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# Aging Changes Things: Adapting ACT to Meet the Needs of an Aging Population

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# Disclosure

I have not received and will not receive any commercial support related to this presentation or the work presented in this presentation.

# Objectives

- Introduction
- Rationale & Research
  - ACT for Depression
  - ACT for Anxiety
  - ACT for Chronic Pain
  - ACT and Caregiving
  - ACT and Palliative Care
- Assessment Considerations
- Specific Adaptations for OA
- Case Studies
- Experiential Exercises

# Rationale

- Older Adults (OA) are a rapidly growing segment of populations around the world
- OA are typically underserved and in need of MH treatment
- MH professionals are seeing more older clients
- Need to strengthen workforce training to meet the unique needs of OA
- ACT is an EBT that is effective in addressing uncontrollable aspects of aging that contribute to late life suffering (loss, illness, chronic pain, etc.)

Petkus & Wetherell (2013); Karlin et., al (2013)

# Benefits of ACT with OA

- Lower attrition rates in ACT vs. CBT
- Just as effective with OA as it is with younger adults
- Gerontological theories of adult development and successful aging suggest ACT is beneficial for challenges faced in late life (e.g., *illness, pain, disability, grief, loss and relocation)*
- Emotional Resiliency
  - Emotion regulation improves with age
  - OA often have lower levels of cognitive fusion
- Can be a way for OA to re-evaluate and "take stock" even when they believe that most of their lives have already passed them by
- Can help OA to reconnect with long-held values and find satisfaction in spite of emotional, physical, and existential pain

Petkus & Wetherell (2013); Karlin et., al (2013)

# Six Reasons ACT Works with OA

1. Understanding that time is limited *(values-focused work becomes even more important)*
2. Heterogeneity (*ACT = transdiagnostic approach*)
3. Shortcomings of CBT
4. Developmental loss-gain ratio shifts may be more amenable to acceptance vs. thought changing
5. Cognitive declines with uncertain prognosis or etiology
6. Collaborative therapy process in ACT respects life-long knowledge and experience

Roberts and Sedley, 2016

# Literature Review

- Psychological Acceptance and QOL in LTC and community dwelling OA (Butler & Ciarrochi, 2007).
- Health -Related Anxiety (Jourdain & Dulin, 2009)
- GAD (Petkus & Wetherell, 2013; Wetherell et al., 2011)
- ACT with OA Rationale & Considerations (Petkus & Wetherell, 2013)
- Anxiety & Depression (Roberts & Sedley, 2016)
- Anxiety & Depression LTC (Davison, et al., 2017)
- Depression 1:1 (Karlin et al., 2013)
- Depression Group (Karlin et al., 2016)
- Chronic Pain (McCracken & Jones, 2012)
- Chronic Pain Review Analysis (Barban, 2016)
- Pain ACT and SOC LTC (Alonso-Fernandez, et al., 2016)
- Caregiving (Lappalainen, et al., 2019; Losada et al., 2015)

# Special Considerations

# Assessment Considerations

- Cohort-specific issues
- Collateral data from other providers, family and caregivers
  - Medical comorbidities, functioning
- Values Clarification
  - Easier to relate to than “emotional struggles”
- Avoidance/Control Strategies
  - Suicidality, Substance use
- Cognitive Fusion (attitudes toward aging, chronic illness, functional impairments and disability)
- Self-As-Context (perspective of limitations and damaged self)

# Assessment Measures

- **Cognitive Screening** (MoCA, MMSE, 3MS)
- **Valued Living Questionnaire** (VLQ)
- **Acceptance and Action Questionnaire** (AAQ-2)
- **Five Factor Mindfulness** (FFMQ)
- **Anxiety**: BAI, GAI, GAD-7; HAI, HADS
- **Depression**: BDI-II, GDS, PHQ-9, CSDD, HADS
- **Pain Anxiety Symptom Scale Short** (PASS-20)

**Enlarge print when possible*

# Assessment Measures

- **Chronic Pain Acceptance Questionnaire** (CPAQ)
- **Pain Catastrophizing Scale** (PCS)
- **Selective Optimization & Compensation** (SOC) short form
- **World Health Organization Quality of Life** (WHOQOL-Bref)
- **Working Alliance Inventory** (WAI-SR)
- **Values Across the Lifespan Questionnaire** (VALQUEST):
- **Simplified Case Conceptualization** (Harris, 2009)

# Age-Specific Challenges

- Fatigue
- Physical Health
- Sensory Changes
  - Vision loss
  - Hearing loss
- Normative Cognitive & Physiological Changes
  - Reduced processing speed, working memory and attention and abstraction

# Age-Specific Challenges

- **Functional Barriers to Treatment**
  - Weather, illness, inability to find a caregiver for an ailing family member, disability, lack of transportation, financial insecurity

- **Tangential/Circumstantial Thinking/Rambling**
  - **Many OA experience difficulty staying on tra**ck
  - Find "nuggets" in the rambling and can use that to hone in on values, or examples of fusion, avoidance, etc.

# Age-Specific Challenges

- **Cognitive Changes**
  - Difficulty processing, encoding information efficiently
  - Difficulty retaining new information
  - Stimulus over-selectivity (inability to adapt to new information and quickly adhering to "old rules of thumb" – i.e., psychological inflexibility)
  - Metaphors & experiential exercises can often be too abstract for individuals with cognitive impairment or those that are very concrete

# Adaptations for OA

- **Cognitive/Sensory Changes**
  - Minimize distractions
  - Use hearing aides and/or amplifiers
  - Wear eyeglasses
  - Provide all exercises in writing (*enlarged to 14pt font, bolded)* and on colored card stock for homework
  - Simplify protocol by introducing only one experiential exercise or metaphor per session
  - Offer audio recordings of exercises and/or sessions

# Adaptations for OA

- **Physical Impairments/Medical Conditions**
  - Set realistic weekly committed actions (goals) commensurate with the client's physical abilities/medical status
  - Focus on strengths vs. losses (allow clients to use their own metaphors)

- **Use of Props**
  - Ex., Chinese finger trap, white board, markers, rope, specimen cup, raisins/nuts, chess board, post-it notes, etc.,

# Adaptations

- Include family and other care providers, when appropriate, to help follow-through on committed actions and other homework assignments
- Modify manualized protocols, metaphors and experiential exercises
- Brief, more selective and flexible approaches can be beneficial (e.g., FACT)

# Adaptations

- Structured sessions
- Start each session with Mindfulness
- Invite the OA to lead, if comfortable
- Review home practice and previously covered concepts
- Repeat demonstrate newly learned concepts and homework instructions

# Thank you

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