

Repeated assessment over time may be particularly useful with respect to such matters as the older adult's affective state, or with regard to functional capacities, and can help in examining the degree to which these are stable or vary according to contextual factors (e.g., time of day, activities, presence or absence of other individuals; Kazdin, 2003). Moreover, repeated assessment over time is useful when evaluating the effects of a medical intervention or rehabilitation (Haynes et al., 2011). Psychologists who conduct repeat assessments strive to be informed about possible practice effects that can occur with repeat administration of the same, or similar, assessment instruments as well as methods to detect meaningful change over time (Chelune & Duff, 2019; Hinton-Bayre & Kwapil, 2017).

In evaluating older adults, it is also important to ascertain the possible contributing or confounding influence of medications and medical disorders, in addition to the psychological factors being assessed. Medications with anticholinergic properties, for instance, span multiple medication classes including antihistamines and bladder control compounds, and can negatively impact cognition in older adults (American Geriatrics Society [AGS], 2023; Arnold, 2015). Similarly, medications such as steroids and opioids can commonly affect mood. Other possible influences to assess include immediate environmental factors on the presenting problem(s), and the nature and extent of the individual's familial or other social support. .

Finally, balanced and thorough evaluations of older adults include not only attention to potential deficits, but also the identification of strengths (e.g., cognitive, functional, social) that can be garnered to aid in treatment or for the development of compensatory strategies to address deficits. Successful communication of these strengths and associated, targeted compensatory strategies is a critically important outcome of psychological assessments. This information can aid the older adults

themselves, their family and loved ones, and their medical and cultural communities in providing appropriate support and resources.

GUIDELINE 17

Psychologists strive to develop skill at conducting and interpreting cognitive and functional ability evaluations with older adults.

Rationale

When evaluating older adults, psychologists may need to use specialized procedures to help determine the individual's cognitive and other strengths and weaknesses, functional abilities, and to understand their behaviors.

Application

Psychologists may be asked to characterize an older adult's current cognitive or functional status and determine whether it represents a significant change from an earlier time and, if so, whether the observed problems are due to a specific neurodegenerative process, a psychiatric or medical condition, and/or other causes (Morris & Brookes, 2013). Assessments can range from a brief screening to in-depth diagnostic evaluation..

Cognitive screening typically involves the use of brief screening instruments targeted at identifying global impairment with adequate sensitivity but with relatively low diagnostic specificity. These screening tools are typically short (less than ten minutes) and relatively simple to administer and score. While there is currently no evidence-based treatment for reversing cognitive impairment associated with neurodegenerative disease, brief cognitive screening may still be appropriate for older adults who are at risk for dementia or have suspected cognitive

decline due to an underlying neurologic or medical condition, or a mental disorder. Identifying cognitive strengths and weaknesses can be helpful to generate compensatory strategies and target modifiable risk factors (e.g., increasing physical activity) to improve function and quality of life (Lisko et al., 2021). Federal legislation provides for screening for cognitive impairment during annual wellness visits for Medicare beneficiaries (Andrulis, et.al., Patient Protection and Affordable Care Act, 2010) and subsequent publications have provided recommendations to help clinicians operationalize methods of assessment in primary care (Liss et al., 2021). .

On the other hand, differentiating factors contributing to cognitive impairment among older adults is much more challenging and often requires a comprehensive neuropsychological evaluation (See the *APA Guidelines for the Evaluation of Dementia and Age-Related Cognitive Change* (2021) for more information). Consistent with the APA Ethics Code (2.01 Boundaries of Competence (APA Ethical Principles of Psychologists and Code of Conduct (APA, 2017a) and Guideline 1, these types of evaluations are conducted by psychologists with relevant training, experience, and demonstrated competencies in neuropsychological assessment. A neuropsychological evaluation includes objective measurement of cognitive performance using standardized psychometric instruments that assess various cognitive domains. Results are integrated with information obtained from family, friends, or staff that know the person well, in addition to historical, neurological, psychiatric, medical, and other diagnostic information. Psychologists with these competencies compare standardized test performance with culturally and demographically appropriate normative data in order to determine whether the cognitive profile is consistent with those known to occur in later life, or whether it represents a significant decline from the individual's baseline level of functioning. Using profile analy-