Heritage Clinic

a division of The Center for Aging Resources, a nonprofit agency

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Evidenced Based Mental Health Interventions for Older Adults

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Pasadena, California
Introductions

Do you:

1. Work directly with older adults as a care manager?
2. Work directly with older adults as a therapist?
3. Supervise an older adult program?
4. Don’t work with older adults now but expect to in the future?
5. Other?
Outline

Introductions

Overview of mental health services for older adults

Evidenced Based Practices

Highlight on Evidenced Based Life Review & Reminiscence Therapy
Overview of Mental Health Interventions with Older Adults

1. Cohort differences
2. Health changes
3. Developmental changes
4. Cognitive changes
Cohort Differences: older old

1. May have lived through Great Depression, WWII, 50’s
2. Value on frugality & independence fear of institutions, system
3. Stigma of mental health treatment institutionalization, shock tx
4. Less familiar with talking interventions
5. Tendency to somaticize
Cohort Differences:
Adaptations Needed

1. Often do not self refer, need to collaborate with referring party
2. May need to “pursue” a client
3. Use less threatening language
   a) “Counselor” vs. psychotherapist or mental health worker
   b) “Stress” or “nerves” vs. anxiety
   c) “The blues” vs. depression
   d) “Talking about problems” vs. psychotherapy (terms: “mental” ---- “psycho”)
5. Provide education about process of treatment
6. More rapport building time
7. Help to meet concrete need can aid rapport
8. Demonstration of understanding of age-specific issues (B. Knight)
Health Changes

1. 80% adults over 60 have chronic illnesses
2. Many have multiple chronic illnesses
3. Multiple medications: 90% take 1+ med; 40% take 5+ meds; 12% take 10+ meds
4. Physical mobility impairment
5. Vision impairment; hearing impairment
6. Chronic pain
7. Physical illness is a risk factor for suicide
8. Older adults fatigue more easily
Health Changes: Adaptations

1. Offer treatment in consumer’s home, nursing facility, assisted living, etc.
2. Intervene at a slower pace
3. Assess & learn about consumer’s medical illnesses
4. Record & learn about all medications
5. Communicate with consumer’s primary care physician
6. Become knowledgeable about practical services and devices for disabled persons
Health Changes: Adaptations (cont.)

7. Use large fonts for printed material
8. Assess consumer’s hearing acuity; use voice amplification devices
9. Speak loudly, enunciate clearly; be sure consumer can see your face
10. Assess pain and become knowledgeable about pain control interventions
11. Evaluate for over use of pain medications
Developmental Issues

1. Losses
2. Death & dying
3. Retirement
4. Grandparenting
5. Family role changes
6. Social status changes
7. Wisdom
Cognitive Changes/Dementia

- Normal age associated changes
- Mild cognitive impairment
- Changes with dementia
- Changes in delirium
Cognitive Changes: Adaptations

1. Have consumer evaluated for contributing medical causes
2. Evaluate type and degree of cognitive impairment
3. Expect a slower pace; use repetition
4. Communicate in simpler sentence structure, e.g., one “chunk” at a time
5. Treat co-occurring mental illness, e.g., depression, psychosis, anxiety, behavior
6. Monitor progression or lack of progression
EVIDENCED BASED PRACTICES
RESOURCES

- NREP website:
  http://www.nrepp.samhsa.gov
  Conduct “Advanced Search”
  Check Older Adult (55+); Mental Health Treatment

- Therapy Advisor website
  - Geriatric Therapies
  - Geriatric Depression
  - Caregiver Distress
Outline of Evidenced Based Interventions

- Outreach Models
- Prevention Models
- Treatments for Depression
- Treatments for Anxiety
- Integration with Medical Care
- Suicide Prevention
- Caregiver Interventions
OUTREACH MODELS: Gatekeeper Program

The Gatekeeper program was developed to train and encourage non-traditional referral sources to identify and refer older adults living in the community who are at risk for mental health problems, but not typically receiving mental health services. Studies of the Gatekeeper program have found differences in individual characteristics between individuals referred by gatekeepers and those referred by medical or other traditional sources.

- Reference: SAMHSA Older Americans Substance Abuse & Mental Health Technical Assistance Center
Gatekeeper Program

Follow up research found that while initially, gatekeeper-referred elders utilized very few services compared with traditionally referred elders, after one year, gatekeeper-referred elders showed no difference in service utilization.

Prevention Models for Older Adults

- Chronic Disease Self-Management
- Live Well, Live Long
- Promotoras/es
- Exercise
The Chronic Disease Self Management Program

Includes community workshops for older adults with chronic health problems.

Facilitated by 2 leaders, one or both of whom are non professionals with a chronic disease themselves.

Subjects covered include:

1) Skills to deal with frustration, fatigue, pain, isolation
2) Exercise
3) Appropriate medication use
4) Effective Communication
5) Nutrition
6) How to evaluate new treatments

Live Well, Live Long
Steps to Mental Wellness

- Group intervention encouraging health promotion behaviors that contribute to mental wellness and a sense of well-being.
- Interventions performed in community organizations such as senior centers.
- Address depression & anxiety symptoms early to reduce distress and disability older adults may face.

http://www.asaging.org/live-long-live-well-health-promotion-older-adults
Promotoras/es

- Community lay leaders spend time in the community providing health education and health promotion.
- Some have some level of formal health training, such as nursing or midwifery, others have learned their skills from a parent or mentor.
- Promotoras/es have been one of the major outlets for health care for rural populations in Mexico, and migration has brought this trend to California.
- Based on the respect and trust in the community, promotoras/es are able to transmit health messages and services to this population.
- Reference: HIA, UC Berkeley, School of Public Health
Evidenced Based Practices for Older Adults: Depression

- Medications
- Electro Convulsive Therapy (ECT)
- Cognitive- Behavioral Tx
- Problem Solving Therapy
- Reminiscence & Life Review Therapy
- PEARLS
- Healthy IDEAS

- Brief Psychodynamic Tx
- Supportive Therapy
- Interpersonal Psychotherapy
- Integration with medical care (e.g., IMPACT)
- Behavioral Activation
- Acceptance Commitment Therapy (ACT)
- Exercise
Cognitive Behavior Therapy for Late Life Depression

An active, directive, time-limited, and structured problem-solving approach program.

Includes strategies to facilitate learning with older adults, such as:

- repeated presentation of information
- using different sensory modalities
- slower rates of presentation
- greater use of practice
- greater use of structure and modeling behavior
Problem Solving Therapy

Structured cognitive behavioral therapy for depression and other mental illnesses.

Problem Solving Therapy: Treatment Steps

1. Clarify & define the problem
2. Set realistic goals
3. Generate multiple solutions
4. Evaluate & compare solutions
5. Select a feasible solution
6. Implement the solution
7. Evaluate the outcome
PEARLS

Program to Encourage Active, Rewarding Lives for Seniors

- For people 60 years and older
- Minor depression or dysthymia
- Receiving home-based social services from community agencies
- Includes eight 50-minute sessions with a trained social service worker in the client's home over 19 weeks

Ciechanowski et al. (2004). Journal of the American Medical Association
PEARLS

Program to Encourage Active, Rewarding Lives for Seniors

Counselors use 3 depression management techniques:

1) Problem-Solving Treatment, in which clients are taught to recognize depressive symptoms, define problems that may contribute to depression, and devise steps to solve these problems;

2) Social and physical activity planning; and

3) Planning to participate in pleasant events.
Pleasant Events Schedule

- First developed - Peter Lewinsohn
- Different Versions
- California Older Adult’s Pleasant Events Schedule
Interpersonal Psychotherapy*

- Originally developed by Gerald Klerman and Myrna Weissman with younger adults. Later applied to older adults. Based on work by Adolph Meyer and Harry Stack Sullivan.
IPT:

- Based on the connection between interpersonal issues and depression, including
  - 1. grief,
  - 2. role transitions and
  - 3. interpersonal disputes.
Relate Depression to Interpersonal Context

- Review current and past interpersonal relationships as they relate to current depressive symptoms. Determine with the patient the
  - nature of interaction with significant persons;
  - expectations of patient and significant persons from one another, and whether these were fulfilled;
  - satisfying and unsatisfying aspects of the relationships;
  - changes the patient wants in the relationship.
Identification of Major Problems Areas

- Determine the problem area related to current depression and set the treatment goals.
- Determine which relationship or aspect of a relationship is related to the depression and what might change it.
Interpersonal Psychotherapy

- Clinician takes an inventory of present and past relationships to determine areas of focus.
- 1 or 2 interpersonal problem areas are chosen for treatment focus.
- 16-20 session time frame.
- Present focused.
Interpersonal Inventory

“To get an understanding of your social support network, please give me names of 7-8 people & place them on these circles based on how close they are to you.”
Evidenced Based Practices for Older Adults: Anxiety

- Cognitive Behavioral Therapy
- Relaxation Training
- Cognitive Therapy
- Supportive Therapy
- Psychotropic medications
- Problem Solving Therapy
Cognitive Behavioral Therapy

- Psycho-education
- Self monitoring
- Relaxation training
- Thought stopping
- Thought challenging
- Exposure to sources of anxiety
Relaxation Training

- Breathing
- Meditation
- Progressive muscle relaxation
- Imagery – creative or memory based
- Importance of practice
- Usefulness of making audio recording for client
- Script
Integration with Medical Care

- Shared care of depressed elders between on-site mental health professional and primary care physician, located in primary care setting; close attention to outcomes.
- IMPACT (Improving mood: promoting access to collaborative treatment)
- PRISM-E (Primary care research in substance abuse and mental health for the elderly)
IMPACT

Improving Mood, Promoting Access to Collaborative Treatment

• In the IMPACT model, integrated care is provided by a collaborative team.
• Services are provided in the Primary Care medical clinic.
• Primary care physicians identify individuals with depression.
• Patients are referred to a care manager who works within the same office suite.
• Care manager works with the regular physician & consulting psychiatrist.
IMPACT

Treatment includes:

• psychotropic medications
• educational videotape & booklet about depression
• initial visit with a depression care manager
• 6 - 8 brief sessions of Problem Solving Therapy
• behavioral activation
• regular and repeated assessment and tracking of depression using the PHQ-9
• “stepped” care, i.e., treatment is adjusted if the patient is not improving.
IMPACT

Improving Mood, Promoting Access to Collaborative Treatment

Antidepressants are changed or dosages adjusted if improvement is not indicated. Psychiatrist consults with primary care physician to help adjust medications.

The care manager aggressively follows up on patients who have not returned for follow up visits.
IMPACT

Improving Mood, Promoting Access to Collaborative Treatment

• Collaborative care approach found to be two times as effective than care as usual.

• Most patients saw a 50% or greater improvement in depression at 12 months.

• Health care costs were found to decrease by about $3,300 per patient over 4 years.

Suicide Prevention Models

- SUPPRESS
- PROSPECT
The intervention components are:

- recognition of depression and suicide ideation by primary care physicians,
- application of a treatment algorithm for geriatric depression in the primary care setting, and
- treatment management by health specialists.

Depression scores and suicidal ideation were reduced in intervention group; but results are equivocal.
HIGHLIGHT ON
LIFE REVIEW &
REMINISCENCE THERAPY
Erik Erikson
<table>
<thead>
<tr>
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<th>Psychosocial crisis</th>
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<tr>
<td>I (0-1) -- infant</td>
<td>trust vs mistrust</td>
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<td>II (2-3) -- toddler</td>
<td>autonomy vs shame and doubt</td>
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<td>III (3-6) -- preschooler</td>
<td>initiative vs guilt</td>
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<td>IV (7-12 or so) -- school-age child</td>
<td>industry vs inferiority</td>
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<td>V (12-18 or so) -- adolescence</td>
<td>ego-identity vs role-confusion</td>
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<td>VI (the 20’s) -- young adult</td>
<td>intimacy vs isolation</td>
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<td>VII (late 20’s to 50’s) -- middle adult</td>
<td>generativity vs self-absorption</td>
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<td>VIII (50’s and beyond) -- old adult</td>
<td>integrity vs despair</td>
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Integrity

- Erikson: the 8th stage, conflict between integrity and despair; the approach of death stimulates review of life to prepare for death.
Erikson’s Eighth Stage

- The primary task in old age is to come to an: “acceptance of one’s one and only life cycle as something that had to be and that, by necessity, permitted of no substitutions.”
Erikson’s Eighth Stage

- This involves: a consolidation of one’s understanding of the life one has lived, to be achieved through the struggle between integrity and despair, including “mourning for:
  - time forfeited and space depleted,
  - autonomy weakened,
  - initiative lost,
  - generativity neglected,
  - identity potentials bypassed,
  - too limiting identity lived.”

# Psychosocial Crisis

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Robert Butler, 1964

- Robert Butler suggested that later life is a time for people to review their lives, allowing a return to consciousness of past experiences, especially unresolved conflicts; this can bring serenity and wisdom; (can also bring depression and obsessiveness).

- The goal of life review is to “expiate guilt,” “resolve internal conflicts,” “reconcile relationships,” and “renew one’s ideals.”
Wong & Watt (1991)

6 types of reminiscence

1. Integrative: to achieve reconciliation & coherence; resolving conflicts
2. Instrumental: problem-solving
3. Transmissive: storytelling & leaving a legacy
4. Escapist or Defensive: avoiding pain in present
5. Obsessive: ruminating on failure & guilt
6. Narrative: factual & informative
Reminiscence as Therapy

- Structured activity to access and process thoughts about past experiences
- Done individually or in groups
- May include writing assignments
Reminiscence as Therapy

- **Integrative** reminiscence refers to reappraisal of losses, shortcomings and difficulties, reviewing values, and personal meaning.

- **Instrumental** reminiscence refers to recall of problem solving and positive adaptation and reactivating positive self concept.
Watt & Cappeliez (2000)

Group **Integrative** Reminiscence (reappraisal of past events) & **Instrumental** Reminiscence (using memories of past successful coping and identifying appropriate coping strategies)

Both reduced depression

- Reminiscence therapy focused on retrieving special, successful happy memories associated with decreased depression

- What is the most enjoyable moment from your childhood you remember?
- What moment sticks out from your adolescence that you always remember as great and was not like any other?
- Can you recall a day as an adult when you set out to accomplish something, that you were able to achieve and that made you very happy?
- How did you have fun, recall something important that happened during your adult years.
Phillipe Cappeliez (2011)

- Positive:
  - Improving self identity – gaining continuity, meaning, self efficacy
  - Problem solving
  - Preparing for death – reconciling discrepancies
  - Associated with increased life satisfaction, decreased depression, higher subjective health; improvement in meaning & personal continuity
Arean et al (1993)

- Group Reminiscence treatment involving reviewing one’s life history, including positive and negative events, led to decreased depression, and increased perspective and satisfaction with what had and had not been achieved.
Life Review Techniques

- **Time Line**
  - Mark years and ages of the person
  - Ask person to recall important personal events, e.g., educational events, family events, work, accomplishments, loves, losses, hopes, regrets, pleasures
  - Use important world events as markers
HEALTH
RELIGION
PETS
FRIENDS
JOBS
EDUCATION
FAMILY
MAJOR LIFE EVENTS

_________________________________

AGES
DATES
WORLD EVENTS
Life Review Techniques

- Use aids to revive memories
  - Photo albums, historical picture books, old letters, diaries, scrap books, mementos, music, foods, smells, textures
Life Review Techniques

- Trace client’s experience based on a theme
  - e.g., pets, money, education, religion, family, love relationships, places of residence
- Encourage client to take a pilgrimage to an old home, neighborhood, workplace, reunion
- Family Life Review
- Family Tree
- Write an autobiography
Knight, 1996
Domains to be considered

- Family of origin, significant developmental issues
- Educational experiences
- Cohort membership
- Sexual history
- Love history
- Children & adult family life
- Work history
Domains to be considered (cont.)

- Sense of ethnicity, gender, social class as influences on life
- Body image & changes in body
- Religious/spiritual history or life view
- Experiences of death
- Sense of the future
Example

- Examples
- FH, CG – Integrative reminiscence
- SA – Instrumental reminiscence
- TA – Family unfinished business
Questions

What is the first thing you remember in your life? Go back as far as you can.

Who were the important people in your life when you were a child (parents, brothers, sisters, friends, people whom you were especially close to, teachers, people whom you admired, people whom you wanted to be like)?

What losses did you experience as a child?

When you think about yourself and your life as a teenager, what is the first thing you can remember about that time?

What were the pleasant things about your adolescence?

What important events occurred in your life when you were a younger adult?
Questions

Tell me about your work. Did you enjoy your work? Did you earn an adequate living? Did you work hard during those years? Were you appreciated?

What were some of the main difficulties you experienced during your adult years? How did you feel when experiencing these difficulties? How did you cope with them?

What losses have you experienced as an older adult? How did you feel after those losses? How have you coped?

What have you gained during this period?

On the whole, how would you evaluate your life? What advice would you give to others?

If you were going to live your life over again, what would you change? Leave unchanged?
Life Review Resources


James Birren & Kathryn Cochran. Telling the Stories of Life Through Guided Autobiography Groups, Johns Hopkins Univ. Press.


Life Review &
Reminiscence Resources


Life Review &
Reminiscence Resources


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References

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References


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