Meeting Details

1. **Closed Captioning** is enabled and attendees can turn CC on or off as they desire.

2. **Interpreter Phone Number:** 305-224-1968  **Webinar ID:** 893 7134 1991  **Passcode:** 338133

3. **Session Evaluation** /  **Take Our Evaluation Survey** ➔  (CE credit for live attendance only)

4. Webinar will be posted on NBCC website a few days following the webinar.

5. **Q&A:** Please add your questions in the Q&A box at any time during the meeting.
Previous Webinars

- MMHWC Webinar: The Role of Medicare Administrative Contractors: Enrollment to Payment
Previous Webinars

▪ **Medicare 101:**
  An Introduction to the Medicare Program and Coverage of Counselors and MFTs

▪ **Medicare 201:**
  The Implementation of Medicare Part B Coverage of Counselors and MFTs

▪ **Medicare 301:**
  Navigating the Medicare Provider Enrollment Process and Physician Fee Schedule

▪ **Medicare 401:**
  Assessing the Essential Features of the 2024 Medicare Physician Fee Schedule Rule and Implications for Counselors and MFTs

▪ **Medicare 501:**
  New Engagement Opportunities for Community Behavioral Health Centers With Counselors and MFTs Under Medicare

▪ **Medicare 601:**
  The Enrollment Process for Counselors and MFTs
Medicare Mental Health Workforce Coalition Members

American Association for Marriage and Family Therapy
American Counseling Association
American Mental Health Counselors Association
Association for Behavioral Health and Wellness
California Association of Marriage and Family Therapists
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Center for Medicare Advocacy
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National Association of County Behavioral Health and Developmental Disability Directors
National Board for Certified Counselors
National Council for Mental Wellbeing
National Council on Aging
Network of Jewish Human Service Agencies
The Jewish Federations of North America
Erin Emery-Tiburcio, PhD, ABPP

Erin Emery-Tiburcio, PhD, ABPP, is a professor of psychiatry, behavioral sciences, and geriatric medicine and director of geropsychology at Rush University Medical Center. She is also codirector of the Rush Center for Excellence in Aging; codirector of CATCH-ON, the HRSA-funded Geriatric Workforce Enhancement Program based at Rush University Medical Center; and codirector of the E4 Center of Excellence for Behavioral Health Disparities in Aging. She is past chair of the American Psychological Association Committee on Aging and past president of the Society for Clinical Geropsychology, and she currently cochairs the APA taskforce to revise the APA Guidelines for Working with Older Adults. Dr. Emery-Tiburcio was recently awarded the 2024 APA Award for Distinguished Professional Contributions to Independent Practice.
Matthew Fullen, PhD, M.Div., LPCC (OH), is an associate professor at Virginia Tech, where he teaches in the counselor education program. His research, teaching, and advocacy focus on the mental health needs of older adults with an emphasis on addressing gaps in Medicare mental health policy and developing programs to enhance resilience and wellness and prevent suicide among older adults. Dr. Fullen is the counseling profession’s most active scholar on aging and mental health, with over 40 peer-reviewed publications and over 95 peer-reviewed conference presentations and keynotes. He has received research grant funding from public and private entities, including the U.S. Department of Health & Human Services and the Mather Institute, to develop programs that support older adults’ mental health. More information about his work can be found at agewellcounseling.org.
Process of Working with Older Adults in Psychotherapy

Erin Emery-Tiburcio, PhD, ABPP
Professor, Rush University
Director, Geropsychology
Co-Director, Rush Center for Excellence in Aging, E4 Center, CATCH-ON

Matthew Fullen, PhD, MDiv, LPCC (OH)
Associate Professor of Counselor Education
Virginia Tech
E4 Center of Excellence for Behavioral Health Disparities in Aging

Engage, Empower, and Educate health care providers and community-based organizations for Equity in behavioral health for older adults and their families across the US.

To learn more, please visit e4center.org
E4 Center: Engage, Educate & Empower for Equity
Disclosures
Learning Objectives

• Identify and challenge systemic and personal stereotypes and promote positive attitudes toward aging
• Recognize elements of normal aging that impact therapy process
• Implement strategies for working with older adults to facilitate positive outcomes
Elderly
Elderly

dependent
old
cane

grey
wrinkly
frail
wrinkled

grandpa
senior
nursing
home
nursinghome
wise
grandma
wheelchair
Older Adults
Noticing
Elderspeak

- Singsong voice, exaggerating words
- Simplifying sentences
- Speaking slowly.
- Using limited vocabulary
- Using terms like "honey" or "dear"
- Using statements that sound like questions.
Nurturing language

Slide courtesy of Mary Lou Cioulfi; Shaw & Gordon, 2021
Care of person

Directive language

Nurturing language

Superficial talk

Intimacy to achieve control

Directive language

Slide courtesy of Mary Lou Cioulfi; Shaw & Gordon, 2021
Effects of ElderSpeak

- Does not improve comprehension\textsuperscript{1,2}
- Threatens older adult self-concept, personhood\textsuperscript{3,4}
- May increase aggression in people with dementia\textsuperscript{5-6}
- Increased resistive behaviors in dementia linked to increased morbidity & mortality\textsuperscript{7}
- Removing ElderSpeak can decrease resistive behaviors in older adults with dementia by HALF\textsuperscript{8}

\textsuperscript{1}Kemper & Harden, 1999; \textsuperscript{2}Leland, 2008; \textsuperscript{3}Kitwood, 1997; \textsuperscript{4}Kitwood & Bredin, 1992; \textsuperscript{5}Herman & Williams, 2009; \textsuperscript{6}McCallion, Toseland, Lacey & Banks, 1999; \textsuperscript{7}Hermann et al, 2006; \textsuperscript{8}Williams et al, 2016
OBSERVABLE KNOWLEDGE AND SKILLS

ATTITUDES
Attitudes about Aging

“Ageism: negative or positive stereotypes, prejudice and/or discrimination against (or to the advantage of) elderly people on the basis of their chronological age or on the basis of perception of them as being ‘old’.”

• Social stereotyping is common and often invisible
• https://implicit.harvard.edu/implicit/selectatest.html

Iversen, et al, 2009
Negative Self-Perceptions of Aging

- Greater disease burden, lower life satisfaction and greater loneliness than racism, sexism, and heterosexism/homophobia; effects grow over time\(^1\)
- Increased functional impairment\(^2\)
- Increased depression, anxiety, suicidal ideation\(^3\)
- Increased mortality risk\(^4\)
- *Positive SPA is protective*\(^5\)

\(^1\)Sutin et al, 2015; \(^2\)Levy et al, 2009; \(^3\)Levy et al, 2014; \(^4\)Sargent-Cox et al, 2012; \(^5\)Ng et al, 2016
Impact of Ageism

7.5

Years added to your life with positive perceptions of aging

Levy, 2022

https://www.reframingaging.org/
Process Issues

- Social context
- Cohort effects
- Expertise vs. Slowing
- Cognition
- Emotional changes

Psychotherapy With Older Adults
Social Context

• Ageism
• Internalized ageism
• Social isolation vs loneliness
• Residential settings
• Confidentiality
Cohort Effects

- Assumptions about shared world view
- Cohort-based language
- Stigma
- History!
- Perceptions of healthcare community
Expertise vs. Slowing

Expertise
• Long history of relationships
• Client may know more than you!

Slowing
• Normal Aging cognitive slowing
• Smaller capacity working memory
• Pace
  • Conversation
  • Therapy
Cognition

Fluid vs. Crystallized Intelligence
• Reasoning part of fluid intelligence
• Use concrete examples

Memory
• Working memory capacity decline
  • One question at a time!
  • Present information in smaller chunks
  • Careful with jargon
• Emotional information recalled more easily
Emotional Changes

• Less intensity
• Less expressive
  • Facial expressions
  • Differentiate medical vs emotional
• More complex mix of emotions
GREAT BOOKS!

Assessment and Treatment of Older Adults: A Guide for Mental Health Professionals

Treating Later-Life Depression: A Cognitive-Behavioral Therapy Approach
Introduction to Special Issue: Foundational Knowledge Competencies in Geropsychology

Gregory A. Hinrichsen¹ and Erin E. Emery-Tiburcio²
¹ Department of Geriatrics and Palliative Medicine, Icahn School of Medicine at Mount Sinai
² Department of Psychiatry and Behavioral Sciences, Rush University Medical Center

Attitudes Toward Older Adults and Aging: A Foundational Geropsychology Knowledge Competency

Christina Garrison-Diehn¹, Clair Rummel², Yiu Ho Au³, and Kelly Scherer⁴
¹ Department of Psychiatry and Behavioral Sciences, University of California, San Francisco
² Rocky Mountain Network Clinical Resource Hub, Department of Veterans Affairs, Salt Lake City, Utah, United States
³ Eviction Health, Santa Barbara, California, United States
⁴ Department of Public Health, University of San Francisco

Adult Development and Aging: A Foundational Geropsychology Knowledge Competency

Erin L. Woodhead¹ and Brian Yoshim²
¹ Department of Psychology, San José State University
² Psychology Service, VA Saint Louis Health Care System, Saint Louis, Missouri, United States

Assessment: A Foundational Geropsychology Knowledge Competency

Benjamin T. Marx¹, Amy Fiske², and Peter A. Lichtenberg³
¹ Department of Psychological and Brain Sciences, University of Louisville
² Department of Psychology, West Virginia University
³ Institute of Gerontology, Department of Psychology, Wayne State University

Clinical Practice: A Foundational Geropsychology Knowledge Competency

M. Lindsey Jacobs¹, Patrician M. Baimonti²,⁻⁴
¹ Research and Development Service, Tuscaloosa VA Medical Center, Tuscaloosa, Alabama, United States
² Department of Psychology, The University of Alabama
³ Geriatric Mental Health Clinic, VA Boston Healthcare System, Boston, Massachusetts, United States
⁻ Department of Psychiatry, Harvard Medical School

Intervention, Consultation, and Other Service Provision: A Foundational Geropsychology Knowledge Competency

Lisa M. Lind¹, Cecilia Y. M. Poon²,⁻, and Jennifer A. Birdshall¹
¹ Department of Psychology, Nebraska Medicine, Omaha, Nebraska, United States
² Department of Psychiatry and Behavioral Health, University of Nebraska Medical Center
⁻ CHIE Behavioral Health Services, Los Angeles, California, United States

https://psycnet.apa.org/PsycARTICLES/journal/cps/29/1
Implementing the 4Ms-Behavioral Health: Applying the 4Ms of an Age-Friendly Health System in Mental Health and Substance Use Services

Erin Emery-Tiburcio, PhD, ABPP and Laura Porter, PhD

April 5th at 10AM-1PM PT/11AM-2PM MT/12-3PM CT/ 1-4PM ET

second Friday of the month May through September at 10-11AM PT / 11AM-12PM MT / 12-1PM CT / 1-2PM ET

REGISTER HERE: https://e4center.org/calendar/
Foundational Competencies in Older Adult Mental Health Online Certificate Program

The growing population of older adults presents unique opportunities for mental health professionals to expand their practice and experience deeply meaningful clinical work. The F4 Center of Excellence for Behavioral Health Disparities in Aging, in partnership with CATCH-ON, the Geriatric Workforce Enhancement Program based at Rush, and the Rush Center for Excellence in Aging, invite you to complete this Foundational Competencies in Older Adult Mental Health Online Certificate Program as a first step in developing competency in older adult mental health.

What is included?
- 16 hours of content where each module, geared towards licensed mental health clinicians, uses Pikes Peak geropsychology competencies as a foundation
- Modules include didactic content, videos of geriatric mental health experts, case vignettes, learning checks, and resources to enhance clinical practice with older adults
- Continuing education credits (CE/CNE/CME) for licensed clinicians are available for a modest fee
- Completion of all modules will earn learners a certificate of completion from the Council of Professional Geropsychology Training Programs

Topics covered in this program each focus on the unique issues for older adults:
- Attitudes about older adults and aging
- Adult development
- Depression
- Suicide
- Anxiety
- Trauma and PTSD
- Substance use
- Psychopharmacology
- Cognition
- Common life issues
- End of life and grief
- Practice issues
- Ethics
- Serious Mental Illness

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https://e4center.org
Email: e4center@rush.edu
Questions and Answers
Resources
Critical Resources on Medicare Part B Coverage of Counselors and MFTs

Legislation Mandating Medicare Part B Coverage of Counselors and Marriage and Family Therapists
https://www.congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf

How to Enroll in the Medicare Program

- Medicare Enrollment for Providers and Suppliers

- New Provider Type: Marriage and Family Therapists (MFTs) and Mental Health Counselors (MHCs)
  FAQs (36 questions answered) Published Sept 2023

- The Medicare Learning Network:

- Web-based Training:

- Becoming a Medicare Provider (World of Medicare):

- Weekly Email Newsletter for Medicare Providers:
Critical Resources on Medicare Part B Coverage of Counselors and MFTs continued

Role of the Centers for Medicare and Medicaid Services (CMS)


Medicare Mental Health Benefits for Beneficiaries

Medicare and Your Mental Health Benefits:

Medicare Mental Health:

Medicare Beneficiary Handbook:
Critical Resources on Medicare Part B Coverage of Counselors and MFTs continued

Medicare Administrative Contractors (MACs)
https://www.cms.gov/medicare/medicare-contracting/medicare-administrative-contractors/what-is-a-mac

Medicare Physician Fee Schedule

Key Steps to Becoming a Medicare Provider

1. Register in the I&A System
2. Get an NPI
3. Enter information into PECOS
4. Decide if you want to be a participating provider

Form CMS-855I: Physicians and non-physician practitioners (PDF link)
Thank you for attending!