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Tipsheet: General Strategies



1. Use assessment measures that have been validated for use with aging individuals



2. Plan to assess across a broader range of functioning than is typical with younger adults (e.g., IADLs, cognitive screening, capacities), identifying relative strengths and limitations



3. Use written materials to support assessment, in accessible font type and size (e.g., Ariel 14pt)



4. Assess for salient cultural identities early, using affirming language for sexual, gender, ethnic and religious minority statuses



5. Screen for suicide risk using standardized tool; target suicide risk using evidence-based practices



6. Identify important family members (including chosen family) and consider when and how to involve; prioritize social connectiveness



7. Use written materials in session and develop daily strategies to prompt recognition memory rather than relying on recall memory (e.g., encourage clients to obtain and use a 1" 3-ring binder with pockets as a therapy notebook)



8. Discuss limitations of catharsis (emotional expression) as a primary change strategy for anxiety and mood disorders



9. Begin with behavioral strategies (e.g., behavioral activation, relaxation training) and develop problem-solving skills before cognitive reappraisal strategies



10. Consider environmental changes to maximize use of cognitive and behavioral strengths; minimize need for performance in areas of weakness

Oxford University Press: *Treatments ThatWork*
[Later Life Depression, Clinician Guide \(2nd ed\)](#)



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Tipsheet: Within-Session Strategies



1. Begin session with warm greeting: “It is good to see you/hear your voice!” (Instead of: “How has your week been? What should we talk about?”)



6. Facilitate consistent use of a session preparation sheet ahead of each session



2. Discuss client’s values and strengths early and throughout treatment



7. Elicit a summary after each point has been covered in session; facilitate consistent use of a written summary of key points at end of each session



3. Set agenda with cues for use of phrases (“What 1 or 2 topics are most important to work on today?”)



8. Say client’s name, then pause, to direct attention ahead of important points



4. Write agenda on whiteboard/screenshare so it is visible throughout session



9. Use written materials every session to facilitate deeper processing of content and improved memory via dual coding



5. Collaborate during first two sessions on acceptable way for you to interrupt; Consistently use that signal



10. Refer to and prepare for therapy termination process, including planned booster sessions throughout treatment

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Tipsheet: Attending To The Physical



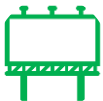
1. ADA compliant entrance to building and ADA compliant bathroom, especially ADA toilet



2. Therapy and waiting room chairs with firm seat, back and arm rests; take shared mid-session stretch breaks



3. Round pedestal table in therapy room that allows client and therapist to sit side by side for reviewing written materials; reduce reliance on clipboards held in lap for writing



4. White board/screen share for setting and viewing agenda during session



5. Large dial clock visible to client for in-person sessions; verbally note time



6. Assess use of eyeglasses and hearing aids and encourage use in session; face client directly when speaking, with hands away from your mouth



7. Signed releases to communicate with primary care providers; collaborate with client on these communications



8. Obtain list of medications and physical health conditions. Both you and client need to understand these conditions, the impact of them on health functioning, and their interplay with mental health



9. Consistently use written materials to facilitate dual coding, with appropriate font type and size (e.g., Ariel 14pt); encourage client to obtain and use thin 3-ring binder for “therapy notebook”



10. Develop consulting relationship with a medical provider to discuss complicated cases while protecting clients' confidentiality

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