Counseling Older Adults: Utilizing Acceptance and Commitment Therapy to Promote Well-Being

Sept. 26, 2024 | noon—1 pm EDT

Sponsored by the Medicare Mental Health Workforce Coalition

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: 815 1309 9017 Passcode: 429356**
3. **Session Evaluation / Take our survey at the end of the webinar.** (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.

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- National Council for Mental Wellbeing
- National Council on Aging
- Network of Jewish Human Service Agencies
- The Jewish Federations of North America

Matthew Fullen

Matthew Fullen, PhD, MDiv, LPCC (OH), is an Associate Professor at Virginia Tech, where he teaches in the counselor education program. Dr. Fullen's research, teaching, and advocacy focus on the mental health needs of older adults, with an emphasis on improving Medicare mental health policy and developing programs to promote mental health and well-being among older adults.

Dr. Fullen has received research grant funding from both public and private entities, including the United States Department of Health & Human Services and The Mather Institute, to develop programs that support older adults' mental health. In recognition of his research and professional leadership related to Medicare advocacy, he has received the American Counseling Association's Counselor Educator Advocacy award (2023), top Research Award (2021), and Government Relations Award (2020).

Prior to joining the counselor education faculty, Dr. Fullen worked with older adult clients in a variety of treatment settings, including long-term care, private practice, and an adult day health center. He currently supervises students completing their clinical training in a continuing care retirement community.

Counseling Older Adults: Utilizing Acceptance and Commitment Therapy to Promote Well-Being

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Today's Learning Objectives

1. Participants will be able to recognize **transtheoretical treatment principles** that impact working with older adults.
2. Participants will be able to describe the core tenets of **Acceptance and Commitment Therapy (ACT)**.
3. Participants will be able to **appraise the benefits** of using ACT to address depression and anxiety in older adults.
4. Participants will be able to **apply ACT to older adults** through the use of a case study.

Anxiety & Depression in Older Adulthood

Anxiety and depression are **NOT** caused by aging, but they do impact a significant number of older adults.

Both are treatable!

Anxiety & Depression in Older Adulthood

Depression rates among older adults:

- **Lifetime prevalence among older adults** (65+) living in the USA = 21.3% (Gallup, 2023)
- **Community estimates:** up to 5% currently experiencing major depressive disorder (CDC, 2023); more like 11.9% who state they currently have depression or are being treated for depression (Gallup, 2023)
- Up to 13.5% for those requiring home healthcare; up to 11.5% in older hospitalized patients (CDC, 2023)

Depression in Older Adulthood

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Timing of onset (Hinrichsen, 2019)

- For ~50% of cases, depression first occurs in older adulthood
- This *may* coincide with cerebrovascular changes and elevated dementia risk ("vascular hypothesis")

Risk factors (National Institute on Aging, 2021)

- Medical conditions
- Stress/caregiver stress
- Sleep problems
- Social isolation & loneliness
- Genetic factors
- Lack of exercise/physical activity
- Functional limitations that impact activities of daily living (ADLs)
- Addiction/substance use disorders

Depression in Older Adulthood

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Symptom experience compared to younger adults:

- **OA may be more likely to report anhedonia** (lack of interest or pleasure in daily activities) than reporting depressed mood (Hinrichsen, 2019)
- **OA more likely:** sleep concerns, being slowed down, fatigue, hopelessness, memory issues (Fiske et al., 2009)
- **Depression more likely to occur with medical illness**; commonly found with stroke, diabetes, Parkinson's disease, cardiovascular disease, and dementia (Arnold, 2008; Edelstein et al., 2015)

Anxiety & Depression in Older Adulthood

Anxiety among older adults:
(Bryant et al., 2008)

- Up to 15% in community samples, up to 28% in medical settings
- ***For clinically relevant symptoms:***
  - 15%–52% in community
  - 15%–56% in medical settings

Anxiety in Older Adulthood

Causes of anxiety in older adulthood (Erickson, 2023, in Koepp, 2023)

- **Neurobiology:** OA more vulnerable to trouble regulating anxiety ("gas pedal" and "brake pedal" get out of alignment)
- **Health questions:** Uncertainty about what to expect; worry about cognitive impairment
- **Social stressors:** Experiences of loss (partners/friends); challenges with adult children; lack of reciprocal relationships
- **Environmental challenges:** Prospects of having to relocate; financial stressors
- **Vulnerabilities:** History of anxiety; medical illnesses; stressful life events; personality traits (neuroticism); lack of social support

Anxiety in Older Adulthood

Anxiety experience for older adults (Erickson, 2023, in Koepp, 2023)

- Much in common with experience of younger people
- OA may emphasize physical manifestations
- OA may not focus as much on cognitive experience of worry
- Why? Lower rates of mental health literacy. This is highly variable depending on your context.

Onset considerations (Andreescu & Lee, 2020)

- GAD: Almost half of older GAD patients had onset after age of 50
- Those with initial onset younger than 50 had more severe case/more pervasive worry
- Risk factors for late-onset GAD: chronic illness, disability, caregiver status, social isolation, institutionalization, bereavement (Baldwin et al., 2005)

Transtheoretical Principles for Counseling Older Adults

- Anti-Ageism
- Holistic Wellness, Strengths, and Resilience
- Understanding Lifelong Development
- Common Factors in Psychotherapy

Transtheoretical Principles for Counseling Older Adults: Anti-Ageism

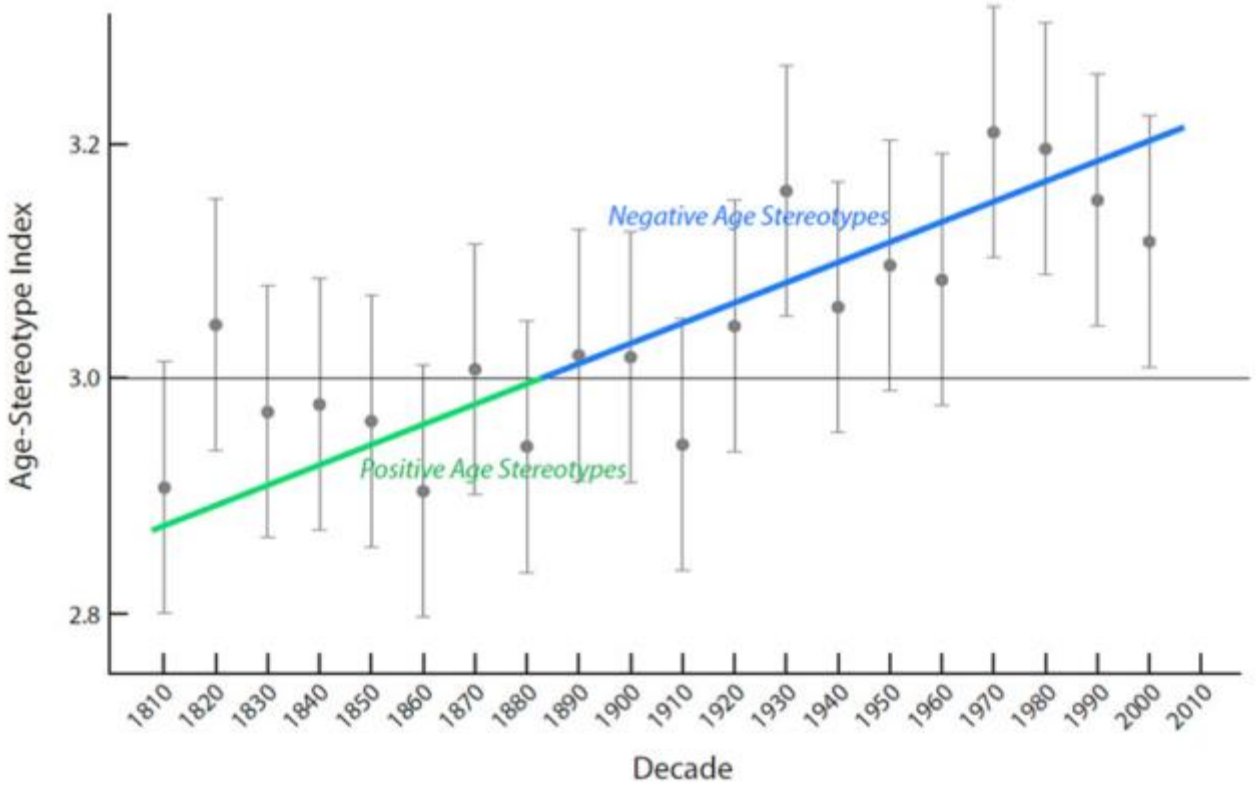


Fig 1. Increasing negativity in age stereotypes of older adults from 1810–2009 with best-fit line and 95% confidence limits for each decade. The horizontal line indicates the neutral point in the Age-Stereotype Index, with scores lower than three (before 1880) indicating average positive-age-stereotype scores and scores greater than three (after 1880) indicating average negative-age-stereotype scores.

Ng et al., 2015

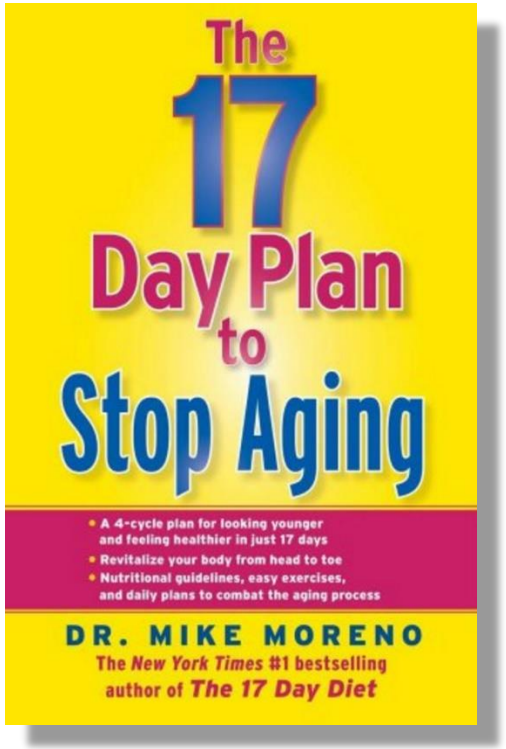
Transtheoretical Principles for Counseling Older Adults: Anti-Ageism

***Internalized ageism can lead to significant health/mental health consequences and a 7.5-year reduction in longevity** (Levy et al., 2002)

100 Days of School Costume Ideas for Kids

by Angela Poch | January 6, 2020 Categories: Costume Guides, Family, Humor

For many kids, the number 100 is a big milestone. Whether it's counting to 100 for the first time or realizing you just hit your 100th day of school, it's a huge deal! The actual day depends on the school district, but many schools will celebrate 100 days of school in January or February. If your child is taking part in these school



Transtheoretical Principles for Counseling Older Adults: Holistic Wellness, Strengths, & Resilience

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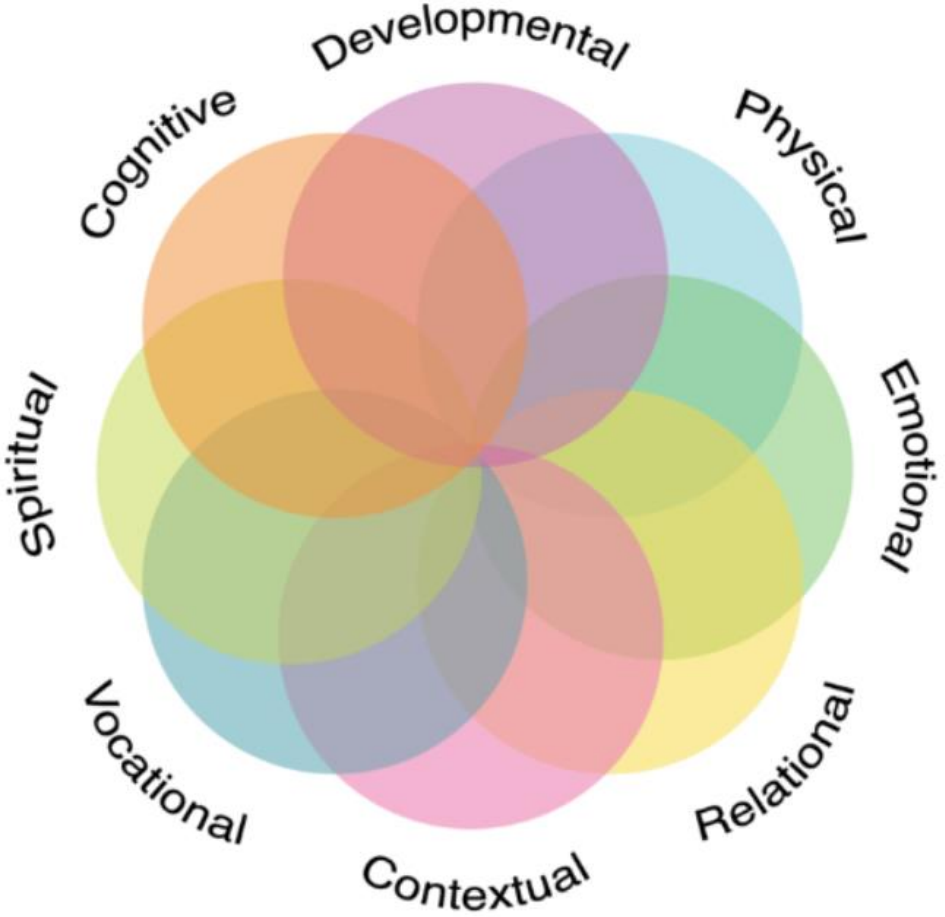
"Older adulthood is not what's left over. It is its own vital component of life; not just what's left over after you're young."

– Study participant from Fullen, M. C., Granello, D. H., Richardson, V. E., & Granello, P. F. (2018). Using wellness and resilience to predict age perception in older adulthood. *Journal of Counseling and Development, 96* (3), 424–435.



Fullen, M. C. (2019). Defining wellness in older adulthood: Toward a comprehensive framework. *Journal of Counseling & Development*, *97*(1), 62–74.
Design credit: Nick Gowen

WELLNESS WHEEL

Addressing each dimension of the Wellness Wheel can help you determine which aspects of your life contribute to your feelings of wellness.

How would you rate your overall wellness?

Physical — Be physically well while also dealing with any disability, chronic illness, or chronic pain. **In what ways do you continue to care for your body?**

Developmental — Cultivate a healthy, realistic attitude about the process of growing older. **What does growing older mean to you?**

Emotional — Maintain hope and resilience despite the challenges we face. **Are you happy, and do you think you will be in the future?**

Relational — Maintain meaningful relationships with friends, family, and others in your community. **Do you feel supported by those around you, and how do you support others?**

Contextual — Inhabit a community where you belong and thrive. **Do you feel secure and supported where you live?**

Vocational — Pursue your life's calling, regardless of whether the calling is associated with paid work. **What is your calling?**

Spiritual — Explore your meaning and purpose. **Where do you find meaning in your daily life?**

Cognitive — Need control, self-efficacy, and commitment to brain health and lifelong learning. **How do you exercise your brain?**

*Adapted from Fullen, M.C. (2019), Defining Wellness in Older Adulthood: Toward a Comprehensive Framework. Journal of Counseling & Development, 97: 62-74. https://doi.org/10.1002/jcad.12236

Design credit: Nick Gowen

Transtheoretical Principles for Counseling Older Adults: Holistic Wellness, Strengths, & Resilience

Resilience is a **dynamic process** (and not merely a trait) that can be manifested at the **individual**, **relationship**, and **community** levels.

- "**I** am a resilient person." (individual self-concept level)
- "I can rely on **you** in times of adversity, making **us** resilient." (relationship level)
- "**We** have resources in our faith/culture/community that make us resilient together." (community level)

Transtheoretical Principles for Counseling Older Adults: Understanding Lifelong Development

Selective Optimization with Compensation (Baltes, 1997)

- **Selection:** What matters most to me?
- **Optimization:** How do I achieve what matters most?
- **Compensation:** What resources do I need to counteract barriers to achieving what matters most?

Socioemotional Selectivity Theory (Carstensen et al., 1999)

- Orientation to time evolves throughout the lifespan
- Shift in older adulthood from knowledge acquisition to relationship satisfaction
- Social network may shrink in response to new time orientation

Transtheoretical Principles for Counseling Older Adults: Common Factors in Psychotherapy

Contextual model based on three primary pathways (Wampold, 2015):

- The real relationship
- Creation of expectations
- Enactment of health promoting actions

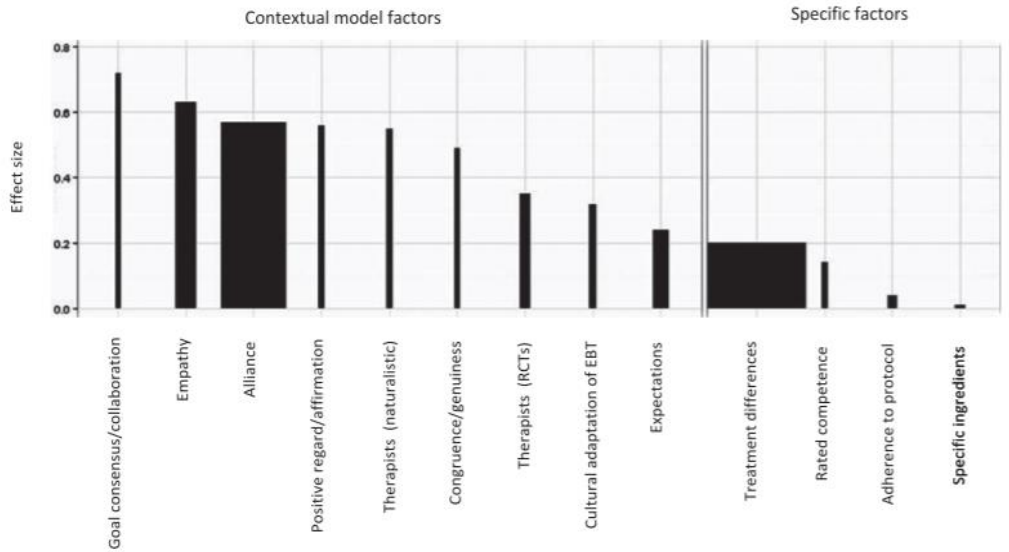


Figure 1 Effect sizes for common factors of the contextual model and specific factors. Width of bars is proportional to number of studies on which effect is based. RCTs – randomized controlled trials, EBT – evidence-based treatments

Wampold, B. (2015). How important are the common factors in psychotherapy? An update. *World Psychiatry*, *14*(3), 270–277.

Overview of ACT

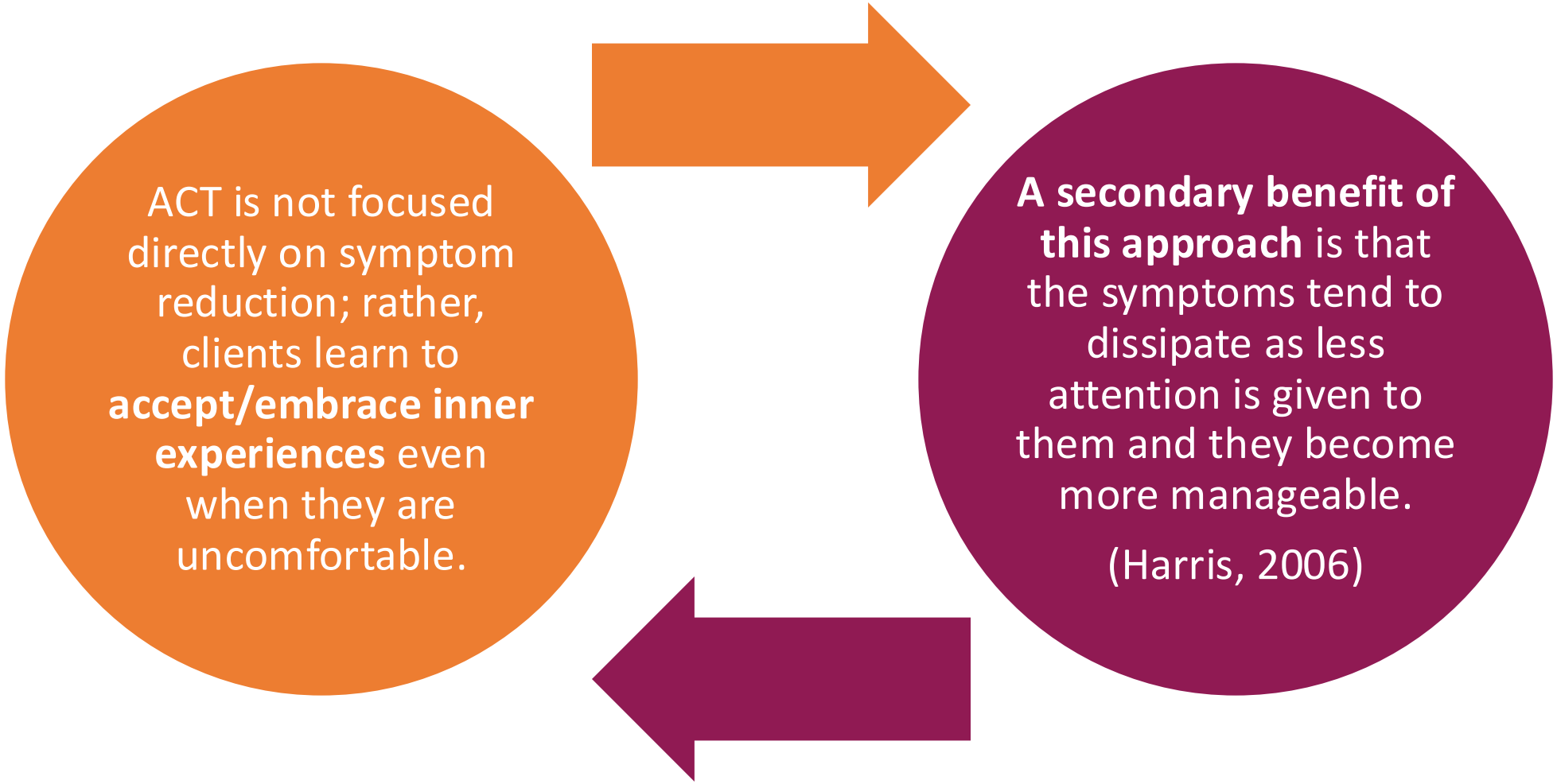
- **Founder:** Steven Hayes (Hayes et al., 2006)
- **Built on relational frame theory** (RFT; developed by Hayes), which highlights how we grow up in the context of language networks that give our lives meaning *and often trap us along the way*
- **RFT:** Human language is powerful and dynamic but commonly leads to psychological suffering when left unchecked
- **ACT questions** Western assumption of healthy normality

Overview of ACT

Part of the third wave of cognitive behavioral therapies with distinct mindfulness components (cf. mindfulness-based cognitive therapy & dialectical behavior therapy; Kishita et al., 2016)

Also described as “an existential humanistic cognitive behavioral therapy” (Harris, 2006)

Overview of ACT



Overview of ACT

Anxiety example (Harris, 2006)**:**

- Anxiety is a normal human experience.
- It becomes an anxiety disorder when preoccupation with avoiding the things that make us anxious takes over.
- Before long, we may experience anxiety about our anxiety, resulting in greater (and more futile) attempts to avoid or escape it.
- Rather than pathologizing these experiences, ACT focuses on mindfully differentiating ourselves from our cognition/language.

Overview of ACT

ACT interventions designed to help people (Harris, 2006):

- develop acceptance of unwanted private experiences
- maintain commitment and action towards living a life consistent with one's values

Overview of ACT

In general, ACT aims to help people shift from psychological inflexibility to psychological flexibility (Plys et al., 2023)

Psychological inflexibility shows up in various forms (Petkus & Wetherell, 2013)

- experiential avoidance
- cognitive fusion
- dominance of conceptualized past or future
- attachment to conceptualized self
- loss of contact with personal values
- inaction, impulsivity, or persistent avoidance

Overview of ACT

ACT interventions counteract these patterns through six principles (Harris, 2006)**:**

- defusion
- acceptance
- contact with the present moment
- the observing self
- values
- committed action

Overview of ACT

Six ACT principles (Harris, 2006)**:**

- **Defusion**: Learning how to create distance between ourselves and our thoughts, images, memories, or cognitions
- **Acceptance:** Making room for unpleasant private experiences, including feelings, urges, and sensations
- **Contact with the present moment:** Increasing awareness of the here-and-now, and our receptivity to it

Overview of ACT

Six ACT principles (cont.)

- **The Observing Self**: Identifying and connecting with the Self that transcends the ephemeral thoughts, feelings, sensations we experience at any given time
- **Values**: Clarifying what is most important to you, who you want to be, and how you want to spend your time
- **Committed action**: Creating goals that are aligned with your values and taking steps toward these goals

Does ACT resonate with treating older adults?

ACT's focus on values coincides well with older people having greater awareness of their finiteness and potential willingness to discuss how closer proximity to end of life shapes values (Petkus & Wetherell, 2013)

Does ACT resonate with treating older adults?

Consistent with Socioemotional Selectivity Theory, changes to time orientation may coincide with learning how to give less attention to unhelpful thoughts or feelings (i.e., defusion principle) and focusing one's limited time on pursuit of values

Consistent with Selective Optimization with Compensation, older adults benefit from opportunities to reconsider which values/goals are most meaningful (i.e., Selection) and how they may need to adapt strategies to get there (i.e., Optimization & Compensation)

Does ACT resonate with treating older adults?

Use of holistic wellness, strengths, and resilience blends well with ACT and Selective Optimization with Compensation:

- Numerous parts that comprise the Self, some stronger or weaker at a given point in time
- Using personal, relational, and communal resilience, we can use the more well parts to support those that seem less well

Does ACT resonate with treating older adults?

Cognitive fusion may show up in the form of internalized ageism (or ableism) and/or shifting view of self related to medical conditions

Help older adult clients identify assumptions about growing older that may be in conflict with personal values

Recognize these thoughts/feelings about growing older may be artifacts of living in an ageist culture, rather than an immutable truth about the person

Key considerations for applying ACT to anxiety & depression

Differential diagnosis between anxiety & depression not essential in using ACT

- Older adults may describe anhedonia as a hallmark depression symptom (“no longer receiving pleasure from things I used to enjoy”)
- Worry content tends to center on changes in health or developmental losses (Diefenbach et al., 2008, in Petkus & Wetherell, 2013), which represent real challenges

Challenging validity of thoughts/experiences (à la CBT) may be less helpful than recognizing and accepting their presence.

Key considerations for applying ACT to anxiety & depression

According to ACT framework, these are opportunities to re-examine values and look for ways to increase congruence between values and time/energy

"[W]orking towards reconnecting the client with his or her values at the onset of treatment may be most beneficial when doing ACT with older adults." (Petkus & Wetherell, 2013)

ACT helps older adults navigate real (not perceived) losses (Petkus & Wetherell, 2013)

- When there are changes/losses, these can be grieved and framed as opportunities to examine values and take committed action

Case Study Exercise

Gregory is a 76-year-old who identifies as a man and describes feeling “tired” and “directionless.” He has never married and reports having a “decent” relationship with his adult daughter, age 43, who lives on the other side of town. Gregory had a very successful career in finance but was pushed into retirement after having to scale back following treatment for cancer (in remission).

He recalls occasionally feeling “down” or “hyper-worried” earlier in his life, but “not like this.” Gregory is “annoyed that I can’t fix this myself,” but open to speaking with a counselor after his daughter urged him to do so.

Key considerations for applying ACT to anxiety & depression

ACT treatment overview:
(Petkus & Wetherell, 2013)

Biopsychosocial assessment

- Collaboration with primary care provider around biomedical comorbidities/functional impairments that might impact treatment
- Assess for suicide risk due to risk elevation among older adults, especially older White males
- Assess for substance use risk

Key considerations for applying ACT to anxiety & depression

Gregory's ACT treatment - 12 sessions focused on:

1. identifying values and noting how current behaviors are misaligned
2. fostering awareness of thoughts and feelings
3. expanding acceptance of unpleasant internal experiences
4. increasing time spent living in alignment with values

ACT treatment overview (Petkus & Wetherell, 2013):

- **Sessions 1–3:** Connecting to values
- **Sessions 4–5:** Creative hopelessness and acceptance
- **Sessions 6–7:** Defusion
- **Sessions 8–9:** Mindfulness
- **Sessions 10–12:** Committed action

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Thank you!!

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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**
  https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/chain-ownership-system-pecos
- **New Provider Type: Marriage and Family Therapists (MFTs) and Mental Health Counselors (MHCs) FAQs (36 questions answered) Published Sept 2023**
  https://www.cms.gov/files/document/marriage-and-family-therapists-and-mental-health-counselors-faq-09052023.pdf
- **The Medicare Learning Network:**
  https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlngeninfo
- **Web-based Training:**
  https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/webbasedtraining
- **Becoming a Medicare Provider (World of Medicare):**
  https://www.cms.gov/Outreach-and-Education/MLN/WBT/MLN9329634-WOM/WOM/index.html
- **Weekly Email Newsletter for Medicare Providers:**
  https://www.cms.gov/outreach-and-education/outreach/ffsprovpartprog/provider-partnership-email-archive

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

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

- https://www.investopedia.com/terms/u/us-centers-medicare-and-medicaid-services-cms.asp
- https://www.cms.gov/outreach-and-education/outreach/ffsprovpartprog/provider-partnership-email-archive

Medicare Mental Health Benefits for Beneficiaries

Medicare Mental Health:
https://www.cms.gov/files/document/mln1986542-medicare-mental-health.pdf

Medicare Beneficiary Handbook:
https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf

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

https://www.federalregister.gov/documents/2023/08/07/2023-14624/medicare-and-medicaid-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other

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!
Medicare Mental Health
Workforce Coalition