Adaptations to Cognitive Behavioral Therapy (CBT) for Late Life Depression

Providence Care Hospital
Seniors Mental Health Outreach Program

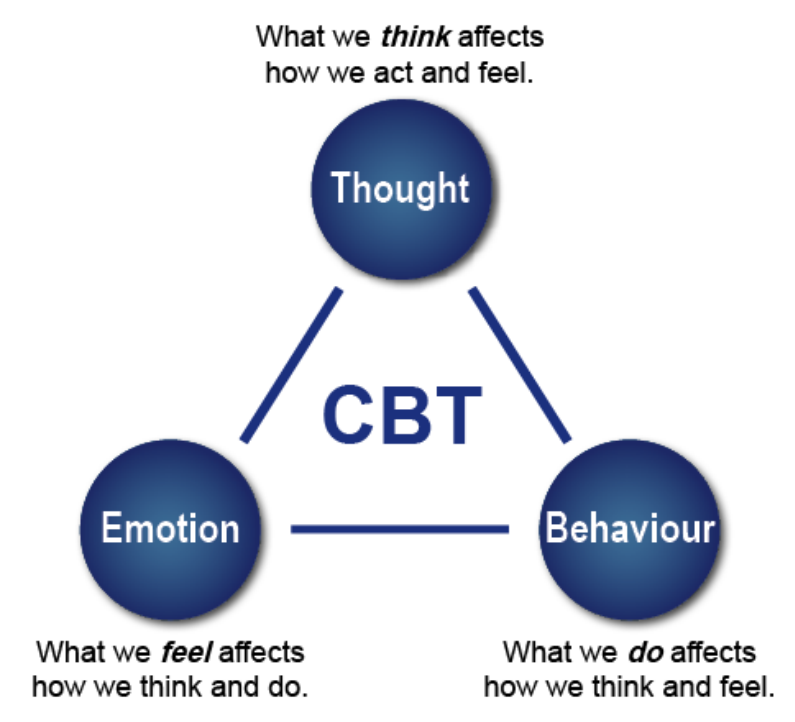
Land Acknowledgment

- I would like to humbly and gratefully acknowledge that the work I do and the services I provide are delivered on the unceded, traditional, and ancestral lands of the Coast Salish People – in particular, the xʷməθkʷəy̓əm (Musqueam), Sḵwx̱wú7mesh (Squamish), səl̓ílwətaʔ/Selilwitulh (Tsleil-Waututh).

Agenda

- Brief review of CBT and late-life depression
- Summary of article:
  - Bilbrey, A.C, Laidlaw, K., Cassidy-Eagle, E., & Thompson, L.W. (2022). **Cognitive Behavioral Therapy for Late-Life Depression: Evidence, Issues, and Recommendations.** *Cognitive and Behavioral Practice, 29,* 128-145.
- Identify challenges doing CBT with older adults
- Learn adaptations to maximize the effectiveness of CBT for late life depression
- Questions/Discussion

Brief Overview of CBT



Late-Life Depression (LLD)

- Prevalence of MDD: 2.6%; clinically significant depressive symptoms: 10-50%; higher rates in older age brackets and in LTC settings
- While depression is common in later life it is **not** a normal part of aging
- Biological and psychosocial factors contribute to LLD
- LLD is linked to poorer medical and psychosocial outcomes and increased mortality

Efficacy of CBT in older adults

- As or more effective as in middle aged and younger adults, but some unique challenges
- But limited research with oldest old (85+), medical and neurological comorbidities, and in variety of care settings
- Despite this, older adults are underrepresented in therapy. Why do you think this is?

Why are older adults underrepresented in therapy?

- Stigma
- Tendency to be stoic and self-reliant
- Greater focus on physical concerns
- Physical/cognitive limitations
- Access issues

Adapting CBT for Maximum Effectiveness in Older Adults

- Cognitive Status
  - Memory
  - Executive Function/abstraction
  - Processing Speed
- Sensory limitations
  - Hearing impairment
  - Visual impairment

Adapting CBT for Maximum Effectiveness in Older Adults

- Physical health
  - Ambulation
  - Health conditions
  - Driving
  - Pain

Adapting CBT for Maximum Effectiveness in Older Adults

- Psychosocial factors
  - Social support
  - Social isolation/loneliness
  - Coping style
  - Spiritual beliefs
  - Cultural values/practices
  - Personality factors
  - Stressors
  - Bereavement
  - Substance use
  - Caregiving burden

Additional Challenges Implementing CBT in Older Adults

- Goal Setting
- Staying on Topic
- Homework
- Where to start?
- Cognitive Restructuring

Goal Setting

- Vague goals (e.g., “feel better”)
- Psychoeducation about CBT
- Magic Wand question
  - “If I had a magic wand that I could wave and take away your problem, how would your life look different? What would you be doing that you are not doing now?”

Staying on Topic

- Managing tangential speech without harming rapport
- Set expectations/structure at outset of therapy
- Agenda
- Respectful redirections using validation and reflection

Homework

- A key component of CBT, yet probably the most challenging for this population
- Simplify, simplify, simplify and practice, practice, practice!
- Do not leave homework to the last 5-10 minutes of the session, incorporate throughout the session
- Assess confidence and fear of failure

Where to Start?

…it depends

- Usually Behavioral Activation (BA) is the best place to start, especially if working with client with cognitive limitations and social isolation
- Most "bang for your buck"
- Behavior elicits cognitive distortions
- BA can be a stand alone treatment

Behavioral Activation

- Review avoidance mood cycle and link to health
- Brainstorm pleasant activities
- Predict and problem solve barriers
- Simple tracking worksheet
- Keep note of interfering negative thoughts that are elicited and return to these in cognitive restructuring
- Start small and target activities with others

Day	Morning	Afternoon	Evening
Example:	Mindfulness practice	15 min walk	Call a friend
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Cognitive Restructuring

- Most challenging component, especially for those with cognitive impairment (rigidity)
- Adaptations:
  - Calming statements
  - The 3 C's (Catch, Check, Change) model
- Practice a lot in session prior to assigning for homework
- Helps to involve spouse, if possible

Relax and take a deep breath.

It's okay if I make a mistake.

I will take things one step at a time.

I can do this.

I can get through this, even though I am anxious.

I have gotten through difficult situations before.

I can get through this too.

Things will be okay.

Worrying about it won't help.

I am going to focus on what I *can* do.

This is not the worst thing in the world.

My anxiety won't hurt me.

This feeling will pass with time.

SITUATION What were you doing? When was it? Where were you? Who were you with?	CATCH What was going through your mind just before you starting feeling that way	CHECK Are the thoughts you identified in the previous column (Catch) helpful?	CHANGE Create a more balanced and helpful way of seeing the situation.
Thursday evening, at home, by myself, trying to complete this homework activity	I should be able to do this This is never going to work I will never feel better	No No No	This is a new skill that takes practice. My therapist said most people find this exercise hard. It will get easier and may help me feel better.

1. All-or-Nothing Thinking: You see things as completely good or completely bad. For example, if you make a mistake doing your homework activity, you think, "This is useless."

2. Jumping to Conclusions: You interpret things negatively when there are no facts to support your conclusion. For example, after the first therapy session, you think, "This is never going to work for me."

3. Mind Reading: Without checking it out, you arbitrarily conclude that someone is reacting negatively to you. For example, you walk down the driveway and wave at your neighbour and they don't wave back. You think, "They don't like me."

4. "Should statements": You tell yourself that things should be the way you hoped or expected them to be. After struggling with your homework activity you think, "I shouldn't have had such a hard time with this."

5. Catastrophizing: Thinking of the worst-case scenario. For example, "If I can't drive, then I won't be able to do anything. I might as well die."

The Lifeskills Approach

- Uses wisdom as a vehicle for change
- Wisdom develops following self-reflection in the processing of a significant life event such as overcoming adversity
- Older adults have a wealth of life experiences - a source of data to challenge negative thoughts and biases.
- Reviewing life events and how these contributed to the formation of core beliefs. These events can be viewed through a different lens (e.g., resilience) to create a new story and challenge their own negative view of self.
- This can be done using a timeline
- Follow up with behavioral experiments testing changes in self-appraisal

Summary

- Prevalence of MDD in elderly is lower than in younger and middle aged adults; however, subclinical depression is more common and has important functional impact warranting clinical intervention
- CBT is equally effective in older and younger adults
- However, important considerations and adaptations must be made to maximize the utility of CBT and clinical outcome.

Accommodations

- Keep things simple and provide plenty of repetition
- Have a clear focus and agenda for each session
- Therapist may need to take a more active stance
- Don't be afraid to interrupt tangential clients (in a respectful way)
- Written summaries and homework is vital - use large print and keep simple and short
- Consider including caregiver for homework activities
- Consistent scheduling to avoid missing sessions due to forgetfulness
- Don't tackle too much in one session!
- Be flexible – no manualized approach

Questions/Discussion

abbotta@providence.care.ca