IAADA Spring 2018 Newsletter

Illinois Association for Adult Development and Aging

Spring 2018

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Reflections from IAADA President Neal

Greetings, fellow IAADA members!

I greatly appreciate your continued support of IAADA. It is an exciting time to share our progress and contributions at the state and national level. IAADA remains a relatively small group, so we're looking to increase membership this year to develop a strong mentoring program and visibility in ICA. As we forge ahead, identifying the varying interests in adult development will be useful to create task groups in response to clinical challenges facing emerging adults, empty-nesters, and super-agers.

Maintaining membership in the Illinois Coalition on Mental Health and Aging has provided a great deal of guidance regarding provider and consumer education, advocacy and legislation, evidenced-based practices, and interdisciplinary support for field professionals. During recent conferencing, we discussed the Wellness Recovery Action Plan (WRAP), which has been an effective professional tool to broach end-of-life planning. May 18, 2018 also marked the 1st National Older Adult Mental Health Awareness Day hosted by Substance Abuse and Mental Health Services. I took good notes! I also encourage IAADA members to view the National Council on Aging Healthy IDEAS program and SAMHSA Administration *Evidence-based Practices to Treat Depression in Older Adults* on YouTube.

As a representative member of the Older Adult Task (OATF), IAADA is continuously working towards our objective to strengthen continuity with the Association of Adult Development and Aging. A shared focus is building alliance with gerontological counselors. I had the pleasure to co-present at the recent ACA conference *Integrating Spirituality and Religion into Counseling Older Adults* with Robert Dobmeier and AADA president-elect, Amber Randolph. The interactive session highlighted studies identifying spirituality as a salient resource to manage grief and depressive symptoms. Attendees were also guided in the competent inclusion of religious tenets across ethnic and cultural groups.

After our session, a new counselor approached with a shared concern of how to create opportunities in Gerontology given existing barriers in Medicare reimbursement. Although *Part B "incident to" clause* provides some provision for mental health counselors (Provision of Mental Health Counseling Services Under TRICARE, 2010, para. 5), licensed professionals remain unrecognized as independent providers. So, how do we establish an identity in serving the geriatric community?

As we continue to advocate for Medicare reimbursement in support of the Omnibus Budget bill and Opioid Emergency Response Act, this newsletter presents alternative ways to engage in clinical work with this population. One important step is to recognize the limits in service delivery. An interview with a counseling professional sheds light on how to effectively navigate challenges in this area. A contributor also discussed collaboration with a Hospice Social Worker and physician to engage in interdisciplinary support.

Crystal Neal, *PhD, LCPC, MS Gerontology, IAADA President*

Edited by:
Lucy Parker

Reference:

Provision of Mental Health Counseling Services Under TRICARE (2010). Chapter: 4 Independent and Supervised Practice of Counselors in Other Health-Care Systems. Retrieved from https://www.nap.edu/read/12813/chapter/6#165

Misconceptions and Interdisciplinary Support In Hospice Care

By: JoLeann Trine, *IAADA, Program Development and Planning, Graduate Counseling Student*

Janice is 87 and living in a nursing-home facility. She is widowed with 6 children and reports too many grandchildren to count. Janice is on hospice for end-stage COPD… That word, *Hospice.* What does it invoke in you? *Thoughts of Dying*? *Loss of hope*? For Janice, the word hospice means *quality of life*. Transferring in and out of hospitals for treatments left her weak, sick, and oftentimes unable to interact with her family. She expressed that no matter how long she lives, she did not want to continue on such terms. Therefore, she self-admitted to hospice changing her action plan from curative to comfort care.

A significant misconception of hospice is that a person has giving up. Licensed Clinical Social Worker, Sandy Nothegger at Lexington Hospice, states, "People seem to have the perception that we all have advanced educational degrees in killing people" (personal communication, March 8, 2018). Sandy has been working in hospice for 11 years and spends much of her time educating families on the quality of one's life versus quantity.

Another misconception is that comfort care means no care. The fact is, the medical directors who manage hospice teams are certified in end-of-life treatment, which is handled in the same serious manner as any other specialization in the medical field. In a beautiful twist, 6many clients' conditions improve in the first few months of hospice as a result of the extra care and attention they receive. An attending physician from Lexington Hospital favorite parts of hospice care is prescribing pleasure feedings. So many people have been denied food on the naughty list or a sip of wine for fear of adverse effects. With a change of action, these items may no longer pose such threats as they once experienced
(D. E. Spratford, personal communication, March 8, 2018).

Making the decision to enter hospice was easy for Janice. Like any medical decision, choosing hospice takes time and research. That said, many professionals entering the counseling field are not seeking opportunities in hospice care. For me, having the chance to help a client move past the fear of death, towards a sense of dignity and acceptance, or helping families cope with loss so they may continue a healthy grieving process is beyond rewarding. The hospice population needs quality mental health professionals as an essential part of interdisciplinary support.

JOIN IAADA!

IAADA Membership

The Illinois Association for Adult Development and Aging (IAADA) is a vibrant and worthy Division of ICA (Illinois Counseling Association). IAADA offers opportunities for Professional Development, Legislative Updates, and Net-working. The older population is growing and the outlook for providing services is expanding. Join IAADA for a world of new possibilities throughout the life span.

-Anna Marie Yates, *Ph.D., NCC, LPC, IAADA Membership Chair*

Meeting the Counseling Needs of Older Adults

By: *Tamela McGhee, Affiliate IAADA Member, Graduate student in Human Behavior Studies*

In a cross-national comparison of perceptions of aging and older adults, Nora O'Brien-Suric (2013) presents eye-opening statistics where 7,000 individuals will turn 65 years of age in the United States daily beginning in the year 2011. By the year 2030, it is projected that 20% of our American population will be comprised of 65+ year old individuals. In this unprecedented time in developmental and aging history, here are some quick facts to ponder:

- Elders living in long-term care facilities are not yet provided with professional grieving support and counseling when a residential member passes away. Such facilities become home, and residents become family. Grieving support is an absent necessity (Harrison & Frampton, 2017).
- Cultural stereotyped perceptions on aging, will adversely dictate policies in lieu of accommodating an ever-increasing aging population (O'Brien-Suric, 2013). Advocacy from all professional stakeholders is vital.
- 82% of elder adults who commit suicide, visited a physician within the prior three months of life. One third visited a physician the week of their suicidal death. Mental health assessments were not properly rendered at time of treatment (Wright & Thorpe, 2016).
- Late onset of drug and alcohol addiction is prominent amongst the aging population. Factors such as retirement, marital issues, poor health, isolation, and bereavement, are contributing risk factors (Green, 2014).
- Death with dignity will continually emerge in discussions surrounding human rights. With this, counselors will remain at the forefront of ethical and trusted servitude. Distance counseling is also evolving to reach seniors that may otherwise be limited in emotional support (Bergström& Hanson, 2017).

References

Bergström, A. L., & Hanson, E. (2017). An integrative review of information and communication technology based support interventions for careers of home dwelling older people. *Technology & Disability, 29*(1/2), 1-14. doi: 10.3233/TAD-160158

Green, D. (2014). Helping address elderly individuals substance use. *Nursing & Residential Care*, *16*(10), 586-590.

Harrison, J., & Frampton, S. (2017). Resident-centered care in 10 U.S. nursing homes: Residents' perspectives. *Journal of Nursing Scholarship, 49*(1), 6-14. doi: http://dx.doi.org.library.capella.edu/10.1111/jnu.12247

OBrien-Suric, N. (2013). A cross-national comparison of perceptions of aging and older adults, part 1: Introduction and rationale for a cross-national comparison of perceptions of aging and older adults. *Care Management Journals, 14*(1), 41-49.

Upcoming Conferences and Training:

Association for Adult Development and Aging Conference 2018

July 20 – 21, 2018

Crystal Gateway Marriott
1700 Jefferson Davis Highway
Arlington, VA 22202

Register online at: https://www.eventbrite.com/e/association-for-adult-development-and-aging-conference-2018-tickets-42129722133

Interview With An Expert In Our Field:

Debbie Pilzer is a Licensed Professional Counselor with specialties in codependency, couples therapy, LGBTQ, and grief work. Debbie has received additional training in relational trauma and sexual identity, including affair recovery and navigating disclosure of sexual orientation in late life.

Debbie Pilzer is one such counselor that has found technology a viable method to en gage older adults in treatment. In the following interview, Debbie shares her insights of counseling work with this population, including how to navigate the challenges of delivering clinical services to under-insured populations (professional communication, May 23, 2018).

How would you describe the counseling needs of older adults?

The counseling needs of older adults include issues surrounding grief, parenting adult children, health concerns and feelings of change post-retirement. I typically see depression and a shift in one's sense of self when dealing with spousal loss or dramatic changes in relationships and schedules. There seems to be a common issue of loneliness and isolation.

In what ways have you navigated professional barriers to provide quality therapeutic services?

The challenge with working with older adults is insurance. Counselors are not reimbursed through Medicare in this country and affordability of insurance remains an issue. What I have decided to do is offer services outside of my regular practice hours on a sliding scale. While this is outside of the norm, I feel this population needs to be served and it is necessary to offer affordable services.

What are your recommendations to engage older adults in mental health treatment? Have you found a particular therapeutic approach useful in counseling this population?

I have found Mindfulness-based therapy extremely effective. Discussing with older adults a perspective of acceptance and understanding that they cannot change others, but work to change their own viewpoint of life challenges. I also have found group therapy effective for grief and loss, as well as self-care processing and support. For those clients who cannot make it to counseling due to transportation, illness, bad weather or other obstacles, I offer video counseling via Doxyme. It is a free HIPAA compliant software program available online. Due to licensing restrictions, this can only be offered to clients within my state, but it has been extremely helpful to meet the needs of clients that are restricted due to distance.

2018 IAADA DIVISION LEADERS

Officers:	
President:	Dr. Crystal Neal
Past President	Elisa Woodruff
Secretary:	Dr. Donna Kirkpatrick Pinson
Treasurer:	Dr. Robert Bracki
Committee Members:	
Membership:	Dr. Anna Marie Yates, mentor/chair
Program Development & Planning:	JoLeann Trine, member
Awards:	Dr. Dale Septeowski, mentor/chair
Legislation and Public Policy:	
Publications:	Elisa Woodruff and Suzy Wise, mentors Lucy Parker, chair

Pumpkin Pie & The Great Beyond

By: JoLeann Trine, IAADA, Program Development and Planning Graduate Counseling Student

John sat in his recliner, all 100 pounds of him, talking about his lack of appetite. You see, John has stage four cancer and is under hospice care. He knows he is not going to recover and he focuses on having the best quality of life until his last breath. John loves visitors and telling stories about his life. Sitting there, he told me of his time swimming at the YMCA and hiding out in his truck smoking pot after his first nursing home stay. We all laughed. John is no stranger to talking about his love of his medical marijuana.

While listening to his story, I sliced him a piece of pumpkin pie. A little-known secret given to me from the other hospice team member—John is a social eater. Sure enough, despite his talk of low appetite, he scarfed that whole piece down. After nothing but crumbs were left, the conversation shifted to what happens when he can no longer move about as independently. Impressively, John spoke of those next hurdles as welcomed inevitabilities.

It was time to switch into full counseling mode. We were no longer sharing pleasantries, we were hitting the tough stuff. John regaled me with how proud he was of the life he lived, and that he had no regrets. The conversation then segued to his next options in care; he wouldn't be able to live alone for much longer. Eventually, he would have to move back to a facility. As he spoke about his preferences in places to move and giving his grandchild his beloved truck, I couldn't help but feel a sense of awe. In the beginning of hospice care, John was not as confident about his plans. He was scared. Now, this man knows what is ahead of him, and is preparing his mind for the rest of his trip with joy in his heart and an appreciative smile on his face. John, as he says, is ready for the great beyond.

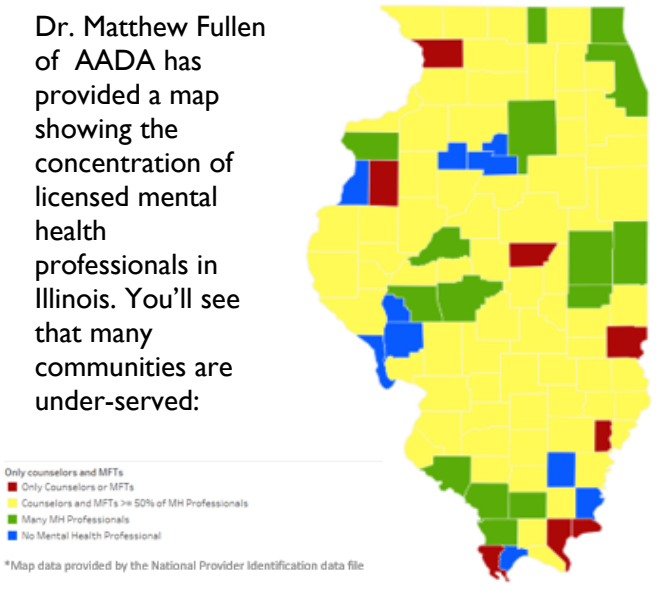
In the know...

...counselors can provide treatment through the Part B "incident to" clause. The latter method allows counselors to bill Medicare through physicians or psychologists. To be covered by the clause, a service must be an integral, although incidental, part of a physician's or psychologist's services; the counselor must work in the same facility as a physician or psychologist (as either an employee or independent contractor of the physician or psychologist or the facility); and the counselor must be under the supervision of the physician or psychologist... The physician, psychologist, or facility bills Medicare for the service, and the counselor is paid as an employee or contractor of the physician, psychologist, or facility (Provision of Mental Health Counseling Services Under TRICARE, 2010, para. 5).

Reference
Provision of Mental Health Counseling Services Under TRICARE (2010). Chapter: 4 Independent and Supervised Practice of Counselors in Other Health-Care Systems. Retrieved from https://www.nap.edu/read/12813/chapter/6#165

Members, please advocate for the inclusion of H.R. 3032/S. Opioid Crisis Legislation. NBCC directly links your message to Senators Durbin and Duckworth at https//www.votervoice.net/NBCCGrassroots/Campaigns/58181/Respond

Dr. Matthew Fullen of AADA has provided a map showing the concentration of licensed mental health professionals in Illinois. You'll see that many communities are under-served:



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IAADA Mission

To enhance adult development throughout the life-span and to promote growth toward maturity and wisdom

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Call for Contributors

IAADA next newsletter will feature practices in service delivery, including empirically-supported interventions, creative techniques, and theoretical perspectives of aging to emphasize the role of developmental stages in clinical work. Please consider submitting an entry for our Fall/Winter 2018 newsletter at iaadanewsletter@gmail.com by ***July 31, 2018***.