

Counselling Older People

A summary of the literature

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**Alison Brettle
on behalf of BACP**

Introduction and Overview

In 2004, BACP published a systematic review of the effectiveness of counselling with older people (Hill, A & Brettell, A 2004, *Counselling older people: a systematic review*) this review concluded:

Counselling is efficacious with older people, particularly in the treatment of anxiety, depression and in improving subjective well-being.

Outcomes are consistent with those found in younger populations suggesting that old-age is not a barrier to being able to benefit from counselling.

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There is a lack of research into a number of counselling approaches which are commonly-

benefit from counselling. Of the various counselling approaches CBT has the strongest evidence base and is efficacious with older people in the treatment of anxiety and depression. Although research into different counselling approaches is increasing, there is still a lack of research in these areas compared to CBT. Furthermore all the systematic reviews drew attention to methodological weaknesses in randomised controlled trials. Further studies should seek to improve the quality of trials and other types of research evidence.

This bulletin presents the evidence for systematic reviews and randomised controlled trials in summary tables. These are followed by an alphabetical listing of all the studies included.

Level of evidence: systematic review

A range of systematic reviews and meta-analyses provide evidence of the effectiveness of psychological therapies. Primarily these examine CBT as there are more trials available in this area. A number of the reviews highlight the need for research into other psychological therapies. Evidence is provided for the effectiveness of treatments for anxiety and depression in particular. All noted the lack of good quality studies that are included in their reviews and meta-analyses and the need to view the conclusions with caution.

Author	Condition	Therapy	Conclusions
Chin (2007)	General	Reminiscence	RT showed beneficial effects on happiness (SMD=1.09) and depression (SMD=0.90)
Payne, K. T. and D. K. Marcus (2008)	General	Group Psychotherapy (CBT and Reminiscence)	Results indicated that group psychotherapy benefits older adults with average <i>rs</i> of 0.42 (large) and 0.24 (medium) for pre-post and controlled designs, respectively. Clients in CBT groups improved more than those receiving reminiscence therapy. The older the average age the less they benefited. Group interventions with older adults as effective as those with younger populations.
Cuijpers, P., A. van Straten, et al. (2006)	Depression	Psychological Treatments	No differences were found between individual, group or bibliotherapy format, or between cognitive behavioral therapy and other types of psychological treatment. Psychological treatments are effective in the treatment of depression in older adults
Cuijpers, P., A. van Straten, et al. (2007)	Depression	Problem Solving Therapies	PST is more effective than inactive controls and similar in effect to active interventions
Wilson, K. C., P. G. Mottram, et al. (2008)	Depression	CBT and Psychodynamic	Cognitive behavioural therapy was more effective than waiting list controls (WMD -9.85, 95% CI -11.97 to -7.73). Results were inconclusive when comparing CBT to active control interventions. No significant difference in treatment effect between psychodynamic and CBT.
Cole, M. G. and N. Dendukuri	Depression	Brief interventions (ego support, diabetic and	Some types of brief interventions appear to have the potential to prevent depression.

(2004)		arthritis education classes, life review, group therapy, bereavement support and cognitive-behavioural depression prevention programmes)	
Hendriks, G. J., R. C. Oude Voshaar, et al. (2008).	Anxiety	CBT	Anxiety symptoms were significantly more reduced following CBT than after either a waiting-list control condition [SMD = -0.44 (95 CI: -0.84 -0.04), P = 0.03] or an active control condition [SMD = -0.51 (95 CI: -0.81, -0.21), P<0.001]. Additionally, CBT significantly alleviated accompanying symptoms of worrying and depression. CONCLUSION: Cognitive-behavioural therapy is efficacious for the treatment of late-life anxiety disorders.
Thorp, S. R., C. R. Ayers, et al. (2009)	Anxiety	CBT and Relaxation Training	Results suggest that behavioral treatments are effective for older adults with anxiety disorders and symptoms.
Lunde, L. H., I. H. Nordhus, et al. (2009)	Pain	Cognitive and Behavioural	Cognitive and behavioural interventions were effective on self-reported pain experience, yielding an overall effect size of 0.47. However, there were no significant effects of cognitive and behavioural treatment on symptoms of depression, physical functioning and medication use.
Papp, K. V., S. J. Walsh, et al. (2009)	Dementia	Cognitive	No evidence that structured cognitive intervention programs delay or slow progression to Alzheimers Disease in healthy elderly
Logsdon, R. G., S. M. McCurry, et al. (2007)	Dementia	Interventions based on psychological theories or models of behaviour change delivered or supervised by mental health professionals	The studies were conducted in the community and in residential settings. Evidence to support the effectiveness of interventions based on behaviour problem solving and individualised progressive stress lowering for treating behavioural disturbances in dementia.
Woods, B., A. Spector, et al. (2005)	Dementia	Reminiscence	The results were statistically significant for cognition (at follow-up), mood (at follow-up) and on a measure of general behavioural function (at the end of the intervention period). The improvement on cognition was evident in comparison with both no treatment and social contact

			control conditions. Care-giver strain showed a significant decrease for care-givers participating in groups with their relative with dementia, and staff knowledge of group members' backgrounds improved significantly. No harmful effects were identified on the outcome measures reported.
Bharucha, A. J., M. A. Dew, et al. (2006).	Long term care	Psychotherapy	The majority of included studies reported significant short- and, in some cases, longer-term benefits on instruments measuring depression, hopelessness, self-esteem, perceived control, and a host of other psychological variables.
Montgomery, P. and J. Dennis (2004).	Insomnia	CBT	Evidence of mild effect of CBT for sleep problems in older adults, best demonstrated for sleep maintenance insomnia. It may be that the provisions of 'top-up' or 'refresher' sessions of CBT training to improve durability of effect are worthy of investigation.

Reviews

The studies below review a range of treatments and conditions, however it was not clear from the abstract whether these were systematic reviews or meta-analyses. Therefore no judgement can be made regarding the quality of the review evidence.

Author	Condition	Therapy	
Hollon, S. D., R. B. Jarrett, et al. (2005).	Depression	Psychotherapy v medicati	

			behavioral therapy.
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Randomised Controlled Trials

The studies below provide evidence of the effectiveness (or otherwise) of a range of psychological therapies which are not covered within systematic reviews or where trials have been published since the above systematic reviews. They provide further evidence for treatments regarding anxiety and depression (particularly relating to CBT) and updated evidence for treatments for dementia. All the studies included below were randomised controlled trials, and therefore should provide good level evidence of the effectiveness of the treatments concerned, however the qual

(2004)			effects were sustained for 3.1 years after baseline, similar across gender and patient severity level, and sustained after nursing home placement or death of the patient.
May, A. M., I. Korstjens, et al. (2009)	Cancer	CBT v Physical Training	Self-management physical training had substantial and durable positive effects on cancer survivors' quality of life. Participants maintained physical activity levels once the program was completed. Combining physical training with our cognitive-behavioral intervention did not add to these beneficial effects of physical training neither in the short-term nor in the long-term. Physical training should be implemented within the framework of standard care for cancer survivors.

0.94, $p < .001$), than those who received community-based psychotherapy. We found no differences at 24 months.

Tondi, L., L. Ribani, et al. (2007).	Dementia	Validation therapy	Agitation, apathy, irritability and nighttime behaviors were the most improved items among the subjects who underwent the VT
Staal, J. A., A. Sacks, et al. (2007)	Dementia	Multi Sensory Behaviour Therapy (Snoezelen)	These data suggest that utilizing MSBT with standard psychiatric inpatient care may reduce apathy and agitation and additionalre W*n 5

Alphabetical Listing of all the studies included in the above tables

(Abstracts taken from Medline, Psychinfo, Cochrane Library and DARE)

Andersson, G., D. Porsaeus, et al. (2005). "Treatment of tinnitus in the elderly: a controlled trial of cognitive behavior therapy." *Int J Audiol* 44(11): 671-5.

The aim of the study was to investigate the effects of cognitive behavioral therapy (CBT) in elderly people with tinnitus (<65 years). Thirty-seven patients were called in for a structured interview. Following exclusion, twenty-three participated in the trial. All participants underwent medical ear, nose, and throat (ENT) examination, audiometry, and tinnitus matchings. A randomized controlled design with a waiting list control group was used. A CBT treatment package was delivered in six weekly two hour group sessions. Outcome was measured using validated self

assessment methods, and lack of detail on intervention methods. Nevertheless, the positive efficacy of these approaches, when understood within the framework of potential serious complications of pharmacotherapy for frail elders with multiple comorbidities, polypharmacy, and a narrow therapeutic index, suggests a strong need for methodologically rigorous trials of psychotherapy in the LTC setting, especially in combination with pharmacotherapy.

and hopelessness ($p = 0.04$). Regarding the factors that were associated with depression and hopelessness, 3 months after completion of the intervention, depression and hopelessness of a more severe nature at baseline and having greater unresolved conflicts in the past were extracted by multiple regression analysis. **CONCLUSIONS:** The results suggested that group life review activities have a role in assisting the developmental stage of old age and supporting mental health, and have mid- to long-term effectiveness in maintaining and improving the QOL of the elderly.

Hendriks, G. J., R. C. Oude Voshaar, et al. (2008). "Cognitive-behavioural therapy for late-life anxiety disorders: a systematic review and meta-analysis." Acta Psychiatr Scand 117(6): 403-11.

OBJECTIVE: To examine and estimate the efficacy of cognitive-

Hyer, L., C. A. Yeager, et al. (2008). "Group, individual, and staff therapy: an efficient and effective cognitive behavioral therapy in long-term care." Am J Alzheimers Dis Other Demen 23(6): 528-39.

OBJECTIVE: Depression is a major problem in long-term care (LTC) as is the lack of related empirically supported psychological treatments. This small study addressed a variant of cognitive behavioral therapy, GIST (group, individual, and staff therapy), against treatment as usual (TAU) in long-term care. **METHOD:** 25 residents with depression were randomized to GIST (n = 13) or TAU (n = 12). Outcome measures included geriatric depression scale-short form (GDS-S), life satisfaction index Z (LSI-Z), and subjective ratings of treatment satisfaction. The GIST group participated in 15 group sessions. TAU crossed over to GIST at the end of the treatment trial. **RESULTS:** There were significant differences between GIST and TAU in favor of GIST on the GDS-S and LSI-Z. The GIST group maintained improvements over another 14 sessions. After crossover to GIST, TAU members showed significant improvement from baseline. Participants also reported high subjective ratings of treatment satisfaction. **DISCUSSION:** This trial demonstrated GIST to be more effective for depression in LTC than standard treatments.

Laidlaw, K., K. Davidson, et al. (2008). "A randomised controlled trial of cognitive behaviour therapy vs treatment as usual in the treatment of mild to moderate late life depression." Int J Geriatr Psychiatry 23(8): 843-50.

OBJECTIVES: This study provides an empirical evaluation of Cognitive Behaviour Therapy (CBT) alone vs Treatment as usual (TAU) alone (generally pharmacotherapy) for late life depression in a UK primary care setting. **METHOD:** General Practitioners in Fife and Glasgow referred 114 Participants to the study with 44 meeting inclusion criteria and 40 participants providing data that permitted analysis. All participants had a diagnosis of mild to moderate Major Depressive Episode. Participants were randomly allocated to receive either TAU alone or CBT alone. **RESULTS:** Participants in both treatment conditions benefited from treatment with reduced scores on primary measures of mood at end of treatment and at 6 months follow-up from the end of treatment. When adjusting for differences in baseline scores, gender and living arrangements, CBT may be beneficial in levels of hopelessness at 6 months follow-up. When evaluating outcome in terms of numbers of participants meeting Research Diagnostic Criteria for depression, there were significant differences favouring the CBT condition at the end of treatment and at 3 months follow-up after treatment. **CONCLUSIONS:** CBT alone and TAU alone produced significant reductions in depressive symptoms at the end of treatment and at 6 months follow-up. CBT on its own

follow-ups. RESULTS: Significant effects were found in the expected direction in most of the

bright light therapy in other populations with problems of sleep timing, further research into its

between the groups was -943 euro/person per y (95% CI -1955 to -127; p = .039).

CONCLUSIONS: Psychosocial group rehabilitation was associated with lower mortality and less use of health services.

Rovner, B. W. and R. J. Casten (2008). "Preventing late-life depression in age-related

activities of daily living in hospitalized people with moderate to severe dementia more than standard care alone.

Stanley, M. A., N. L. Wilson, et al. (2009). "Cognitive behavior therapy for generalized anxiety disorder among older adults in primary care: a randomized clinical trial." JAMA 301(14): 1460-7.

CONTEXT: Cognitive behavior therapy (CBT) can be effective for late-life generalized

not treat depression primarily and/or did not include a clinically depressed sample while attempting to establish efficacy. These interventions may provide other benefits, but should not be presumed to effectively treat depression by themselves. Panelists also identified primary prevention of depression as a much under-studied area. These findings should aid individual clinicians as well as public health decision makers in the delivery of population-based mental health services in diverse community settings.

Thorp, S. R., C. R. Ayers, et al. (2009). "Meta-analysis comparing different behavioral treatments for late-life anxiety." *Am J Geriatr Psychiatry* 17(2): 105-15.

OBJECTIVE: To evaluate the efficacy of different types of behavioral treatments for geriatric anxiety (cognitive behavior therapy [CBT] alone, CBT with relaxation training [RT], and RT alone). **METHOD:** The authors compared effect sizes from 19 trials. Analyses were based on uncontrolled outcomes (comparing posttreatment and pretreatment scores) and effects relative to control conditions on both anxiety and depressive symptoms. **RESULTS:** Treatments for older adults with anxiety symptoms were, on average, more effective than active control conditions. Effect sizes were comparable to those reported elsewhere for CBT for anxiety in the general population or for pharmacotherapy in anxious older adults. CBT (alone or augmented with RT) does not seem to add anything beyond RT alone, although a direct comparison is challenging given differences in control conditions. Effects on depressive symptoms were smaller, with no differences among treatment types. **CONCLUSION:** Results suggest that behavioral treatments are effective for older adults with anxiety disorders and symptoms. Results must be interpreted with caution given the limitations of the literature, including differing sample characteristics and control conditions across studies.

Tondi, L., L. Ribani, et al. (2007). "Validation therapy (VT) in nursing home: a case-control study." *Arch Gerontol Geriatr* 44 Suppl 1: 407-11.

VT is a method for communicating with elderly people with dementia. It has been applied since 2001 at the "Istituto Giovanni XXIII" in Bologna, a public trust, housing over 500 not self-sufficient elderly people. Around 75% of these subjects suffer from cognitive impairment, associated to behavioral and psychological symptoms of dementia (BPSD) in over 35%. To assess the effectiveness of VT, we carried out a study involving 50 subjects divided in two groups, of cases and controls, made up by 27 and 23 patients, respectively. In both groups neuropsychiatric inventory (NPI) and the Bedford Alzheimer nursing severity scale (BANSS) were used before the start and after the end of the study; the case group underwent both individual and group psychiatric

study participants had to: (i) have no severe cognitive deficits; (ii) test positive for depressive status and (iii) take the same anti-depressant medication in the previous 3 months and throughout the study. Participants in the experimental group (n = 31) received 30 minutes of one-to-one self-worth therapy on 1 day a week for 4 weeks. Control group participants (n = 32) received no therapy, but were individually visited by the same research assistant, who chatted with them for 30 minutes on 1 day/week for 4 weeks. Depressive status, cognitive status and functional status were measured at baseline, immediately after the intervention and 2 months later. Data were analysed by mean, standard deviations, t-test, chi-squared test and univariate anova. FINDINGS: Self-worth therapy immediately decreased depressive symptoms relative to baseline, but not relative to control treatment. However, 2 months later, depressive symptoms were statistically significantly reduced relative to control. CONCLUSION: Self-worth therapy is an easily-administered, effective, non-pharmacological treatment with potential for decreasing depressive symptoms in older nursing home residents.

Ulstein, I. D., L. Sandvik, et al. (2007). "A one-year randomized controlled psychosocial intervention study among family carers of dementia patients--effects on patients and carers." *Dement Geriatr Cogn Disord* 24(6): 469-75.

OBJECTIVE: To test the effect of a short-term psychosocial intervention programme for

usual care group to 0.12 (10 of 86) in the stepped-care group (relative risk, 0.49; 95% confidence interval, 0.24 to 0.98). CONCLUSIONS: Indicated stepped-care prevention of depression and anxiety in elderly individuals is effective in reducing the risk of onset of these disorders and is valuable as seen from the public health perspective.

Wang, J. J. (2007). "Group reminiscence therapy for cognitive and affective function of demented elderly in Taiwan." *Int J Geriatr Psychiatry* 22(12): 1235-40.

BACKGROUND: Elderly people with cognitive impairments are often associated with depressed mood and are heavy consumers in both medical services and need in caregivers. Reminiscence is believed to be effective in improving the cognition and mood of demented people. **OBJECTIVES:** This study tested the hypothesis that structured group reminiscence therapy can prevent the progression of cognitive impairment and enhance affective function in the cognitively impaired elderly. **METHODS:** A randomized controlled trial (RCT) based on a two group pre- and post-test design was used. The experimental subjects underwent eight group sessions, one session per week. The measurements were performed using Mini-Mental State Examination (MMSE), Geriatric Depression Scale short form (GDS-SF), and Cornell Scale for Depression in Dementia (CSDD). **RESULTS:** The sample consisted of 102 subjects, with 51 in the experimental group and 51 in the control group. Results demonstrated that the intervention significantly affected cognitive function and affective function as measured by MMSE and CSDD ($p = 0.015$ and 0.026), indicating that the cognitive function of the experimental subjects increased and their depressive symptoms diminished following intervention. **CONCLUSION:** Participation in reminiscence activities can be a positive and valuable experience for demented older persons. Consequently, the development of a structured care program for elderly persons with cognitive impairment and the need for long-term care is essential. Thus, health providers in long-term care facilities should be trained in reminiscence group therapy, and to be able to deliver such a program to the targeted group.

Wetherell, J. L., C. R. Ayers, et al. (2009). "Modular psychotherapy for anxiety in older primary care patients." *Am J Geriatr Psychiatry* 17(6): 483-92.

OBJECTIVE: To develop and test a modular psychotherapy protocol in older primary care patients with anxiety disorders. **DESIGN:** Randomized, controlled pilot study. **SETTING:** University-based geriatric medicine clinics. **PARTICIPANTS:** Thirty-one elderly primary care patients with generalized anxiety disorder or anxiety disorder not otherwise specified. **INTERVENTION:** Modular form of psychotherapy compared with enhanced community treatment. **MEASUREMENTS:** Self-reported, interviewer-rated, and qualitative assessments of anxiety, worry, depression, and mental health-related quality of life. **RESULTS:** Both groups showed substantial improvements in anxiety symptoms, worry, depressive symptoms, and mental health-related quality of life. Most individuals in the enhanced community treatment condition

Journal of Geriatric Psychiatry and Irish Journal of Psychiatry were handsearched. Reference lists of previous published systematic reviews, included/excluded trial articles and bibliographies were scrutinised. Experts in the field were contacted.. **SELECTION CRITERIA:** All randomised controlled trials that included older adults diagnosed as suffering from depression (ICD or DSM criteria) were included. All types of psychotherapeutic treatments were included, categorised into cognitive behavioural therapies (CBT), psychodynamic therapy, interpersonal therapy and supportive therapies. **DATA COLLECTION AND ANALYSIS:** Meta-analysis was performed, using odds ratios for dichotomous outcomes and weighted mean differences (WMD) for continuous outcomes, with 95% confidence intervals. Primary outcomes were a reduction in severity of

144 participants had extractable data. The results were statistically significant for cognition (at follow-up), mood (at follow-up) and on a measure of general behavioural function (at the end of the intervention period). The improvement on cognition was evident in comparison with both no treatment and social contact control conditions. Care-giver strain showed a significant decrease for care-givers participating in groups with their relative with dementia, and staff knowledge of group members' backgrounds improved significantly. No harmful effects were identified on the outcome measures reported. **AUTHORS' CONCLUSIONS:** Whilst four suitable randomized controlled trials looking at reminiscence therapy for dementia were found, several were very small studies, or were of relatively low quality, and each examined different types of reminiscence work. Although there are a number of promising indications, in view of the limited number and quality of studies, the variation in types of reminiscence work reported and the variation in results between studies, the review highlights the urgent need for more and better designed trials so that more robust conclusions may be drawn.