COGNITIVE THERAPY WITH OLDER ADULTS:
ARE ADAPTATIONS NECESSARY?

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Historical context of the debate

- Church, 1983: role of abstract thinking
- Thompson & Gallagher-Thompson: initial work on modifications
- Meta-analyses: Scogin and McElreath, 1994
Conclusions from outcome studies:

- Conservative (eg Gatz, 1998)
- No adaptations necessary (eg Laidlaw, 2001, 2004)
The evidence:

- Neuropsychological literature: The influence of executive functioning
- Anxiety literature and adaptations (e.g., Mohlman & Gorman, 2005; Wetherell et al., 2005)
- The “Therapeutic Alliance” (TA) factor
Executive functioning

- Neuropsychological studies: correlation between severity of depression and difficulties in executive functions (Boone et al, 1995)
- Difficulties in abstract thinking even in young depressives (Porter, 2003)
- BUT… no correlation between fluid intelligence and ability to benefit from CBT (Doubleday et al, 2002)
Anxiety studies

- Stanley et al (1996): No difference between CBT and supportive psychotherapy
- Relationship between executive functioning and treatment response in anxious older adults (Mohlman & Gorman 2005)
- Adaptations: CALM, Enhanced CBT
Non specific treatment factors

- Role of hope, rather than dysfunctional attitudes (Floyd & Scogin, 1998)
- Process outcome data: Improvement occurs in early stages (Parker et al 2003)
Research Samples vs Clinical

- ? Representative (eg Pinquart & Sorensen 2001 meta-analysis)
- Age, education and cohort effects
- What is “OLD”? 
- Co-morbidity (eg medical, cognitive dysfunction: Alexopoulos 2002)
Adaptations: HOW

- Gallagher-Thompson & Thompson programmes
- Teri: Behavioural intervention
- Developmental, gerontology model: CCMSC (Knight)
Thompson, Davies, Gallagher & Krantz 1986

- Orientation: expectations and realities
- Learning and memory
- Focusing attention
- Therapists’ views
Behavioural Interventions

- Pleasant events (Teri 1997) and activity scheduling
- Problem solving
- Relaxation and cautions!
CCMSC model (Knight 1996)

- Context (e.g., social, age segregation)
- Cohort (values, educational attainment)
- Maturation over adult life span (experience, cognitive decline)
- Specific challenges (specificity rather than blaming “ageing”)
Description of adaptations: WHO

- Acute psychiatric populations (Koder, 1996)
- Dementia (Scholey & Woods, 2003)
Some adaptations: Koder et al 1996

- More behavioural in nature
- Reinforcement strategies
- A possible role for Life Review
- Family involvement
- Gradual termination of therapy
Add… (Scholey & Woods, 2003) for more frail older adults

- Social, economic and physical limitations
- Flexible approach to session timing
- More active role of therapist
- Summarizing
Description of Adaptations:
WHAT

- Homework (Kazantzis, Pachana et al. 2003)
- Structure (Secker, Kazantzis & Pachana, 2004)
- Research design (Arean et al. 2003)
Structure: Secker et al 2004

- Set goals across several early sessions
- Agenda setting
- Bridging sessions: notes
- Session pacing: frequency and duration
- Feedback: clarification
Conclusions

- Need empiricism over clinical judgment (Beutler, 2004)
- Need to adapt process
- Preserve fundamentals of cognitive model
- Heterogeneity
- Importance of assessment: when “fundamentals” may be compromised