



Training the next generation of clinical geropsychologists: A psychology clinic for aged care homes

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In Australia, like many other countries, our population is aging. Nearly 15% of our population is 65 years or older, and a quarter million older people live permanently in long term care facilities (Australian Institute of Health and Welfare, 2015). While the majority of older adults are emotionally healthy, mental health difficulties and neurocognitive problems are prevalent in the population. Approximately 30% of older adults living in the community have significant symptoms of depression or anxiety, while more than 50% of those living in long term aged care facilities are diagnosed with dementia (Australian Institute of Health and Welfare, 2012) or have significant symptoms of depression or anxiety (Australian Institute of Health and Welfare, 2013; Creighton, Davison, & Kissane, 2016).

Despite such high prevalence rates particularly for older adults living in long term care settings, mental health difficulties such as depression remain undetected (Davison et al., 2007) and untreated (Kramer, Allgaier, Fejtkova, Mergl, & Hegerl, 2009). Less than one

percent of aged care residents receive any kind of psychosocial treatment (George, Davison, McCabe, Mellor, & Moore, 2007). In a recent survey on the utilisation of psychological support in such settings, psychologists were not strongly represented (Stargatt et al., 2017). Of 81 residential settings surveyed across Australia, only 11 employed psychologists, mostly on a casual or part time basis, with only one setting having a full-time psychologist.

I returned to Australia in 2009 after a four-year postdoctoral fellowship with Professor Aaron Beck in Philadelphia. My postdoctoral research focused on investigating if cognitive behavioural therapy (CBT) was efficacious for older men with suicidal ideation. Having had little training in clinical geropsychology, I developed an awareness of the gaps in my training during those four years. My training in CBT did not prepare me to work systemically with the families of my clients, nor deliver a structured treatment to patients who were cognitively impaired, interested in storytelling and attached to assumptions tied to their generation. Over the four years, I appreciated the impact that CBT had on their lives and the customizations required to address older clients.

When I returned to Australia, I discovered that geropsychology was not commonly practiced. In Australia, there were few psychologists specializing in working with older adults (Koder & Ferguson, 1998), and even fewer training programs (Pachana, Emery, Konnert, Woodhead, & Edelstein, 2010). The absence of geropsychology training had two unintended effects. First, negative stereotypes about the futility of psychological treatments for older adults were apparent among our graduates in clinical psychology program, as well as professional staff working in aged care sector, older adults and their families. Second, despite a growing evidence base for the effectiveness of psychological treatments for older adults in community and residential settings (Wells et al., 2014) and for the role of psychologists in servicing older clients (Davison et al., 2017), older adults were not receiving such treatments, and psychologists remained invisible within the Australian aged care mental health services landscape .

In 2011, together with Mark Silver, a social worker with an interest in late life mental health issues, I initiated the Swinburne Wellbeing Clinic for Older Adults – a psychology clinic for older adults living in long term aged care settings (Bhar & Silver, 2014). Our aims were to provide older adults access to psychological treatments and to train the next generation of clinicians in geropsychology. We provided ‘in-reach’ services – deploying postgraduate

psychology students to provide counselling to residents. Since 2011, we have provided more than 4000 hours of counselling to residents across more than 50 long term care settings in Australia.

We learnt, as I did while in Philadelphia, that counselling with older adults can be atypical. Treatments needed customization to address cognitive impairment, cohort generational assumptions and the treatment context. Treatments needed to include the residents extended care network (their families and professional staff), allow for a protracted socialization and engagement phase (to build rapport and trust) and involve storytelling life review and reminiscence strategies (to circumvent short term memory difficulties) (Bhar et al., 2015; Rehm, Stargatt, Willison, Reser, & Bhar, 2017). The scope of care extended to family and professional staff. We learnt that families of residents were often left feeling a mix of emotions following the relocation of an older member of the family to residential care. We began running support groups for families. We also discovered that many of the professional staff members working in long term care settings wanted more education about mental health care. Hence, we developed a year-long seminar series on clinical geropsychology, that catered to their professional development needs as well as to the needs of our students. We learnt that many of our clients were socially isolated. We developed a befriending service. Undergraduate psychology students visited a resident on a weekly to fortnightly basis to participate in discussion and activity with the resident with the aim of establishing meaningful engagement. We also provided specialist group supervision in geropsychology to our postgraduate students, as well as opportunities to engage in research and scholarship opportunities. Over time, our clinic grew to offer counselling services, support groups, education seminars, befriending services, supervision and research.

We have been heartened by the response to our clinic and training program. In 2014, we won an accolade by the Australian Psychological Society for excellence in ageing practice. In 2015, we won a national award by Australia's Office of Learning and Teaching for "outstanding contributions to students learning". In 2018, the Australian government referenced our clinic as one of only four resources in Australia for providing training in geropsychology (Australian Government Department of Health, 2018). More telling, our students demonstrated an increased competence in geropsychology. We found that their attitudes, skills and knowledge in geropsychology improved significantly over the course of

their placement. Our clients' mental health improved through counselling – demonstrating significant improvements in depression, suicide ideation and quality of life. Professional carers and families told us that they were relieved to have such a service, noting the gaps that had persisted in Australia's residential sector.

Access to psychology services in residential care is improving in Australian. In 2018, the Australian government budgeted 82 million dollars to develop mental health services in long term aged care facilities. Such funding will allow residents access to psychological services. Given the growing number of older Australians and correspondingly, those living in residential care settings, psychologists will find greater opportunities to make a substantial impact to the lives of the older adults in these settings. The Swinburne Wellbeing Clinic for Older Adults is training this next generation of psychologists to work effectively and meaningfully with older adults in Australia.

Website: <http://www.swinburne.edu.au/lss/psychology/pc/older-adults/>

Acknowledgments: Acknowledgement is provided to Mark Silver and Rebecca Collins for their involvement in coordinating the wellbeing clinic for older adults.

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