



Innovations in Counseling: Working with Minority Populations- Part 7 Session 3: Integrity vs. Despair: Identifying Depression in Older Clients

Webinar Follow-up Question and Answer Session with Dr. Lynell Howard

Question from Lesley Child

During my masters training I was disappointed that the Gerontology course had been disbanded and that ACA no longer have a separate specialism when our population are ageing. As a seasoned professional are you able to comment on where elder care in our field is likely to go? Thank you.

Answer from Presenter

The Baby Boomer generation, those born between 1946 and 1964, consists of about 76 million individuals and is now part of our elder population, which will continue to grow over the next 10 years as more Baby Boomers reach age 65. It is now the second largest generational group (next to the Millennial Group) and as they advance in age there is expected to be a much higher demand on Medicare systems and providers in the US. The American Medical Student Association estimates that between 2010 and 2030, 1 in 5 Americans will be over age 65, an increase in 73%. In my opinion, the disbanding of specialty programs in graduate schools may lend itself to a subset of counselors that are not informed or not prepared to meet the mental health needs of this growing population. Continuing education courses that are specific to this group may be one of few means remaining for appropriate training for working with this population.

Question from Linda Pugh

Where is the best place to look for geriatric training or certifications?

Answer from Presenter

The first place to start is with your state licensing board and/or state counselor association to determine if there are any special requirements or certifications necessary for a practice specialty in geriatric care. There are many educational institutions that offer programs in geriatric counseling however post master's training is also available to further develop skills and awareness of concerns specific to this population. A further search of trainings offered by approved Continuing Education providers for your state that focus on issues related to counseling and mental health in the elder population should also be conducted. NBCC is a good source for identifying Approved Continuing Education Providers. The interested counselor may want to pursue training in therapeutic techniques and modalities that have been shown to be helpful with the elder population considering those that are also dealing with cognitive impairments.

Question from Allen Vosburg

You quoted some statistics regarding depression in elderly adults but those stats were not on your power point page. Where can I get those stats and other facts in reference to depression?



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Answer from Presenter

Information can be found on the National Council on Aging's website <https://www.ncoa.org>; The National Institute on Aging, <https://www.nia.nih.gov/health/depression-and-older-adults>.

Additionally, the end of the slide deck contained more resources for finding statistics related to depression and aging.

Question from Allen Vosburg

In regard to grief I have received conflicting thoughts about dealing with a client, in handling a loved one's belongings after that loved one has passed. The client wants the bedroom to remain the same for long periods of time or more. What are your thoughts?

Answer from Presenter

The grieving process can be difficult for many. If a client who is grieving the loss of a loved one wants to hold on to their belongings or leave their living space as it was when the loved one was still alive, it could be harmful to the aggrieved if they are forced to make changes before they are ready. The therapist should make a complete assessment of the situation including the length of time the space/belongings have been preserved, the amount of belongings that have been preserved, the purpose it serves for the grieving individual (reflecting on fond memories or stimulating feelings of despair), and whether their reality testing is intact (do they believe the deceased will return so they are holding on to their things, or have they accepted the loss and are using the belongings to feel connected to the deceased). If the behavior (holding on to items) begins to interfere with daily functioning, then it is likely problematic and should be addressed in counseling. If the behavior is not having an impact on daily functioning, then there may not be a need to change it. But, a full assessment and understanding of the situation should take place.

Question from Andrea Westkamp

What do you think about therapists coming into nursing homes for individual and group sessions?

Answer from Presenter

There is benefit to therapists being available to individuals who live in assisted living facilities. Many of these facilities have social workers on staff who provide a range of services from planning social outings and activities to running skills groups. Any offer of individual or group sessions should be cleared with facility management and a plan for identifying potential clients, ensuring client rights are protected, and procedures for billing should be made in advance.



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Question from Beverly Currence

There is a large obstacle to working with adults over age 65. Counselors can't be Medicare providers, so we can't get paid. Once that changes, opportunities will open up. Generally, my experience has been retirement communities don't allow counselors because they can't get reimbursement (paid) for services.

Answer from Presenter

This is an accurate observation. In many facilities LCSWs or LICSWs are used to provide services for residents of retirement communities. However, this leaves an entire subset of the elder population who don't reside in such communities without access to the services that are provided there. Hopefully, as our lobbying organizations continue to grow with our support, we will begin to see changes in Medicare guidelines that open the doors to LPCs and that further benefit the elder population.

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