



Edited by

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# Psychological Therapies with Older People

Developing Treatments for Effective Practice



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# Psychological Therapies with Older People

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Sigmund Freud believed that psychoanalysis (and other forms of therapy) was not suitable for people over 50 years of age. In *Psychological Therapies with Older People*, the authors demonstrate the value of a range of psychological interventions with older people, showing that it is 'not too late' to help.

With an emphasis on practical application and using a wide range of clinical examples, the authors describe the therapies most likely to be useful in a mental health service for older people, and consider the implications for service provision. Therapies covered include:

- Interpersonal therapy (IPT)
- Cognitive behaviour therapy (CBT)
- Psychodynamic and systemic therapy
- Cognitive analytical therapy (CAT)

For each treatment, the historical background and basic theoretical model is summarised before giving a description of the therapy in practice. The authors also discuss the theory of the use of evidence of efficacy and effectiveness in choosing therapeutic interventions, summarising currently available data. *Psychological Therapies with Older People* will be an invaluable resource for psychiatrists and psychologists working with older people, as well as for GPs, nurses and occupational therapists.

**Jason Hepple** is a Consultant Psychiatrist, a Cognitive Analytic Therapy Practitioner and an Honorary Fellow of Exeter University.

**Jane Pearce** is a Consultant Psychiatrist in the Department of Psychiatry of Old Age in Oxfordshire Mental Healthcare NHS Trust.

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Developing treatments for effective  
practice

Edited by Jason Hepple, Jane  
Pearce and Philip Wilkinson

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# Foreword

*Mike Hobbs*

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In contrast with the long-held and prejudicial view that older people do not have the mental flexibility to benefit from psychotherapy, increasing numbers of clinicians now recognise the value of offering psychological treatments to their older patients. Indeed, in the UK and elsewhere, national strategies state clearly that psychological therapies are integral to comprehensive mental health provision for older people, and our elders will come to expect the same access to psychological therapies as adults of working age. In response, this ground-breaking book offers the clinician an invaluable guide to an important and broad range of contemporary therapies.

The range of the psychotherapy models practised with older adults owes much to history and the creative energies of their originators and practitioners. This is recognised by the authors of this book who begin each chapter with a brief account of the background to each therapy. Some psychological therapies have long been practised with elders while others have been introduced more recently. Some are better known than others in certain parts of the world. Each model, however, has its own more or less comprehensive theoretical underpinning and rationale for clinical practice. These too are laid out clearly in each chapter.

One advantage of the limited attention given over the years to psychological therapies for older people is that there are fewer traditions, preconceptions and vested interests to constrain the development of ideas and practice. This should make it easier both to apply established models and to introduce new models of therapy to meet the specific needs of older people. One important process has been the modification of longer-established treatment models to meet the expectations of both the users and the commissioners of mental health services. For example, modifications to classical

psychoanalytic technique have led to the progressive development and research evaluation of short-term models of psychodynamic therapy which are effective, applicable and highly acceptable to older people. Their emphasis on an active, focal and time-limited approach, with integral attention to the dynamics of ending, separation and loss is very relevant to the older population. The opportunities presented by the development of psychological therapies for older people have also encouraged the application of newer models of therapy, some of which represent judicious integrations of theory and practice derived from more established models. The potential for such exciting innovation comes over in this book. Cognitive analytic therapy is one exciting approach which is proving highly acceptable to patients with a range of mental health problems, including personality disorder. Interpersonal psychotherapy has a compelling theoretical, clinical and scientific base. It is also a short-term model which is quickly learned by therapists, offering the attraction of ready application in hard-pressed mental health services for the elderly.

In Chapters 2 to 6, the editors and invited authors employ a common format for their accounts of the models of therapy that are offered most frequently by mental health services for older people: psychodynamic therapy (Mark Arden), cognitive behaviour therapy (Philip Wilkinson), systemic therapy (Jane Pearce), interpersonal psychotherapy (Mark Miller and Charles F. Reynolds III) and cognitive analytic therapy (Jason Hepple). Each adopts a practical approach to descriptions of the therapy model and the selection of patients. Clinical illustrations bring to life their accounts of how the therapy is practised. Sufficient emphasis is given to technical considerations to allow the reader an informed view of what each treatment model involves for both patient and therapist, and how therapeutic interventions are tailored to the needs of each individual patient. These therapies have several qualities in common. They are usually short-term, focused and goal- or solution-directed, and involve an active and collaborative working relationship between patient and therapist. Each may be used as a discrete and specific treatment, as a component of a broader treatment programme, or as a conceptual framework underpinning a broader management plan.

Efforts have been made to identify more systematically the models of psychotherapy that are most efficacious in the treatment of specific mental health problems. Roth and Fonagy's influential

text *What Works for Whom? A Critical Review of Psychotherapy Research* (Woods and Roth 1996) includes a short chapter addressing the psychological problems of late life in general, and those associated with organic disorders more specifically. The authors acknowledge that older people are less likely to receive psychological treatments and that there has been little research into their efficacy with this age group. They go on to identify data confirming the effectiveness of therapies and cite evidence to suggest that group therapies may be helpful in preventing relapse. The volume of scientific evidence for the effectiveness of different therapy models varies widely and, with the exception of interpersonal therapy, much of the high-quality research so far has been undertaken with adults of working age. This is not to say that other established therapies should be abandoned but that all therapies should be practised competently, evaluated systematically and the development of sound scientific evidence should be a priority. There is much that remains to be done.

The contribution of psychological methods of treatment to mental health provision for older people is now beginning to be addressed in strategic policy. Of course, the task of moving beyond political rhetoric to the realisation of this ambitious goal is enormous. The continuing commitment of policy makers, health service commissioners, and service providers will be crucial. From ground level, however, the views of older people themselves and the vision, pressure and achievements of clinicians who work with them will prove essential for success. Where there is a will, there is a way! The older people who use mental health services, and their carers, will need to expect and ask for psychological therapies both as adjuncts and as alternatives to physical methods of treatment. Clinicians of all relevant professions will need to feel empowered to develop and provide effective psychotherapies for their older patients. Very little that would assist them has yet been published, either in the form of clinical material or scientific research. This book offers welcome support by providing the relevant information required for realistic development of the aims and competences upon which this achievement will be based.

In this book, the authors achieve their goal of giving a consistent, systematic and practical account of a range of therapies. In their concluding chapter, Jason Hepple, Jane Pearce and Philip Wilkinson go on to explore how the psychotherapies described can be integrated into clinical practice within mental health services for elders.

Further attention is given to examination of the factors that are specific to the psychological treatment of older patients, with reference also to the settings and institutions in which these are practised. An overview is given of an evidence-based approach to therapies. A book that is aimed at helping older patients would not be complete, however, without a view of the developmental challenges of ageing and patients' perspectives on therapy. This is provided in an introductory chapter by Laura Sutton which, compared with the practical emphasis of the book as a whole, offers wider theoretical and personal perspectives.

The editors have successfully achieved their aim of producing a highly readable book which will be of interest to all those who work with older adults in mental health services and in other agencies, regardless of profession; and it will also prove to be of interest to psychotherapists and counsellors who are not accustomed to working with elders. It may well encourage some to extend their expertise by developing the skills necessary for psychotherapeutic work with older patients. Because this book does not assume specialist knowledge of medicine or psychology, it may also be of interest to those (including families) who care for older people, and indeed to the older people themselves to whom these psychotherapies are dedicated. This would be a fitting tribute to those who conceived and wrote it.

## Reference

- Woods, R. and Roth, A. (1996) 'Effectiveness of psychological interventions with older people', in A. Roth and P. Fonagy (eds) *What works for whom? A critical review of psychotherapy research*. New York: Guilford Press.



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# Preface

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As clinicians we have, for a number of years, been applying psychological treatment skills in our general mental health services for older people. We have often been restrained, however, from developing formal psychological treatment services when encouragement, support and supervision have been lacking. Consequently, despite the increasing pool of evidence to support their effectiveness, psychological interventions are not widely available to older people here in the United Kingdom. There appears to be a number of reasons for this. First, we believe that a lack of guidance on the application of psychological theory and practice plays an important role. How are the therapies actually practised with older people? What are the situations in which a given therapy might be helpful? How are people selected? What are the main activities of the therapy? How well does a therapy fit with other treatments or co-existing conditions? Secondly, later-life problems are frequently viewed from a biological rather than a psychological perspective and resources are allocated on that basis. Priority is therefore given to physical and social treatment methods.

In this text we have, together with Mike Hobbs, looked at the psychological therapies broadly available for patients of all ages and identified those most likely to be useful and practical in a mental health service for older people. For the purposes of this book, we have not included core psychosocial interventions for dementia such as validation, dementia care mapping and the expressive therapies.

We hope that this book will create momentum for the application of psychological therapies with older people. It is intended for professionals who have direct contact with older people facing personal difficulties, losses, illnesses or age-related changes in their lives. The

emphasis is on application. We hope that this very practical approach will stimulate interest in referring patients for therapy as well as encouraging practitioners to acquire training themselves. As this book requires little specialist knowledge, we hope it may also be helpful to potential patients and those who care for and about them.

We have been supported by a number of our colleagues. Mike Hobbs has been especially encouraging and helpful to us in this venture. We are also immensely grateful to the other authors who have contributed so willingly to this text. Martha Lewis has captured the individual and personal context for us in her artwork at the beginning of the book. We have been privileged to have worked with many people as patients. We would like to particularly thank those who have been willing for us to describe some of their experiences in therapy so that others may learn or benefit. All case material has been made anonymous or names have been changed. Elsewhere when we refer to individual patients we have usually adopted a convention of calling them 'her' simply because there are more older women.

Jane Pearce and Philip Wilkinson, Oxford  
Jason Hepple, Yeovil  
July 2001

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Our interest also owes much to those who have worked hard to promote good old age psychiatry services and training in Oxford, in particular Steve Corea, Robin Jacoby, Catherine Oppenheimer and John Robinson.

On a personal level, we would like to thank Mark Dawson, Anthony Heath, Denise and George Hepple, and Christine Warriner for their support and encouragement.

Thanks are also due to Janet George for her considerable secretarial help.

Most importantly, we wish to thank our patients who have shared their experiences with us.

# Introduction

## Contemporary views – a duel with the past

*Laura Sutton*

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Few people in the UK receive personal therapy in old age. A recent survey of 100 departments of psychotherapy in the UK concluded that compared with younger people the provision of services to older and elderly people is woefully lacking, with only a tiny number receiving therapy (Murphy 2000). In this chapter I examine the novelty of therapy in old age. First, in the account of her therapy by a client as she is forced to encounter her life's ending, expressing her experience of her therapy and what she gained from it, I aim to show how her therapy was shaped by a variety of tensions in the development of psychological therapies and psychotherapies, particularly in relation to how they position themselves with respect to 'present' and 'past'. Implications for this when working with older people in therapy will be explored, particularly in relation to issues of authenticity and the '(re)history' of the self in society.

### **The novelty of therapy in old age**

Britton and Woods (1999) note the roots of modern-day psychology in psychometric testing and say that we need to move on from this. They explain that one of the central ethical issues surrounding working with older and elderly people now is that of power. In the realm of psychometric testing, they note that 'psychometric tests may similarly be the means of power: they may be used to give a diagnosis that is used to "explain" actions and behaviours that will then never be understood' (p. 17). They go on to chart the progress of the therapies in psychology for older people, with the emergence of behavioural and cognitive therapies, the newer interest in psychodynamic and systemic approaches, as well as those therapies seen more as the province of old age such as reminiscence and

Reality Orientation. They also highlight that in all this there has not been concomitant adequate theoretical development, especially in developmental theory:

The absence of the lifespan developmental perspective from mainstream psychology should be acknowledged . . . what is required is not simply more studies specifically on older people, or comparisons of older and younger people on yet more aspects of cognition, but rather studies that reflect the psychological functioning of people across the lifespan, and which seek to make sense of individual differences.

(Britton and Woods 1999, pp. 10, 11)

This is interesting because they suggest that we need to move on from psychometric testing, only for its attendant language – that of individual differences – to be let back in by the back door. Pilgrim and Treacher (1992) explain that in order to distinguish itself from medicine/psychoanalysis, psychology as a burgeoning discipline aligned itself with emergent notions of science so that ‘The dominant tradition associated with British psychology in its first official fifty years was to be that of studying individual differences’ (Pilgrim and Treacher 1992, p. 24).

Similarly in psychotherapy, Knight (1996, 1999) rejects what he terms the ‘loss deficit paradigm’ which he says is part of the practitioner heritage in psychotherapy, in which old age is characterised as a series of losses, with depression the typical response. He is rather in favour of integrating psychotherapy and scientific gerontology. For instance, he extends Piaget’s model of intellectual development, drawing on studies that attest to the developing emotional and cognitive complexity with age. Knight argues on these bases that old age is a time of ‘post-formal’ reasoning characterised by a dialectical understanding, that is, by a greater understanding of the nature of social change and a greater appreciation that people hold different points of view. Studies have shown that older people are generally less driven by anxiety than younger people, and are less impulsive, so have a greater capacity for tolerating ambiguities and openness (Knight 1996, 1999).

Knight reaches a position similar to that of Britton and Woods (1999), namely that a contextual, cohort and maturity-based model for ageing is needed. He, Britton and Woods (1999) and Coleman (1999) all cite Erikson’s work (Erikson 1950, Erikson *et al.* 1986)