



## Ethical Issues with Older Adults

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Adults over the age of 65 are the fastest growing segment of the U.S. population, and this presents psychologists with a variety of professional opportunities and challenges. This article describes some ethical issues that often occur when working with older adults. Older adults are a diverse and vibrant population that in many ways is a natural extension of our psychotherapeutic knowledge and skills, but also present some more specialized challenges in the provision of psychological services.

**1. Informed consent:** Some consent issues when working with older adults might include ensuring older adults' capacity to understand consent forms and make independent decisions concerns treatment options and services. Cohort-related beliefs about 'mental health' and psychotherapy can greatly influence older adults beliefs about these services, so awareness of these cohort beliefs is helpful in understanding some older adult's ambivalence or reluctance to receive psychological services. Some older adults may have guardians or a family member who has durable power of attorney for health-care decisions, so those parties might also be involved in the consent process for mental health services. Accommodations for visual and auditory difficulties need to be anticipated as well as far as readability of consent forms is concerned.

**2. Confidentiality:** Issues concerning confidentiality that are more common among older adults include elder abuse issues, harm to self, and release of information to family members and other professionals. First, as mandated reporters of elder abuse, psychologists need to be current in evaluating the clues/possibilities of elder abuse. Some of these parallel those among children, but issues occurring more often among older adults include self-neglect and financial abuse. Second, self-harm among older adults could involve severe self-neglect as well as suicide risk. It is reported that the completed suicide rate is among the highest across all age groups among Anglo men between 65-85, so age-sensitive risk assessments are especially important with this age group. Thirdly, the involvement of family members and other professionals is likely to be high, especially if the older adult is diagnosed with dementia or major depression, or resides in a residential or community-based setting, so the issue of obtaining appropriate releases from family members and other professionals is paramount.

**3. Competence:** Working with older adults can be extraordinarily rewarding and challenging, although many psychologists have not typically received training in geropsychology in their doctoral studies. APA ([www.apa.org/pi/aging](http://www.apa.org/pi/aging)) has a wealth of invaluable resources and guidelines for psychologists working with older adults (see refer-

ences) that are essential introductions and guides to working with this population. In addition, the Board of Psychology's requirement in aging and long-term care illustrates the need for more knowledge in this area. Additional opportunities for certificate programs in Geropsychology or Gerontology are available from the author.

**4. Multiple relationships:** Common dilemmas concerning multiple relationships and older adults might include 'stretching' professional boundaries if professional services are provided in the client's home as can often occur when mobility and accessibility might be barriers to office visits. Potential conflicts of interest issues may arise when psychologists are hired by institutional settings whose goals for treatment care may potentially conflict with the older adult's choices, autonomy (and capacity) to refuse treatment. For example, the director of an assisted-living facility may request services for behavioral

interventions with a resident diagnosed at a moderate stage of dementia, yet be reluctant to implement or adhere to the psychologist's treatment recommendations. Who is the psychologist's client – the resident or the facility? Can both parties' interests be met?

**5. Fees:** Knowledge about Medicare eligibility, procedures and psychologist's options about whether or not to accept Medicare payments are important professional issues to consider. Some psychologists are reluctant to participate in the Medicare system yet that may be the only financial coverage for many older adults.

**6. Special issues:** Finally, here are some topics that pertain to older adults that can trigger potential ethical dilemmas: use of age-appropriate assessment instruments for older adults; confidentiality issues concerning diagnosis of dementia and driving privileges (Knapp & VandeCreek, 2005); the impact of mental health status on medication compliance; the co-occurrence of medical conditions and their influence on mental health status; familiarity and comfort with end of life issues; counter transference issues about aging and internalized ageism; and respecting culturally informed beliefs about 'elders.'

The CPA Ethics Committee encourages consultation with committee members concerning ethical dilemmas that psychologists may experience when working with this important and resilient segment of society. 

## References

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