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NEW MODEL: HOLISTIC ASSESSMENT AND TREATMENT OF OLDER ADULTS

In 2014 a new model of assessment and treatment for older adults was promulgated (Hyer 2014). This presentation explicates this Watch and Wait model, outlining five core domains of care, the importance of a focus on the “real world” of an older adult, the limitations of extant treatments and the overvalued focus of the nuanced differences in treatment (one antidepressant vs. another, one psychotherapy vs. another, etc.). We explicate two parts of this model; (1) A case-based and deliberative unfolding of a plan, applying psychoeducation, assessment, validation, alliance building, monitoring, and use of treatment modules; and, as noted, (2) the relevance of five areas {depression, anxiety, cognition, health (especially comorbidities, pain and sleep), and life adjustment (unmet needs in the community)}. We base this model on Primary Care Clinic data of 500 older patients.

We set the stage discussing influencing meta-trends requiring a new model of care for older adults. We then address the unfolding of the first 3-4 sessions of Watch and Wait. We elaborate on an assessment battery for each domain using set screening and a short neuropsychological battery. We explain the metric for designating whether the patient met criteria for each domain; Mild, Moderate, or Problem. This leads to a profile for each patient of the five domains. We then apply an empirically-supported plan of modules for each domain and monitor these.

This model is case-based, applies common factors/motivational interviewing, and uses evidence-based modules of treatment. It also endorses team care, family involvement, and monitoring. Importantly, we endorse and maximize lifestyle interventions, especially exercise, cognitive training, stress reduction, and diet. Health depends on good living and support.