

**THE UNIVERSITY OF TEXAS
STEVE HICKS SCHOOL OF SOCIAL WORK**

Course Number:	SW 387R	Instructor:	Namkee G. Choi, PhD, MSW nchoi@austin.utexas.edu
Unique Number:	59965	Office:	3.122D
Semester:	Fall 2019	Office Phone:	(512) 232-9590
Meeting Time/Place:	T 8:30-11:20 AM /SSW 2.130	Office Hours:	T 11:30-1:00/ by appointment

Social Work Practice with Older Adults: Health and Mental Health Issues

I. STANDARDIZED COURSE DESCRIPTION

This course is designed to integrate the theories and practice skills needed for effective social work with older adults with major physical and mental health concerns and the older adults' families. The course builds upon the basic theoretical foundations and the practice methods and skills the students have acquired in their introductory courses. Specific focus will be on in-depth understanding of the nature and course of chronic illnesses and mental health problems, including cognitive declines, utilization of interdisciplinary (multidimensional) geriatric assessment tools, and evidence-based intervention models and processes. Understanding the issues of vital aging, developmental processes, fostering an alliance, overcoming stigma, use of self, therapeutic bias, and ethical dilemmas with this population will also be studied. Emphasis will be placed on older adults at risk due to poverty, lack of informal social support, disability, and discrimination based on race/ethnicity, sexual orientation. The course will be conducted using lectures, class discussions, case analysis, role plays, presentation by expert community practitioners, films, and specialized practice assignments to actively engage students in learning practice.

II. STANDARDIZED COURSE OBJECTIVES

At the completion of this course, the student will be expected to:

1. Demonstrate the ability to explore, identify, and resolve his or her biases, myths, and stereotypes about older adults and the aging process by engaging in self-reflection;
2. Analyze the impact of their own biases on practice with this population;
3. Demonstrate advanced knowledge of theories and practice concepts regarding the unique and diverse needs and capacities of older adults and their families;
4. Identify and understand the signs, symptoms, and trajectories of particular health and mental health problems of older adults;
5. Identify changes in cognitive functioning and address attendant challenges to independent living and safety issues;
6. Be able to select and utilize appropriate assessment and diagnostic methods, including comprehensive geriatric assessment tools (e.g., ADL/IADL check list; home safety check off list; Geriatric Depression Scale; mini-mental status exam);
7. Critique and identify the most effective treatment models and methods to employ for the identified health and mental health problems;
8. Identify gaps in community services that support older adults with health and mental health problems;
9. Demonstrate the capacity to assess the challenges faced by older adults' families caring for them;
10. Develop care plans to address the needs of the informal support system with psycho-educational and supportive model and by linking them to health and social service resources;
11. Demonstrate cultural sensitivity toward diverse population groups (e.g., gender; race/ethnicity; immigrant status; sexual orientation and gender expression) and utilize culturally sensitive approaches in assessment and intervention;
12. Demonstrate expertise in responding to ethical dilemmas common to aging, chronic illness, cognitive decline, and death and dying;

III. TEACHING METHODS

The primary means of instruction will be class discussions of the assigned reading materials (1-2 easy-to-read

book chapter(s) and 1-2 short-to-medium length articles/chapters on average) and collaborative learning from active student participation in class discussions of the assigned reading materials. Students are required to have done the assigned reading before class and actively participate in class (refer to the class participation grade) and collaborate with one another. Occasional guest speaker presentations and informal lectures will supplement the collaborative learning

IV. REQUIRED TEXT AND MATERIALS

Required text:

Segal, D., Qualls, S. H., & Smyer, M. A. (2018) *Aging and mental health* (3rd ed.): **Part III (Chapter 8 through 13)**. Wiley Blackwell. (ebook downloadable from <https://onlinelibrary.wiley.com/doi/pdf/10.1002/9781119133186>)

Knight, B. G. & Pachana, N. A. (2015). *Psychological assessment & therapy with older adults*. New York: Oxford University Press (Chapters 3, 4, 5, 7, & 9 available on Canvas).

Required book chapters: Available on Canvass

Arean, P. A. (2015). Treatment of late-life depression, anxiety, trauma, and substance abuse. Washington, DC: American Psychological Association. (Chapters 7 & 8 available on the course Canvas)

Institute of Medicine. (2015). *Psychosocial interventions for mental and substance use disorders: A framework for establishing evidence-based standards*. Washington, DC: National Academies Press. (Chapter 3 available on Canvas)

Sahlins, J. (2010). *Social work practice in nursing homes: Creativity, leadership, and program development*. Chicago, IL: Lyceum. (Chapter 3 available on Canvas)

Required journal articles: All of the articles that are required readings as shown in **Section IX** are available on the course Canvas.

Highly recommended secondary textbook:

Zarit, S., & Zarit, J. (2007). *Mental disorders in older adults: Fundamentals of assessment and treatment* (2nd Ed.), New York: Guilford. (Although this book was published 12 years ago, it contains the most relevant case examples and serves a rich resource for mental health clinicians. The instructor will upload copies of case examples from this book onto canvas or distribute them in class as needed for further discussion.)

Recommended books for your leisure time reading:

Leland, J. (2018). *Happiness is a choice you make: Lessons from a year among the oldest old*. New York: Sarah Crichton Books.

Corttrell Foule, M., & Eckstrom, E. (2015). *The gift of caring: Saving our parents from the perils of modern healthcare*. New York: Taylor Trade Publishing.

Agronin, M. E. (2018). *The end of old age: Living a longer, more purposeful life*. New York: Da Capo Press.

Coughlin, J. F. (2017). *The longevity economy: Unlocking the world's fastest-growing, most misunderstood market*. New York: Public Affairs.

V. COURSE REQUIREMENTS

1. **Journal (Dates are noted in Section IX; 3 points each; 15 points total):** Self-reflections and exploration and articulation of our views, feelings, and experiences enhance our ability to grow from our experience and develop greater empathy for people around us. Each student is expected to turn in five journal entries in the following topical areas: (1) older people who influenced him/her in positive ways and older people who had influenced him/her in

negative ways and why; (2) his/her thoughts and feelings about aging, including fears, expectations, and stereotypes; (3) the kind of gerontological social work he/she wants to engage in—aspirations, goals, and plans; (4) ageism: where it comes from and what we should do about it; and (5) one thing (policy and/or practice) that will have to change/improve in an aging society for the well-being of all members of the society. Each journal entry should be one single-spaced page. References are not required for journal entries 1-3, but 2-3 references are required for entries 4 and 5.

2. Weekly (except weeks 1, 10 and 14) class participation assignment (CTD or QCD for each chapter or article is for 2 points for a total of 30 points for all required submissions): Starting from week 2, each student is required to submit answers to the critical thinking and discussion (CTD) questions at the end of each chapter by Segal et al. For other book chapters and articles that are required reading, each student is required to bring at least one question/comment/discussion idea (QCD) per selected reading assignment as noted in Section IX (this can be a question related to the contents of the chapter, a pertinent case example from your own practice/internship to add to the examples shown in the chapter, or other comments/thoughts/ideas that may need to be discussed in class). This assignment is designed to make sure that each student comes to class having read the assigned book chapter(s) and prepared to actively participate in class discussions. Instructor will set aside time for this assignment each week. You do not have to type your answers to CTD or QCD, but you need to submit them to the instructor in each class. Please note the chapter title, date of submission, and your name on top of your submission. (I found a hard copy is more conducive to class discussion than a canvas submission.) No late submission of this assignment will be accepted under any circumstance.

3. Chronic Disease Research Brochure and Presentation (15 points; due 11/05/19): Each student or student dyad is required to research one chronic medical condition that has been associated with older adults. Please refer to the list of the most common medical conditions in late life below. The research will include etiologies, signs, and symptoms of the disease, its usual process, common treatments, and prognosis. Describe how each condition may affect activities or instrumental activities of daily living. Discuss common risks and benefits of treatment, including economic issues such as ongoing medication costs.

For each condition, you will develop a one-page (front/back) brochure (that could be used to educate an older adult on the condition) that contains pertinent information regarding the chronic condition. This brochure will be shared with classmates and turned in for grade. Students have to keep the concepts of health literacy in mind when creating the brochure for older adults. However, during class presentation (10 minutes), they must impart necessary medical information and terms that social workers need to be equipped with in multidisciplinary team work settings (e.g., hospitals, health clinics, long-term care settings).

Most common chronic medical conditions in late life: Adult onset diabetes; Arthritis; Kidney and bladder problems; Parkinson's disease; Glaucoma and cataracts; Macular degeneration; Lung disease; Lung cancer; Osteoporosis; Enlarged prostate / Prostate cancer; Cardiovascular disease: HP, Heart disease and Stroke; Colon / Rectal cancer; Chronic pain; Sleep disorders; Falls prevention. While falls are not a disease per se, its consequences can be life-threatening to older adults' health. Thus, falls prevention education is an important topic.

4. Short Report on Aging Service Resources (5 double-spaced pages, 10 points, due when completed): The purpose of this report is to encourage students to get to know aging service resources in the community. Students will be free to choose one of the following options for this short report: (1) visit an aging service agency (e.g., senior activity centers—you need security clearance to be able to enter and talk with seniors, nursing homes, assisted living facilities); (2) attend an association or collation meeting (e.g., Aging Services Council of Central Texas (www.agingservicescouncil.org) meets on Thursday of even numbered months from 9 a.m. to 10:30 a.m. at the Delores Duffie Recreation Center, 1182 N Pleasant Valley Rd, Austin, TX 78702; also check events on the AustinUp website (<https://austinup.org/>) and HealthTech Austin's monthly event (<http://www.healthtechaustin.com/>) at Capital Factory; (3) interview an aging service provider of your choice (e.g., Capital Metro staff in charge of special transit services (STS), AAA regional office staff, RSVP staff, Alzheimer's Texas staff). Students will be free to discuss with the instructor other ways to fulfill this report

requirement. However, all students are required to have a list of questions before attending any meeting or speaking with an agency personnel in order to be able to write up the report. Please attach a written verification from the agency personnel of your visit/interview to your report. When you attended a meeting or presentation, please attach the handouts from the meeting/presentation to your report.

5. Assessment and Intervention Plan Paper or Innovative Aging Service Program Review Paper & Presentation (12 double-spaced pages; 32 points; due 12/03/2019). Please refer to Section X of this syllabus for specific guidelines. A team of two students (or each individual student) will be required to choose either one of the following:

Assessment and Intervention Plan Paper: Students are expected to complete an interview of an older adult (age 60+ and not a relative). The goal of the interview is to allow the students the opportunity to practice assessment skills with an older adult who may have multiple physical and psychosocial problems. In addition to the interview with the older adult, the students are expected to interview (with the permission of the older adult) - a collateral contact, such as a service provider, friend or family member. After the interviews, the students will summarize the assessment findings and the most effective (evidence-based) and feasible intervention plans for this client, and identify gaps in community services that support older adults who have similar needs.

The course instructor will provide a copy of a basic assessment instrument (available in both English and Spanish)—including sociodemographic items, measures of chronic conditions and overall health status, ADL/IADL impairment, scales for depression, stressful life events, social service utilization, social engagement, and many other items—that she has used in her research/intervention projects. The students will have to revise and add questions and scales for their assessment with a specific client.

Innovative Aging Service Programs Review Paper: For this paper, the students are expected to research an innovative program/service for older adults and write a paper about the programs/services. To describe a program/service, the students will have to interview at least one major player for the program. For example, an innovative senior transportation program that started in Maine has received lots of support from the research as well as aging service practice communities. (Please check out ITNAmerica: <http://www.itnamerica.org>.) Other examples of innovation in services may be the use of technology to assist frail/cognitively older adults with their activities of daily living and their caregivers and prevent fall-related fractures (check out: <https://www.wired.com/story/digital-puppy-seniors-nursing-homes/>; <https://www.argentum.org/magazine-articles/7-innovations-changing-aging-experience/>; <https://www.asaging.org/blog/emerging-technologies-our-aging-society>; <https://www.luxresearchinc.com/blog/5-emerging-technologies-for-the-aging-population>); virtual senior centers; prevention/self-management approach to chronic illness and disability; and adult night (not day) care services. Innovative policies that have far-reaching implications are also acceptable. Please consult the instructor regarding the program/policy choice before writing the paper.

VI. GRADES

Accumulated points and graduate school grading scale

94.0 and Above	A
90.0 to 93.999	A-
87.0 to 89.999	B+
84.0 to 86.999	B
80.0 to 83.999	B-
77.0 to 79.999	C+
74.0 to 76.999	C
70.0 to 73.999	C-
67.0 to 69.999	D+
64.0 to 66.999	D

60.0 to 63.999
Below 60.0

D-
F

VII. CLASS POLICIES

Class Attendance and Participation Policies: It is important for social work practitioners to be punctual in both meeting deadlines and in attendance. Thus, students are expected to attend all classes, if at all possible. A student will be considered absent if she or he arrives more than 15 minutes late to class or does not come to class without medical documentation. Students who miss one classe, without medical documentation, during the semester will lose 3 points, those who miss two classes will lose 6 points, and those who miss three or more classes will lose 10 points. Leaving class early will be counted as an absence unless the student provides a reasonable cause for doing so in advance and receives the professor's permission.

For this class, it is critical that students complete assigned readings before the class time and actively participate in class discussions. The textbook chapters contain very practical and useful information for practice with older clients. Since the classes will be devoted to discussing the assigned chapters, coming to class without reading the chapters will be a waste of time.

Late Assignment Policies: As noted above, no late submission of CTD and QCD assignments will be accepted under any circumstance. For other assignments, except in the case of extreme emergencies, and then only with the permission of the professor, late assignments will not be accepted without penalty. Students are expected to turn in all required assignments on the specified due date at the beginning of class. (If at all possible, please turn in paper copies of assignments. Electronic copies as e-mail attachments will be allowed only for late assignments and under special circumstances when the student cannot be present in class.) Students will lose 3 points for each day that an assignment is late. If the due date is a problem, then the student must contact the professor and negotiate another due date at least **48 hours PRIOR** to the date specified in the course syllabus.

Computer and Other Electronic Device (NON)Use Policies: Using laptop computers, tablets, and other electronic equipment (e.g., cell phone, texting, twitting, ear buds) in class will **NOT** be permitted except in the case of extreme emergencies and special circumstances that have been pre-approved by the professor. Students frequently use laptop computers in class to conduct tasks that are not related to the course contents (e.g., working on papers for other classes, checking e-mails, surfing Internet news) and resort to cell-phone texting while in class. Such behaviors are unprofessional and disruptive to other students and the professor. All communication devices will be turned off while in class. Students who break the computer use and cell phone policies and who engage in any other tasks that are unrelated to the course (e.g., reading newspapers and articles for other classes, playing Sudoku and other games) will be asked to leave the classroom in order not to disrupt other students' learning.

Feedback on Learning: During this course the professor will ask students to provide feedback on their learning in informal as well as formal ways. It is very important for the professor to know the students' reactions to what is taking place in class, so students are encouraged to inform the professor on how her teaching strategies are helping or hindering student learning, ensuring that together the professor and students can create an environment effective for teaching and learning.

VIII. UNIVERSITY POLICIES

THE UNIVERSITY OF TEXAS HONOR CODE. The core values of The University of Texas at Austin are learning, discovery, freedom, leadership, individual opportunity, and responsibility. Each member of the university is expected to uphold these values through integrity, honesty, trust, fairness, and respect toward peers and community.

PROFESSIONAL CONDUCT AND CIVILITY IN THE CLASSROOM. The professor expects students to act as professionals in class. This means students should arrive on time for class, be prepared to participate in the

class discussion, and show respect for one another's opinions. A course brings together a group of diverse individuals with various backgrounds. Students are influenced and shaped by such factors as ethnicity, gender, sex, physical abilities, religious and political beliefs, national origins, and sexual orientations, among others. We expect to learn from each other in an atmosphere of positive engagement and mutual respect. Social Work also deals with complex and controversial issues. These issues may be challenging and uncomfortable, and it would be impossible to offer a substantive classroom experience that did not include potentially difficult conversations relating to challenging issues. In this environment we will be exposed to diverse ideas and opinions, and sometimes we will not agree with the ideas expressed by others. Nevertheless, the professor requires that students engage one another with civility, respect, and professionalism.

UNANTICIPATED DISTRESS. Students may experience unexpected and/or distressing reactions to course readings, videos, conversations, and assignments. If so, students are encouraged to inform the professor. The professor can be responsive and supportive regarding students' participation in course assignments and activities, but students are responsible for communicating clearly what kind of support is desired. If counseling is needed, students may contact a service provider of their choosing, including the UT Counseling Center at 512-471-3515 or online at <https://cmhc.utexas.edu/>.

POLICY ON SOCIAL MEDIA AND PROFESSIONAL COMMUNICATION. Public social networks are not private. Even when open only to approved or invited members, users cannot be certain that privacy will exist among the general membership of sites. If social work students choose to participate in such forums, please assume that anything posted can be seen, read, and critiqued. What is said, posted, linked to, commented on, uploaded, subscribed to, etc., can be accessed and archived, posing potential harm to professional reputations and prospective careers.

Social work students who use social media (e.g. Facebook, Twitter, Instagram) and other forms of electronic communication (e.g. blogs) must be mindful of how their communication may be perceived by clients, colleagues, faculty, and others. Social work students are expected to make every effort to minimize material which could be considered inappropriate for a professional social worker in training. Because of this, social work students are advised to manage security settings at their most private levels and avoid posting information/photos or using any language that could jeopardize their professional image.

Students are asked to consider the amount of personal information posted on these sites and are obliged to block any client access to involvement in the students' social networks. Client material should not be referred to in any form of electronic media, including *any* information that might lead to the identification of a client or compromise client confidentiality in *any* way. Additionally, students must critically evaluate any material that is posted regarding community agencies and professional relationships, as certain material could violate the standards set by the School of Social Work, the Texas Code of Conduct for Social Workers, and/or the NASW Code of Ethics. Social work students should consider that they will be representing professional social work practice as well as The University of Texas at Austin School of Social Work program while in the classroom, the university community, and the broader area communities.

POLICY ON SCHOLASTIC DISHONESTY. Students who violate University rules on scholastic dishonesty are subject to disciplinary penalties, including the possibility of failure in the course and/or dismissal from the University. Since such dishonesty harms the individual, all students, and the integrity of the University, policies on scholastic dishonesty will be strictly enforced. For further information, the student may refer to the Web Site of the Student Judicial Services, Office of the Dean of Students: <https://studentaffairs.utexas.edu/>.

USE OF COURSE MATERIALS. The materials used in this course, including, but not limited to exams, quizzes, and homework assignments, are copyright protected works. Any unauthorized duplication of the course materials is a violation of federal law and may result in disciplinary action being taken against the student. Additionally, the sharing of course materials without the specific, express approval of the professor may be a violation of the University's Student Honor Code and an act of academic dishonesty, which could result in

further disciplinary action. This sharing includes, among other things, uploading class materials to websites for the purpose of distributing those materials to other current or future students.

DOCUMENTED DISABILITY STATEMENT. Any student who requires special accommodations must obtain a letter that documents the disability from the Services for Students with Disabilities area of the Division of Diversity and Community Engagement (471- 6259 voice or 471-4641 TTY for users who are deaf or hard of hearing). A student should present the letter to the professor at the beginning of the semester so that needed accommodations can be discussed and followed. The student should remind the professor of any testing accommodations no later than five business days before an exam. For more information, visit: <http://diversity.utexas.edu/disability/>.

RELIGIOUS HOLIDAYS. By UT Austin policy, students must notify the professor of a pending absence at least fourteen days prior to the date of observance of a religious holy day. If the student must miss a class, examination, work assignment, or project in order to observe a religious holy day, the professor will give the student an opportunity to complete the missed work within a reasonable time after the absence.

TITLE IX REPORTING. TITLE IX REPORTING. In accordance with Title IX of the Education Amendments of 1972, the University of Texas at Austin is committed to maintaining a learning environment that is free from discriminatory conduct based on gender. Faculty, field instructors, staff, and/or teaching assistants in their supervisory roles are mandated reporters of incidents of sex discrimination, sexual harassment, sexual violence, stalking, interpersonal violence, or any other forms of sexual misconduct. Students who report such incidents will be informed of University resources. Incidents will be reported to the University's Title IX Coordinator and/or the Title IX Liaison for the SHSSW, Professor Tanya Voss. Students, faculty and staff may contact Professor Voss to report incidents or to obtain information. Further information, including student resources related to Title IX, may also be found at <http://socialwork.utexas.edu/dl/files/academic-programs/other/qrg-sexualharassment.pdf>.

CAMPUS CARRY POLICY. The University's policy on concealed fire arms may be found here: <https://campuscarry.utexas.edu>. You also may find this information by accessing the Quick Links menu on the School's website.

CLASSROOM CONFIDENTIALITY. Information shared in class about agencies, clients, and personal matters is considered confidential per the NASW Code of Ethics on educational supervision and is protected by regulations of the Family Educational Rights and Privacy Act (FERPA) as well. As such, sharing this information with individuals outside of the educational context is not permitted. Violations of confidentiality could result in actions taken according to the policies and procedure for review of academic performance located in sections 3.0, 3.1, and 3.2 of the Standards for Social Work Education.

USE OF E-MAIL FOR OFFICIAL CORRESPONDENCE TO STUDENTS. Email is recognized as an official mode of university correspondence; therefore, students are responsible for reading their email for university and course-related information and announcements. Students are responsible for keeping the university informed about a change of e-mail address. Students should check their e-mail regularly and frequently—daily, but at minimum twice a week—to stay current with university-related communications, some of which may be time-sensitive. Students can find UT Austin's policies and instructions for updating their e-mail address at <https://cio.utexas.edu/policies/university-electronic-mail-student-notification-policy>.

SAFETY. As part of professional social work education, students may have assignments that involve working in agency settings and/or the community. As such, these assignments may present some risks. Sound choices and caution may lower risks inherent to the profession. It is the student's responsibility to be aware of and adhere to policies and practices related to agency and/or community safety. Students should notify the professor regarding any safety concerns.

BEHAVIOR CONCERNS ADVICE LINE (BCAL). If students are worried about someone who is acting differently, they may use the Behavior Concerns Advice Line to discuss by phone their concerns about another individual's behavior. This service is provided through a partnership between the Office of the Dean of Students, the Counseling and Mental Health Center (CMHC), the Employee Assistance Program (EAP), and The University of Texas Police Department (UTPD). Call 512-232-5050 or visit <http://www.utexas.edu/safety/bcal>.

EMERGENCY EVACUATION POLICY. Occupants of buildings on the UT Austin campus are required to evacuate and assemble outside when a fire alarm is activated or an announcement is made. Please be aware of the following policies regarding evacuation:

- Familiarize yourself with all exit doors in the classroom and the building. Remember that the nearest exit door may not be the one you used when entering the building.
- If you require assistance to evacuate, inform the professor in writing during the first week of class.
- In the event of an evacuation, follow the professor's instructions.
- Do not re-enter a building unless you are given instructions by the Austin Fire Department, the UT Austin Police Department, or the Fire Prevention Services office.

IX. COURSE SCHEDULE

Date	Topics	Assignment due	Readings
Week 1 9/3/19	<ul style="list-style-type: none"> • Introduction to course • The Older Americans Act & aging service network • Biopsychosocial changes; Theories of aging 		
Week 2 9/10/19	Cognitive Disorders: Dementia & Delirium	Journal 1 & QCD for Knight & Pachana Ch 5	Segal et al. Ch 8 Knight & Pachana Ch 5 Recommended: Kim Warchol: Shifting the perception of Alzheimer's and creating positive outcomes: http://www.youtube.com/watch?v=zXK1Ujd5Reg Recommended: Teepa Snow: http://www.youtube.com/watch?v=QTbdgHgmTgw (vascular dementia) http://www.youtube.com/watch?v=lq1FJc3xsBw&feature=rclmfu (Lewy body dementia)
Week 3 9/17/19	Clinical Interview; Capacity Evaluations; ethical issues Guest Speaker: Char Hu, PhD, Director/CEO of Georgetown Living and Helper Bees	Journal 2; CTD for Segal et al. Ch 8	Segal et al. Ch 8 In class: Teepa Snow: Stages of Dementia
Week 4 9/24/19	Treatment of Dementia Guest speaker: Christian Wells, ED of Alzheimer's Texas.	Journal 3; QCDs for de Oliveira & Sahlins	de Oliveira AM, Radanovic M, de Mello PC, et al. (2015). Nonpharmacological interventions to reduce behavioral and psychological symptoms of dementia: A systematic review. <i>Biomedical Research International</i> . 218980 Sahlins, J. (2010). Reminiscence and reminiscence groups, Ch. 3 of <i>Social work practice in nursing homes: Creativity, leadership, and program development</i> (pp. 37-63). Chicago, IL; Lyceum.

Week 5 10/01/19	Depression; Assessment; Current status of medical/ pharmacological treatment and psychotherapy	QCDs for Arean Ch 2 & Knight & Pachana Ch 3	Segal et al. Ch 9 (you can skip Bipolar Disorder) & Arean Ch 2; Knight & Pachana Ch 3 In class: PATCH: Treatment of Depression in Older Adults Evidence-Based Practices: https://www.youtube.com/watch?v=1aGaVws-ntY (into 15 minutes)
Week 6 10/8/20	Treatment of Depression (Cont.)	Journal 4; CTD for Segal et al. Ch 9; QCD for Knöchel et al.	Segal et al. Ch 9 Knöchel C, et al. (2015). Treatment-resistant Late-life Depression: Challenges and Perspectives. <i>Current Neuropharmacology</i> , 13(5), 577-591. Recommended: Smagula, S. F., & Aizenstein, H. J. (2016). Brain structural connectivity in late-life major depressive disorder. <i>Biological Psychiatry: Cognitive Neuroscience & Neuroimaging</i> , 1(3), 271-277. Draper BM. (2014). Suicidal behaviour and suicide prevention in later life. <i>Maturitas</i> , 79(2), 179-183. In class: Demonstration of Behavior Activation: Kelly Vences and Julieta Caamano
Week 7 10/15/19	Anxiety Disorders: Signs & Symptoms; Screening Tool; Treatment	CTD for Segal et al. Ch 11; QCD for Knight & Pachana Ch 4	Segal et al. Ch 11 Knight & Pachana Ch 4 Recommended: Arean Ch 5 Andreescu, C., & Varon, D. (2015). New research on anxiety disorders in the elderly and an update on evidence- based treatments. <i>Current Psychiatry Report</i> , 17(7):53.
Week 8 10/22/19	Psychosis, Bipolar Disorder; & Personality Disorder and Treatment in Late Life	Journal 5; CTD for Segal et al. Ch 10	Segal et al. Ch 10 (& Ch 9 for bipolar disorder) Knight & Pachana Ch 9 & Ch 10
Week 9 10/29/19	Treatment of Substance Abuse Disorder & Motivational Interviewing	CTD for Segal et al. Ch 13	Segal et al. Ch 13 Knight & Pachana Ch 7 Recommended: Arean Ch 7 Recommended: Nutt, D.J., King, L.A., & Phillips, L.D. (2010). Drug harms in the UK: A multicriteria decision analysis. <i>Lancet</i> , 376(9752), 1558–65. In class: Dean, O. (2017). Prescription drug abuse among older adults: <a href="http://www.aarp.org/content/dam/aarp/ppi/2017/07/prescription-
drug-abuse-among-older-adults.pdf">www.aarp.org/content/dam/aarp/ppi/2017/07/prescription- drug-abuse-among-older-adults.pdf SBIRT for older adults https://www.youtube.com/watch?v=Xli_ImmFafQ Brief intervention: "Jill" https://www.youtube.com/watch?v=MaxHuf17A44 Pain Management: Discontinuing Opioids https://www.youtube.com/watch?v=GhPoWgLAvfU
Week 10 11/05/19	Chronic disease presentation	Chronic disease brochure due	

	Intro to Stanford Chronic Disease Self-Management Program		
Week 11 11/12/19	Sexual Disorders, Sleep Disorders, and Chronic Pain	CTD for Segal et al. Ch 12	Segal et al. Ch 12 Cederbom, S., Leveille, S.G., & Bergland, A. (2019). Effects of a behavioral medicine intervention on pain, health, and behavior among community dwelling older adults: a randomized controlled trial. <i>Clinical Interventions in Aging</i> , 14: 1207-1220.
Week 12 11/19/19	Underrepresented population groups: LGBT Elders and Older Prison Inmates Guest speaker: Kelly Vences: Navaho and Hopi culture	QCD for Putney et al.	Putney, J.M., Keary, S., Hebert, N., Krinsky, L., & Halmo, R. (2018): "Fear runs deep:" The anticipated needs of LGBT older adults in long-term care, <i>Journal of Gerontological Social Work</i> , 61(8), 887-907. Movement Advancement Project (2017, December). Dignity denied: Religious exemptions and LGBT elder services: http://www.lgbtmap.org/file/Older-Adults-Religious-Exemptions.pdf Story of gay elders: Los Angeles LGBT Center: https://www.facebook.com/LAIGbtcenter/videos/10155302664496429/ In class: Fault Lines - Dying Inside: Elderly in Prison https://www.youtube.com/watch?v=Xvqj8hgxRfg
Week 13 11/26/119	Elder Scams, Abuse and Neglect; Guardianship Guest speaker: Samuel Cortina from APS	QCD for Ramsey-Klawnsnik & NCOA blogs	Ramsey-Klawnsnik H. & Miller E. (2017). Polyvictimization in later life: Trauma-informed best practices. <i>Journal of Elder Abuse & Neglect</i> , 29(5):339-350. NCOA (2018). Top 10 financial scams targeting seniors: https://www.ncoa.org/economic-security/money-management/scams-security/top-10-scams-targeting-seniors/ NCOA (2018). 8 tips how seniors can protect themselves from money scams: https://www.ncoa.org/economic-security/money-management/scams-security/protection-from-scams/
Week 14 12/03/19	Paper presentation	Due Final Paper	Each dyad or person (single author) will be given 15 minutes to present their/her/his paper—assessment and intervention plans or innovative programs

X. PAPER GUIDELINES

Guidelines for Assessment and Intervention Plan Paper (12 pages; 32 points total. Please use section headings.)

The purpose of this assignment is to provide students with opportunities to practice their assessment skills with older adults and their support systems and plan interventions for the older adults. The focus of this assignment is on applying comprehensive bio-psycho-social assessment skills and planning for case management, evidence-based interventions, and/or advocacy to a client's problem.

- **Title page:** Descriptive title of the paper and your name
- **Introduction (1 page; 1 point):** (1) Description of the older adult client and his/her support system; and (2) a brief statement of the client's problems/issues, assessment methods, the goals of the client and his/her support system and your goals as a social worker.

- **Literature review (3 pages; 6 points):** A brief review of relevant literature related to the client's problems/issues focusing on their etiologies and effects
- **Assessment (4 pages; 12 points):** (1) Description of the assessment methods (e.g., self-report, your behavioral observations and ratings; in-depth qualitative interviews) and instruments used ; the rationale for these choices, and duration of the assessments with the older adult and his/her support system; (2) discussion of the comprehensiveness and depth of assessment as well as any potential assessment errors that may have compromised the reliability and validity of your assessment; and (3) summary of assessment findings, especially those that are relevant to developing intervention plans.
- **Intervention plan (4 pages; 10 points):** (1) Description of and reasons for the chosen intervention/s (case management, evidence-based intervention/s, advocacy, and/or others); and (2) discussion of related theory and evidence bases—citing previous studies/meta analyses that showed their efficacy and/or effectiveness and focusing on critical appraisal of the major methodological strengths and weaknesses of previous studies that form the evidence base, what is already known, and what needs to be known. If any intervention with the best scientific evidence is not feasible, then select an alternative intervention that is feasible and has the best evidence among those that are feasible. That is, you must provide justification for your choice of intervention/s based on scientific evidence and feasibility (compared to other possible intervention/s).
- **References (1.5 points):** Follow the APA format.
- **Appendix (1.5 points):** Copies of completed, de-identified data collection instruments.

Guidelines for Innovative Aging Service Programs Review Paper (12 pages; 32 points total. Please use section headings.)

The purpose of this assignment is to provide students with opportunities to increase their knowledge base about aging service programs that are innovative, effective (or potentially effective), and efficient. Global aging and the graying of America pose serious challenges to eldercare for every family in every community. To familiarize oneself with innovative elder-service programs is an important professional duty as a social worker in all fields of practice. The focus of this assignment is on identifying at least one innovative elder-service (education, prevention, and treatment for older adults themselves and their informal caregivers) program that is being implemented in any community in the world and discussing its goal(s), theoretical and empirical foundation, financing mechanism, implementation processes, evidence of effectiveness (or potential effectiveness), and dissemination potential to other communities.

- **Title page:** Descriptive title of the paper and your name
- **Introduction (1 page; 3 points):** (1) Citing relevant literature and research, statement about the scope and severity of the eldercare problem/issue that the program is designed to prevent/alleviate/treat, and (2) a brief statement of the purpose and organization of the paper.
- **Description of the program (4 pages; 8 points):** (1) A brief description of the title, nature, goals, and target population of the program; (2) why is it an innovative/noble program? How does it distinguish itself from, if any, other similar programs?; (3) when and how it started; (4) scope of current implementation (e.g., number of clients served, community support); and (5) how is it financed and how will it be financially sustainable in the future?
- **Assessment of effectiveness and efficiency (4 pages; 9 points):** Using any empirical data from the program's annual reports, related research papers, and interviews with the program staff/administrators, discuss the following: (1) how effective is the program?; how has its effectiveness been assessed?; would it qualify as an evidence-based program?; is there any evidence of long-term effectiveness?; and (2) how efficient and cost-effective is the program (in the absence of hard data, please cite the program staff/administrator)?
- **Strengths, weaknesses, and potential for wider dissemination (4 pages; 9 points):** Based on your research of the program: (1) what are the strengths and weaknesses of the program (these may cover effectiveness or lack thereof, client receptivity, implementation cost, sustainability or lack thereof, and so on)?; (2) what needs to be done to widely disseminate this program to other agencies/communities, that is, ingredients for successful adaptation/adaptation in other communities?; and (3) concluding remarks about the program's merit and potential for implementation and improvement in the near future.
- **References (1.5 points):** Follow the APA format.

- **Appendix (1.5 points):** Copies of any key program and data sheets about the program.

XI. BIBLIOGRAPHY

Ageism

- Levy, B. R., Chung, P. H., Bedford, T., & Navrazhina, K. (2014). Facebook as a site for negative age stereotypes. *The Gerontologist, 54*(2), 172-176.
- Luo, B., Zhou, K., Jin, E. J., Newman, A., & Liang, J. (2013). Ageism among college students: A comparative study between US and China. *Journal of Cross-Cultural Gerontology, 28*(1):49-63.
- Robinson S, Briggs R, O'Neill D. (2012). Cognitive aging, geriatrics textbooks, and unintentional ageism. *Journal of the American Geriatrics Society, 60* (11), 2183-2185.
- Huber, R., Nelson, H. W., Netting, F. E., & Borders, K. (2008). Elder advocacy: Essential knowledge & skills across settings. Belmont, CA: Thompson

Caregiving

Persons with Dementia: Skills for Addressing Challenging Behaviors

<https://www.youtube.com/watch?v=hgVMKEnkvHo>

UCLA Alzheimer's and Dementia Care Videos: Caregiver training part 1~6

<https://www.youtube.com/watch?v=cpV57QGdU7I>

https://www.youtube.com/watch?v=hke8ck_aHkE

Savvy caregiver disks

<https://www.youtube.com/watch?v=au6eG1UexoA>

<http://www.nextavenue.org/what-to-say-to-someone-whos-dying/>

- Miyawaki, C. E. (2016). Caregiving practice patterns of Asian, Hispanic, and Non-Hispanic White American family caregivers of older adults across generations. *Journal of Cross-Cultural Gerontology, 31*, 35-55.
- Warchol-Biederman K., Mojs, E., Gregersen, R., Maibom, K., Millán-Calenti, J. C., & Maseda, A. (2014). What causes grief in dementia caregivers? *Archives of Gerontology and Geriatrics, 59* (2), 462-467.
- Mast, M. E. (2013). To use or not to use. A literature review of factors that influence family caregivers' use of support services. *Journal of Gerontological Nursing, 39* (1), 20-28.
- Ward-Griffin, C., McWilliam, C. L., & Oudshoorn, A. (2012). Relational experiences of family caregivers providing home-based end-of-life care. *Journal of Family Nursing, 18* (4), 491-516.
- Pinquart, M., & Sörensen, S. (2011). Spouses, adult children, and children-in-law as caregivers of older adults: a meta-analytic comparison. *Psychology & Aging, 26*(1), 1-14.

Alzheimer's disease

- Schneider, L. S., Mangialasche, F., Andreasen, N., Feldman, H., Giacobini, E., Jones, R., Mantua, V., et al. (2014). Clinical trials and late-stage drug development for Alzheimer's disease: An appraisal from 1984 to 2014. *Journal of Internal Medicine, 275* (3), 251-283.
- Rongve, A., Vossius, C., Nore, S., Testad, I., & Aarsland, D. (2012). Time until nursing home admission in people with mild dementia: comparison of dementia with Lewy bodies and Alzheimer's dementia. *International Journal of Psychogeriatrics*. Aug 13. doi: 10.1002/gps.4015. [Epub ahead of print]
- Sorocco, K. H., Bratkovich, K. L., Wingo, R., Qureshi, S. M., & Mason, P. J. (2013). Integrating care coordination home telehealth and home based primary care in rural Oklahoma: A pilot study. *Psychological Services, 10* (3), 350-352.
- Perilli, V., Lancioni, G. E., Laporta, D., Paparella, A., Caffò, A. O., Singh, N. N., et al. (2013). A computer-aided telephone system to enable five persons with Alzheimer's disease to make phone calls independently. *Research Development and Disability, 34*(6), 1991-97.

Elder abuse

- Burnes, D. P., Rizzo, V. M., & Courtney, E. (2014). Elder Abuse and Neglect Risk Alleviation in Protective Services. *Journal of Interpersonal Violence, 29*(11), 2091-2113.
- Andersen, E., Raffin-Bouchal, S., & Marcy-Edwards, D. (2013). "Do they think I am a pack rat?" *Journal of Elder Abuse and Neglect, 25*(5), 438-452.
- Mukherjee, D. (2013). Financial exploitation of older adults in rural settings: a family perspective. *Journal of Elder Abuse and Neglect, 25*(5), 425-437.
- Manthorpe, J., Samsi, K., & Rapaport, J. (2013). Elder abuse and neglect in institutional settings: the resident's perspective. *Journal of Elder Abuse and Neglect, 25*(5), 339-354.

Substance abuse

SAMHSA TIP 26: Substance Abuse Among Older Adults

Directions for downloading or ordering publications from the Substance Abuse and Mental Health Services Administration (SAMHSA). If you have not ordered the full publications at the beginning of the quarter, cited chapters can be read on-line or downloaded by following these directions:

Visit: <http://www.Treatment.org>

Select: Documents (pull-down menu)
CSAT TIPS

Scroll down and choose TIP 26: Substance Abuse Among Older Adults

Read Chapter 4: Identification, Screening, and Assessment & Chapter 5: Referral and Treatment Approaches

Cummings, S. M., Cooper, R. L., & Johnson, C. (2013). Alcohol misuse among older adult public housing residents. *Journal of Gerontological Social Work, 56* (5), 407-422.

Wang, Y. P., & Andrade, L. H. (2013). Epidemiology of alcohol and substance use in the elderly. *Current Opinions in Psychiatry, 26*(4), 343-8.

Fingold-Connett, D. (2005) Self management of alcohol problems among older adults. *Journal of Gerontological Nursing, May*; 51-58.

Hanson M. & Gutheil I. A. (2004). Motivational strategies with alcohol-involved older adults: implications for social work practice. *Social Work, 49*(3) July 2004, 364-372.

Nursing home residents

Shin, J. H. (2013). Relationship between nursing staffing and quality of life in nursing homes. *Contemporary Nurse, 44*(2):133-43

Choi, N. G., Ransom, S. & Wyllie, R. (2008). Depression in Older Nursing Home Residents: The Influence of Nursing Home Environmental Stressors, Coping, and Acceptance of Group and Individual Therapy. *Aging & Mental Health, 12*(5), 536-547.

Chisholm, L., Weech-Maldonado, R., Laberge, A., Lin, F. C., & Hyer, K. (2013). Nursing Home Quality and Financial Performance: Does the Racial Composition of Residents Matter? *Health Services Research, 48*(6 Pt 1), 2060-2080.

Shura, R., Siders, R. A., & Dannefer, D. (2011). Culture change in long-term care: participatory action research and the role of the resident. *The Gerontologist, 51*(2), 212-225.

Grandparents as caregivers

Yancura, L. A. (2013). Justifications for caregiving in white, Asian American, and native Hawaiian grandparents raising grandchildren. *Journal of Gerontology B: Psychological and Social Sciences, 68*(1), 139-144.

Van Etten, D., & Gautam, R. (2012). Custodial grandparents raising grandchildren: lack of legal relationship is a barrier for services. *Journal of Gerontological Nursing, 38*(6), 18-22.

Neely-Barnes, S. L., Graff, J. C., & Washington, G. (2010). The health-related quality of life of custodial grandparents. *Health and Social Work, 35*(2), 87-97.

Elders of color / Oppressed groups

Whitfield, K., & Baker, T. (Eds) (2013). *Handbook of Minority Aging*. New York: Springer. (This new book contains a diverse array of minority-aging related chapters, and includes a Social Work section.)

- Grandbois, D. M., & Sanders, G. F. (2012). Resilience and stereotyping: The experiences of Native American elders. *Journal of Transcultural Nursing, 23*(4), 389-396.
- Ruiz, M. E., & Ransford, H. E. (2012). Latino elders reframing familismo: implications for health and caregiving support. *Journal of Cultural Diversity, 19*(2), 50-57.
- Lehning, A. J., Kim, M. H., & Dunkle, R. E. (2013). Facilitators of home and community-based service use by urban African American elders. *Journal of Aging and Health, 25*(3), 439-58.
- Nguyen D. (2012). The effects of sociocultural factors on older Asian Americans' access to care. *Journal of Gerontological Social Work, 55*(1), 55-71.

Older gays and lesbians; People with HIV/AIDS

- Fenge, L. A. (2014). Developing understanding of same-sex partner bereavement for older lesbian and gay people: Implications for social work practice. *Journal of Gerontological Social Work, 57*(2-4), 288-304
- Serafin, J., Smith, G. B., Keltz, T. (2013). Lesbian, gay, bisexual, and transgender (LGBT) elders in nursing homes: It's time to clean out the closet. *Geriatric Nursing, 34*(1), 81-3.
- Van Wagenen, A., Driskell, J., & Bradford, J. (2013). "I'm still raring to go": successful aging among lesbian, gay, bisexual, and transgender older adults. *Journal of Aging Studies, 27*(1), 1-14.
- Emler, C.A. (2006). "You're awfully old to have this disease": Experiences of stigma and ageism in adults 50 years and older living with HIV/AIDS. *The Gerontologist, 46*(6); 781-790.

Spirituality, End-of-Life care, Grief & loss

- Nelson-Becker H. (2013). Spirituality in end-of-life and palliative care: what matters? *Journal of Social Work, End of Life, and Palliative Care, 9*(2-3), 112-116.
- Strom-Gottfried, K. & Mowbray, N.D. (2006). Who heals the helper? Facilitating the social worker's grief. *Families in Society: The Journal of Contemporary Social Services (87)*, 1, pp 9-14.

Wisdom

- Webster, J. D., Westerhof, G. J., & Bohlmeijer, E. T. (2014). Wisdom and mental health across the lifespan. *Journal of Gerontology B: Psychological and Social Sciences, 69*(2), 209-218.
- Choi, N. G. & Landeros, C. (2011). Wisdom from Life's Challenges: Qualitative Interviews with Low- to Moderate-income Older Adults Who Were Nominated as being Wise. *Journal of Gerontological Social Work, 54*, 592-614.
- Ardelt, M. (2000a). Antecedents and effects of wisdom in old age. *Research on Aging, 22*, 360-394.
- Baltes, P. B., & Staudinger, U. M. (2000). Wisdom: A metaheuristic (pragmatic) to orchestrate mind and virtue toward excellence. *American Psychologist, 55*, 122-136.
- Baltes, P. B., Staudinger, U. M., Maercker, A., & Smith, J. (1995). People nominated as wise: A comparative study of wisdom-related knowledge. *Psychology and Aging, 10*, 155-166.
- Bluck, S., & Gluck, J. (2004). Making things better and learning a lesson: Experiencing wisdom across the lifespan. *Journal of Personality, 72*, 543-572.

Aging Web Sites

- Administration on Aging <http://www.aoa.dhhs.gov>
- Administration on Aging Elderpage <http://www.aoa.gov/eldfam/eldfam.asp>
- Age of Reason [links to sites of interest to the over 50 age group] <http://www.ageofreason.com/>
- AGE-SW <http://www.agesocialwork.org/>
- Aging Parents and Elder Care <http://www.aging-parents-and-elder-care.com/>
- American Association of Homes and Services for the Aging <http://www.aahsa.org/>
- AARP Guide to Internet Resources Related to Aging <http://www.aarp.org/cyber/guide1.htm>
- Alzheimer's Association <http://www.alz.org/>
- American Society on Aging <http://www.asaging.org/>
- ARCH Respite Main Page <http://www.archrespite.org/>
- Association for Gerontology in Higher Education <http://www.aghe.org/site/aghewebsite>
- CareScout: Elder Care resources—nursing homes and assisted living facilities <http://www.carescout.com/>

Centers for Medicare and Medicaid <http://www.CMS.gov/>
Centre for Policy on Ageing <http://www.cpa.org.uk/>
Children of Aging Parents (CAPS) <http://www.caps4caregivers.org/>
Commission on Accreditation of Rehabilitation Facilities (CARF) <http://www.carf.org/>
Council on Social Work Education Gero-Ed Center <http://www.cswe.org/CentersInitiatives/GeroEdCenter.aspx>
Dementia Research Group <http://dementia.ion.ucl.ac.uk/>
Elder Abuse Law Center <http://www.elder-abuse.com/>
Elder Care of Wisconsin <http://elderc.org/cms/home.php>
Elderhostel <http://www.elderhostel.org/>
Elder Law Answers <http://www.elderlawanswers.com/>
Family Caregiver Alliance <http://www.caregiver.org/>
Friends and Relatives of Institutionalized Aged <http://www.fria.org/>
Geriatric Social Work Initiative (GSWI) <http://www.gswi.org/>
Home Care Companion - Training and Tools for Caregivers <http://www.homecarecompanion.com/>
Hospice Web <http://www.hospiceweb.com/>
Medicare: the official U.S. Government Site for Medicare information <http://www.medicare.gov/>
Medicare Rights <http://www.medicarerights.org/>
National Adult Day Services Association (NADSA) <http://www.nadsa.org/publications/default.asp>
National Aging Information Center <http://www.aoa.dhhs.gov/naic/>
National Alliance for Caregiving <http://www.caregiving.org/>
National Association of Professional Geriatric Care Managers <http://www.caremanager.org/>
National Center on Elder Abuse <http://www.elderabusecenter.org/>
National Citizens' Coalition for Nursing Home Reform <http://www.nccnhr.org/>
National Council on the Aging <http://www.ncoa.org/>
National Institute on Aging—Aging and Alcohol Abuse <http://www.nia.nih.gov/>
National PACE Association <http://www.npaonline.org/website/article.asp?id=4>
National Resource Center on Nutrition, Physical Activity and Aging <http://nutritionandaging.fiu.edu/>
Native Elder Research Center <http://www.uchsc.edu/ai/nerc/>
North/Eastside Senior Coalition <http://www.nescoinc.org/>
Plan of Action on Rural Aging http://www.hsc.wvu.edu/coa/publications/pa_ra/PARA2004.asp
Resource Centers for Minority Aging Research <http://remar.musc.edu/>
SABE: Salud, Bienestar, y Envejecimiento <http://www.ssc.wisc.edu/sabe/home.html>
Social Security Administration <http://www.SSA.gov/>
Social Work Leadership Institute <http://www.socialworkleadership.org/>
Today's Seniors <http://www.todaysseniors.com/>

General aging and health issues

Council on Social Work Education Gero-Ed Center (National Center of Gerontological Social Work Education):
webinars on the ACA and social workers; practice innovations; and media resources (aging-related films):
<http://www.cswe.org/centersinitiatives/geroedcenter.aspx>
Kaiser Health News (for Aging): Health care for older adults, innovative care and training; other eldercare issues
<http://khn.org/topics/aging/>
The John A. Hartford Foundation Blog (multiple aging-related issues)
<http://www.jhartfound.org/blog/>
The Stanford's chronic disease self-management programs:
<http://patienteducation.stanford.edu/programs/>
<http://www.hmohelp.ca.gov/library/reports/news/AlvarezMarch12.pdf>

Mental health issues

Guidelines for psychological practice with older adults:
<http://www.apa.org/practice/guidelines/older-adults.pdf>
What practitioners should know about working with older adults:
<http://www.apa.org/pi/aging/resources/guides/practitioners-shouldknow.aspx>

Dementia Care Central (resources/practical tips for dementia care)

<http://www.dementiacarecentral.com/node/1563>

Jane Gross blog:

<http://newoldage.blogs.nytimes.com/author/jane-gross>

Psychotherapy and older adults resource guide:

<http://www.apa.org/pi/aging/resources/guides/psychotherapy.aspx>

Psychological services for long-term care resource guide:

<http://www.apa.org/pi/aging/resources/guides/psychotherapy.aspx>

Depression and suicide in older adults:

<http://www.apa.org/pi/aging/resources/guides/depression.aspx>

Psychiatric evaluation of adults:

http://www.psychiatryonline.com/pracGuide/pracGuideTopic_1.aspx

Treatment of major depressive disorder:

http://www.psychiatryonline.com/pracGuide/pracGuideTopic_7.aspx

Assessment and treatment of suicidal behaviors:

http://www.psychiatryonline.com/pracGuide/pracGuideTopic_14.aspx

Substance abuse relapse prevention for older adults: A group treatment approach:

<http://www.kap.samhsa.gov/products/manuals/pdfs/sarp4olderadults.pdf>

Promoting emotional health & preventing suicide: A toolkit for senior living communities:

<http://store.samhsa.gov/product/Promoting-Emotional-Health-and-Preventing-Suicide/SMA10-4515>