

Clinical Geropsychology and Primary Care: Progress and Prospects

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This paper comments on the review by Areán & Ayalon (this issue) and on implications for the further development of clinical geropsychology in primary care. The review provides an outstanding summary of the impressive scientific progress that has occurred in this field over the past decade. Comments focus on prospects for the future of geropsychologists in primary-care settings. Psychologists have been major contributors to research in this area but are not assured of major clinical roles in behavioral healthcare delivery. As a profession, clinical psychology must attend to developing reimbursable clinical roles for psychologists and to training psychologists who are prepared for the challenges of primary-care geropsychology.

Key words: primary care, clinical geropsychology, late-life depression, clinical psychology training. [*Clin Psychol Sci Prac* 12: 336–338, 2005]

Responding to the review on assessment and treatment of depressed older adults in primary care by Areán and Ayalon (this issue) is a pleasant task. This article is to my knowledge the first review that comprehensively surveys the utility of screening measures for depression, and treatments of depression, specifically among older

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primary-care patients. The review provides a particular benefit to the field since we should not assume that measures and interventions will be appropriate in both the primary-care context, and for older adult patients, without evidence about this context and population. As is carefully documented in this review, we currently have a strong evidence base to guide screening efforts for geriatric depression in primary care, and a promising and increasing evidence base about the value of psychological intervention for depressed older adults in primary-care settings.

It is remarkable how far research in this area has come over the past 10 years. When I wrote a chapter on the medical context of psychotherapy with older adults about a decade ago (Haley, 1996) there was essentially no empirical literature to guide geropsychologists working in primary-care settings. I and others (e.g., Zeiss & Steffen, 1996) argued that psychologists could serve as key members of healthcare teams and enhance the primary care of older adults, avoiding the many problems that are encountered when attempting to divert older primary-care patients to separate systems of mental health care. At that time, the efforts that had been made to improve depression care for older adults in primary care, and evaluated by randomized trials, were largely based on a model of educating and informing physicians about depression in older patients and trying to motivate these physicians to either prescribe antidepressants or refer for psychiatric care (e.g., Callahan et al., 1994). This type of effort was largely unsuccessful, and the movement toward “collaborative care” that is reviewed by Areán and Ayalon (this issue) is much more promising than the approach of modifying primary-care physicians’ behavior or trying to persuade depressed

older adults to seek mental health care. Collaborative care avoids the problems of logistics and stigma that have made traditional referrals of depressed older adults to mental health care problematic. Examination of the citations in Areán and Ayalon's review shows that nearly all of the articles cited were published within the past 10 years, and most within the past 5 years, attesting to the remarkable recent progress in this area of investigation.

Although I see little to add to the material reviewed by these authors on assessment and treatment of depression, it seems worthwhile to use this opportunity for commentary to discuss prospects for the future of clinical geropsychology in primary-care settings. In particular, I will note the importance of addressing issues related to roles for clinical psychologists, and training issues.

ROLES FOR CLINICAL GEROPSYCHOLOGISTS IN PRIMARY CARE

Psychologists must increasingly demonstrate that they add value to care, beyond that of professionals with less training and lower salaries. Psychology is at risk of being a pioneer in research efforts, but a bystander in providing paid clinical care. Areán and Ayalon (this issue) make a case that psychologists could become the "depression care managers" of the future, applying evidence-based assessment and intervention strategies, and coordinating all aspects of care for depressed patients. This approach is somewhat in contrast with the conception of a primary-care psychologist envisioned by members of the APA Task Force on Primary Care (Bray, Frank, McDaniel, & Heldring, 2004) as becoming a primary-care provider of psychological services—implying the ability to work with the full range of patients seen in primary-care settings, and a generalist capable of handling issues including diverse populations and disorders. The ability of psychologists to succeed in the marketplace with either highly specialized roles (e.g., manager of depression care) or as generalists is one of the major uncertainties in this field.

Successful models moving research findings into reimbursable clinical practice settings may come largely from psychologists working outside of academic settings who must contend with the complexities of reimbursement. Hartman-Stein and Ergun (1998) provided an

interesting perspective on how marketing efforts, and constant vigilance about reimbursement issues, are necessary to thrive in independent practice of geropsychology in health care settings. One recent demonstration project (Kolbasovsky, Reich, Romano, & Jaramillo, 2005) provides an innovative example of involvement of psychologists in an independent practice setting in collaborative care treatment of depression. This project found that by utilizing space nearby primary-care physicians, and closely collaborating, they rapidly were able to fill available appointment times, and achieve successful outcomes including improving depression in primary-care patients and achieving high levels of satisfaction by the referring physicians. Outcomes such as filled appointment books and high physician satisfaction, while not typically included in research studies of interventions for depression, may be essential to practitioners hoping to establish a viable practice.

The increasingly complex financial arrangements that affect psychologists' roles in providing care in primary-care settings has recently been reviewed by Gray, Brody, and Johnson (2005). This article is highly recommended for psychologists hoping to understand the market factors that may determine what roles professional psychologists who rely on reimbursement for care can play as the healthcare system evolves.

TRAINING ISSUES

Successful practice of primary-care geropsychology will require the development of skill sets that are outside of the typical range of clinical psychology training. At a minimum, psychologists must have expertise in geropsychology issues, the primary-care context, and increasingly in the business management aspects of practice (e.g., see Gray et al., 2005). A number of articles and chapters have outlined training needs for psychologists in primary care, at the predoctoral, internship, and postdoctoral level (Dobmeyer, Rowan, Etherage, & Wilson, 2003; McDaniel, Belar, Schroeder, Hargrove, & Freeman, 2002), and more specialized training issues related to primary care and geropsychology (Haley, 2004; Molinari et al., 2005; Qualls et al., 2002). Special issues of concern for geropsychologists in primary-care settings—beyond those commonly seen in younger patients—include comorbidity with multiple medical

problems, cognitive impairment, family caregiving issues, and end-of-life concerns (Haley, 2004). It seems likely that even psychologists who have specialized roles as care managers for geriatric depression will have to have an appreciation of these special issues in order to tailor treatment to the contexts that are affecting depression in older adults.

FINAL COMMENTS

Areán and Ayalon (this issue) have documented the increasing evidence base that has been developed to guide primary-care psychology assessment and intervention for depression in older adults. The challenge remains for the fields of clinical psychology and clinical geropsychology to develop viable practice models and to train sufficient numbers of psychologists to practice in primary-care settings. This is part of the evolution of psychology from a mental health to a healthcare profession (Brown et al., 2002) and is vital to the survival of psychology as a profession. Growth in the primary-care psychology sector has the potential not only to provide meaningful roles for psychologists in a changing healthcare system, but also to reach the many depressed older adults who do not receive adequate treatment for depression in usual systems of healthcare.

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