the outcome literature on effective interventions with older adults is uneven across condition and treatment approaches, there are some particular intervention methods that have received consistent research support. This article condenses the rich analyses presented by the volume authors and summarizes the interventions for which some evidence base exists by life issue/condition (health, mental health/cognitive and social roles) and outcomes achieved.

KEYWORDS. Evidence-based treatment, psychosocial intervention, older adult, caregivers

Index