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UPDATES

# The Older Adult Psychotherapy

## TREATMENT PLANNER

This timesaving resource features:

- Treatment plan components for 30 behaviorally based presenting problems
- Over 1,000 prewritten treatment goals, objectives, and interventions—plus space to record your own treatment plan options
- A step-by-step guide to writing treatment plans that meet the requirements of most accrediting bodies, insurance companies, and third-party payors
- Includes new **Evidence-Based Practice Interventions** as required by many public funding sources and private insurers

DEBORAH W. FRAZER, GREGORY A. HINRICHSEN, AND ARTHUR E. JONGSMA, JR.

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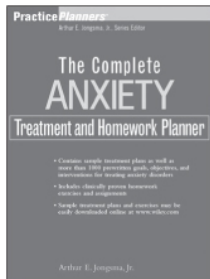
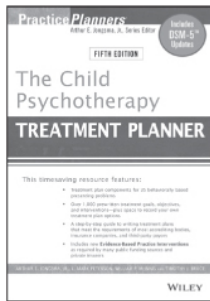
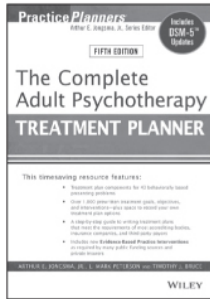
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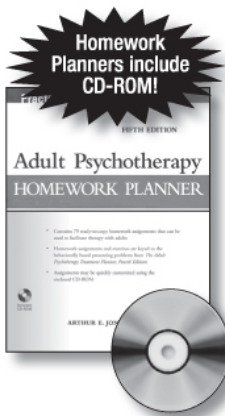
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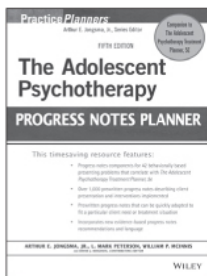
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*Deborah W. Frazer*  
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*In loving memory of my parents, Ann Willets Lapham  
Frazer and Evan Wayne Frazer*

*—D.W.F.*

*To Dan, Sue, Mark, Mike, and C.J. — We see Lake Ripley*

*—G.A.H.*

*To the Older Adults who have given so much rich meaning  
to my life: Mom (Harmina), Dad (Arthur), Father-in-law  
(Frank), and Mother-in-law (Evelyn)*

*—A.E.J.*

# PracticePlanners® Series Preface

Accountability is an important dimension of the practice of psychotherapy. Treatment programs, public agencies, clinics, and practitioners must justify and document their treatment plans to outside review entities in order to be reimbursed for services. The books in the PracticePlanners® series are designed to help practitioners fulfill these documentation requirements efficiently and professionally.

The PracticePlanners® series includes a wide array of treatment planning books including not only the original *Complete Adult Psychotherapy Treatment Planner*, *Child Psychotherapy Treatment Planner*, and *Adolescent Psychotherapy Treatment Planner*, all now in their fifth editions, but also *Treatment Planners* targeted to specialty areas of practice, including:

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- College students
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- Speech-language pathology
- Suicide and homicide risk assessment
- Veterans and active military duty
- Women's issues

In addition, there are three branches of companion books that can be used in conjunction with the *Treatment Planners*, or on their own:

- ***Progress Notes Planners*** provide a menu of progress statements that elaborate on the client's symptom presentation and the provider's therapeutic intervention. Each *Progress Notes Planner* statement is directly

integrated with the behavioral definitions and therapeutic interventions from its companion *Treatment Planner*.

- **Homework Planners** include homework assignments designed around each presenting problem (such as anxiety, depression, substance use, anger control problems, eating disorders, or panic disorder) that is the focus of a chapter in its corresponding *Treatment Planner*.
- **Client Education Handout Planners** provide brochures and handouts to help educate and inform clients on presenting problems and mental health issues, as well as life skills techniques. The handouts are included on CD-ROMs for easy printing from your computer and are ideal for use in waiting rooms, at presentations, as newsletters, or as information for clients struggling with mental illness issues. The topics covered by these handouts correspond to the presenting problems in the *Treatment Planners*.

The series also includes adjunctive books, such as *The Psychotherapy Documentation Primer* and *The Clinical Documentation Sourcebook*, containing forms and resources to aid the clinician in mental health practice management.

The goal of our series is to provide practitioners with the resources they need in order to provide high-quality care in the era of accountability. To put it simply: We seek to help you spend more time on patients, and less time on paperwork.

ARTHUR E. JONGSMA, JR.  
*Grand Rapids, Michigan*



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—DEBORAH WILLETS FRAZER, PH.D.

I've been especially fortunate to have a professional career in clinical geropsychology that has yielded so many rewards. I've been privileged to share in the lives of older clients who have nourished my humanity. My geropsychology colleagues are some of the finest people I have met and with whom I've formed a professional community and many enduring friendships. Conducting research on older adults continues to pique my intellectual curiosity and deepen my appreciation of the diversity and complexity of older adulthood. Work in the public policy and aging arena has enhanced my understanding of how the welfare of all of America's citizens is interwoven across the generations.

My mother, Katherine Berndt Hinrichsen, was a model of how to live the later years with honesty about the

challenges of aging and with delight in its unique blessings. She spent the last year of her life in a nursing home. In my view, the last year of her life was the best year of her life since in that nursing home she evidenced her finest qualities—compassion, intuition, and candor. After her death, my siblings—Dan, Sue, Mark, Mike, and C.J.—gathered at a favored place of our childhood, Lake Ripley in Wisconsin. During that gathering, we saw more clearly than ever how her life reflected in each of our lives and in those of our children.

—GREGORY A. HINRICHSEN, PH.D.

As we have launched into the empirically based treatment (EST) revision of many of our *Treatment Planner* books, I have had the privilege of working with several psychologists who epitomize the best of the Boulder model of clinician-scientist. Dr. Greg Hinrichsen is one of those rare folks who is a compassionate, expert clinician but also a well-informed researcher. He brings that expertise to bear on this new edition of the *Older Adult Psychotherapy Treatment Planner*. New evidence-based objectives and interventions have been added and existing items have also been highlighted in this new edition. We are indebted to Greg for his highly professional work, which has added value to this book. Deb Frazer created a very sound book in its original edition and now Dr. Hinrichsen has built upon that foundation to add new and highlight existing EST content throughout the manuscript. Thank you, Deb, for your quality original work and Greg for your expert scientist-clinician contribution.

I also want to recognize the thoroughly professional work done by Sue Rhoda, our manuscript manager. She is consistently alert to organizing the myriad details before a

manuscript can be submitted to a publisher. Thank you,  
Sue!

Finally, our thanks to the great editorial, production,  
marketing and sales team at John Wiley & Sons, as they  
provide all the publishing skill one could want. You are the  
best!

—ARTHUR E. JONGSMA, JR., PH.D.

# Introduction

## About Practice *Planners*<sup>®</sup> Treatment Planners

Pressure from third-party payors, accrediting agencies, and other outside parties has increased the need for clinicians to quickly produce effective, high-quality treatment plans. *Treatment Planners* provide all the elements necessary to quickly and easily develop formal treatment plans that satisfy the needs of most third-party payors and state and federal review agencies.

Each *Treatment Planner*:

- Saves you hours of time-consuming paperwork.
- Offers the freedom to develop customized treatment plans.
- Includes over 1,000 clear statements describing the behavioral manifestations of each relational problem, and includes long-term goals, short-term objectives, and clinically tested treatment options.
- Has an easy-to-use reference format that helps locate treatment plan components by behavioral problem or *DSM-5* diagnosis.

As with the rest of the books in the Practice *Planners*<sup>®</sup> series, our aim is to clarify, simplify, and accelerate the treatment planning process, so you spend less time on paperwork, and more time with your clients.

# About the Older Adult Psychotherapy Treatment Planner

This second edition of the *Older Adult Psychotherapy Treatment Planner* comes 12 years after publication of the first edition. This revision includes 30 chapters covering a range of problems often encountered in clinical practice with older adults. Notably, the book includes designation of select short-term objectives and therapeutic interventions which are evidence based. All chapters have been revised and updated and two new chapters have been added.

In the field of psychology, clinical geropsychology has grown slowly but steadily since 1981 when the first conference on training for applied geropsychology was convened in Boulder, Colorado (known as the “Older Boulder” conference; Santos & Vandenbos, 1982). Since that time there have been substantive professional developments: Psychologists were named as providers under Medicare; a Committee on Aging and its companion Office on Aging were established at the American Psychological Association (APA); APA's Division 12, Section II (Society of Clinical Geropsychology) was founded and has flourished; Psychologists in Long-Term Care was formed; and most recently the Council of Professional Geropsychology Training Programs was established to promote high quality geropsychology training. There have been other notable developments. Two aging training conferences followed the Older Boulder Conference, the most recent of which was held in Colorado Springs, Colorado in 2006. From this gathering emerged the Pikes Peak Model for Geropsychology Training which offers a framework for acquiring attitudes, knowledge, and skills critical to the provision of psychological services to older adults (Knight, Karel, Hinrichsen, Qualls, & Duffy, 2009). APA adopted *Guidelines for Psychological Practice with*

*Older Adults* in 2004 (APA, 2004), recognized Clinical Geropsychology as a proficiency in 1998, and in 2010 APA recognized Professional Geropsychology as a specialty. There have been parallel geriatric-relevant developments in the other core mental health disciplines of social work, nursing, and psychiatry.

In tandem with these professional developments has been the growth of the population of older adults, typically defined as individuals 65 years of age and older. The first members of the so-called “baby boom” generation will begin to turn 65 years of age in 2011, and by the year 2030 over 20% of the U.S. population will be older people (Federal Interagency Forum on Aging-Related Statistics, 2004). It is unfortunate that very few students are exposed to aging issues in graduate professional schools since many—if not most—of now emerging mental health professionals will be seeing older adults in clinical practice. In fact, a recent report from the Institute on Medicine raised serious concerns about how the physical health and mental health work forces will serve the needs of the soon to bloom population of older adults (Institute of Medicine, 2008). The reason older adults will be part of future clinical practice for many is their sheer numbers: There are 76 million members of the baby boom age cohort. Further, it is expected that older adults in the coming years will be more interested in accessing psychotherapeutic services than their parents' generation when they were older people. But the future is upon us already. A survey of APA members found that over two-thirds of practicing psychologists already see at least a few older adults in clinical practice (Qualls, Segal, Norman, Niederehe, & Gallagher-Thompson, 2008).

In view of these developments, we believe the *Older Adult Psychotherapy Treatment Planner* offers a practical, up-to-date, research informed set of behavioral definitions, long-