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ORIGINAL ARTICLE

The effectiveness of counselling with older people: Results of a systematic review

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Abstract

In 2003 the British Association for Counselling and Psychotherapy (BACP) commissioned a systematic review of the research evidence relating to counselling older people. This paper reports on some of the findings of this review, particularly those which address the effectiveness of counselling with this population. Electronic searches of the research literature spanned 6 databases and were supplemented by hand-searches of reference lists and key journals, along with an extensive search of the ''grey'' literature. The location of papers testing interventions which fall within a definition of counselling set out by the BACP, with samples aged 50 years of age or above resulted in the inclusion of 47 relevant studies. Studies investigated a variety of mental health problems in older people, particularly depression, anxiety, dementia and the psychological impact of physical conditions such as chronic obstructive pulmonary disease. Of the 47 studies 8 tested counselling as a generic treatment, 15 tested cognitive behavioural therapy, 13 tested reminiscence therapy, and 11 tested various other specific approaches. The review concluded that counselling is efficacious with older people, particularly in the treatment of anxiety and depression and outcomes are consistent with those found in younger populations. Evidence as to the efficacy of counselling interventions in the treatment of dementia is weak.

Keywords: *Older people, ageing, counselling, psychotherapy, depression, anxiety, dementia, systematic review*

Introduction

The ageing of the UK population is well-documented. In 2002, based on mid-year estimates, from a total population of 59,229,000, 18.4% were over pensionable age (Age Concern, 2003). In England alone, since the early 1930's, the number of people aged over 65 has more than doubled. Between 1995 and 2025 the number of people over the age of 80 is set to increase by almost a half and the number of people over 90 will double (Department of Health, 2001). The prevalence of certain health problems rises incrementally with age: for example in the case of dementia 1 in 20 people aged 65 and over, and 1 in 5 people aged 80 and over will develop the condition (Age Concern, 2003). The Government's National Service Framework for older people has been developed in response to these demographic trends and the consequential urgent need to expand health and social care services for older people. An extra £1.4 billion per year has been committed to health and social care for older people. This includes an extra 2,500 therapists and other professionals to provide person-centred care, which meets individual needs, supports independence and sustains older people within the community (Department of Health, 2001).

The importance of mental health care for older people as an area of public policy has been recognised by government, the under-detection of mental illness in older people having been identified as a key issue. Depression in people aged 65 and over is especially under-diagnosed particularly among residents in care homes, perhaps indicative of a general tendency for mental health problems in older people to be perceived as an inevitable consequence of ageing, rather than as health problems per se which are responsive to treatment (Department of Health, 1999).

The National Service Framework calls for mental health treatment for older people to be multi-disciplinary, community-orientated and evidence-based. The systematic review on which this paper is based was commissioned by BACP to investigate whether there is evidence to support the use of counselling interventions in this area of health service provision.

Scope

The scope of the study was refined in relation to the intervention, the population, study type and the time period to be searched. Counselling was defined using

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terms developed by BACP in its Ethical Framework (BACP, 2002) and by McLeod (2001) describing a treatment which is entered into voluntarily, is responsive to the client's individual needs, and requires flexibility of response from the therapist. The intended outcome is to bring about change in the domains of psychological and behavioural functioning. This definition is applicable to both group and individual interventions and so both modalities were included in the review. Psychosocial interventions which are primarily educative, advisory or directed at treatment adherence did not fall within our definition of counselling. Examples of these would be psychoeducational classes or psychological interventions directed at smoking cessation, weight-loss or exercise. While for the purposes of the review a definition of older people in terms of age-limit was required, no attempt was made to define old-age in any wider sense. The review was guided by terms used by researchers in individual studies to arrive at a consensual age-limit. The starting point was to search for the use of terms such as old-age, late-life, geriatric, senior citizen and then to identify the age-limits used in the various studies to define such terms. A large number of studies used 60 years as a definition. But a significant number of studies used the lower limit of 55 years and a small number defined old-age as 50 years and above. To include as much relevant research as possible, studies with an age limit of 50 years and over were included in the review.

The review sought not only systematically to locate, appraise and synthesize evidence from scientific studies in order to obtain a reliable overview, as defined by the NHS Centre for Reviews and Dissemination (NHS Centre for Reviews and Dissemination, 1996) but also, as with other systematic reviews that focus on social rather than purely clinical interventions (Long et al., 2002), to adopt an inclusive approach to study type and include quantitative, qualitative and mixed-method designs. Because of resource limitations search strategies were restricted to the period from 1985 onwards and to papers written in English. The complete review, including full details of the methodology, findings and summaries of the papers reviewed can be found in the final report (Hill and Brettle, 2004).

Methods

Locating the evidence

Scoping searches to identify relevant search terms and key words were performed initially, followed by comprehensive searches of the following 6 databases: Medline (biomedical information), Cinahl (nursing and allied health), Cochrane Database of Systematic Reviews and Dare (systematic reviews of interventions), PsycInfo (psychological literature), Caredata (social work and social care literature) and Counsellit (Counselling literature). A full report of search strategies can be found in Hill and Brettle (2004). These databases were selected on the basis that, as they cover a range of perspectives they were likely to produce a comprehensive set of studies on the topic area. Electronic database searching was supplemented by the hand-searching of 10 journals, searching the reference lists of relevant papers, an extensive call for unpublished or ''grey'' literature and a search of relevant Internet sites (see Hill and Brettle, 2004). The search process initially located a potential 2646 studies for inclusion, followed by a further 60 studies located from the hand-searching of reference lists. The following inclusion criteria were developed and applied to each potentially relevant study.

To be included in the review studies had to:

- address at least one of 3 dimensions relating to the delivery of counselling (effectiveness, appropriateness or feasibility),
- test interventions which fall within the BACP definition of counselling,
- draw samples from populations which were clearly 50 years of age or above.

When scanned for relevance just 47 of these studies met the criteria and were included in the review. These studies were critically appraised and formed the basis of the review's findings.

Evaluating and synthesizing the evidence

The 47 studies were critically appraised independently by 2 reviewers from of a team of 9, using a set of quality checklists (for quantitative, qualitative and mixed method studies) developed at the University of Salford (Long et al., 2002, Health Care Practice R&D Unit, 2003). The final summary review of each paper and the quality assessment was agreed by both reviewers.

Quality of papers

The quality of papers was graded as being either excellent, good, fair or poor using the criteria specified on the checklists. The summaries of each paper provided by the reviewers were categorised by intervention and quality-grading. Figure 1 provides an overview of the search and review process.

Results

Quality of the evidence

Twenty of the studies included in the review were randomised controlled trials, making this the most commonly-used study design. A further twelve used pre- and post- test measures but lacked either a

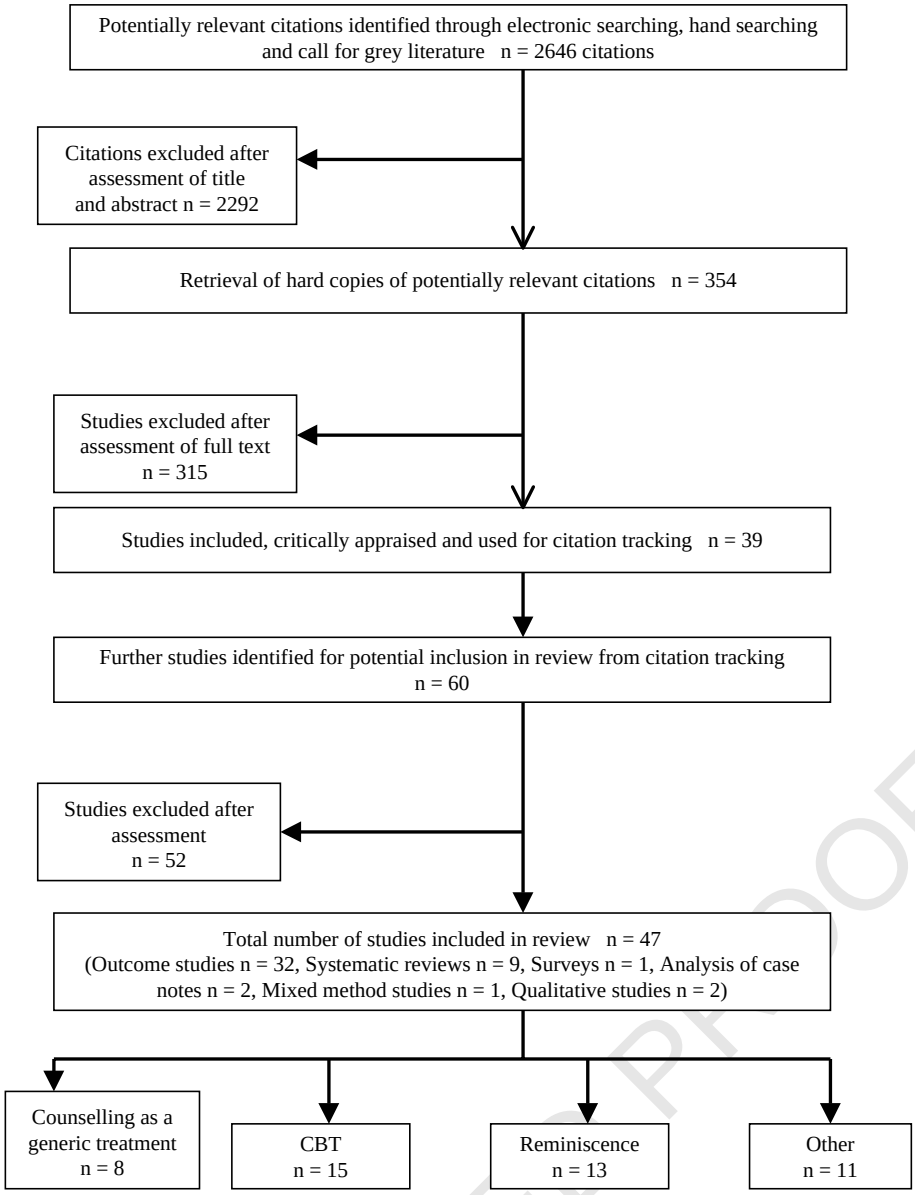

Figure 1. Overview of literature search and retrieval.

control condition or randomised allocation to groups. In the case of six of these twelve, both of these characteristics were lacking. Additionally, there were nine systematic reviews, one survey, one mixed-method study, one statistical analysis of case notes and just three qualitative studies. The preponderance of randomised controlled trials and systematic reviews among the studies indicates that, in addressing the issue of effectiveness the body of research represents good evidence. In the appraisal of individual studies independent reviewers rated 3 as excellent, 22 as good, 17 as fair and 5 as poor, indicating that over 50% of studies were either excellent or good in quality. Those studies that were rated as excellent or good were used to draw together the findings which are presented below.

Interventions and their effects

Studies tested a range of therapeutic approaches. There were 15 studies of cognitive-behavioural and related therapies and 14 studies of reminiscence and life review therapy, these constituting the most researched of the different approaches. A number of studies (n = 8), predominantly systematic reviews, investigated counselling as a generic treatment. There remained a number of less frequently-researched interventions: interpersonal therapy (IPT) (n = 3), supportive counselling (n = 3), psychodynamic therapy (n = 2), validation therapy (n = 3), task-centred therapy (n = 2), gestalt therapy (n = 2) and group psychotherapy based on the work of Yalom (1985) (n = 1). Just over half of the studies were of group interventions, the remainder being investigations of either individual therapy alone or a mixture of group and individual.

Counselling as a generic form of treatment

Rather than investigating the effects of a particular type of therapy, such as psychodynamic psychotherapy or cognitive behavioural therapy, a number of

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Table 1. Therapeutic approaches and study quality.

Quality Rating	Counselling as a Generic Treatment	Cognitive Behavioural Therapy	Reminiscence Therapy	Other
Excellent		Stanley et al (2003)	Spector et al (2003)	**VT** Neal and Briggs (2003)
Good	Arean et al (2002) Cuijpers (1998) Engels and Vermey (1997) Gorey and Cryns (1991) Mosher-Ashley (1994) Pinquart and Sorensen (2001) Scogin and McElreath (1994)	Barrowclough et al (2001)**[SC]** Kemp et al (1992) Kunik et al (2001) Lynch et al (2003) Stanley et al (1996)**[SC]** Thompson et al (2001) Thompson et al (1987)**[PT]** Zerhusen et al (1991)	Baines et al (1987) Watt and Cappeliez (2000)	**IPT** Miller et al. (2003) Mossey et al. (1996) **VT** Toseland et al. (1997) **GT** O'Leary and Nieuwstraten (2001) **YGT** Young and Reed (1995)
Fair	Gatz et al (1998)	Abraham et al (1992) Brand and Clingempeel (1992) Doubleday et al (2002)**[SC]** Gallagher-Thompson et al (1990)**[PT]**	Goldwasser et al (1987) Haight (1988) Hseih and Wang (2003) McDougall et al (1997) Parsons (1986) Rattenbury and Stones (1989) Youssef (1990)	**IPT** Lenze et al. (2002) **VT** Morton and Bleathman (1991) **TCT** Kaufman et al. (2000) Klausner et al. (1998) **GT** O'Leary et al. (2003)
Poor		Harp-Scates et al (1985) Thompson SBN (2001)	Berghorn and Schafer (1987) Blankenship et al (1996) Orten et al (1989)	

Abbreviations: **VT** = validation therapy; **IPT** = interpersonal therapy; **GT** = gestalt therapy; **YGT** = Yalom's group therapy; **TCT** = task-centred therapy; **SC** = supportive counselling used as a comparison condition in a study of CBT; **PT** = psychodynamic therapy used as a comparison condition in a study of CBT.

studies, predominantly systematic reviews, have analysed the effects of counselling as a generic form of treatment. Some of these studies have concluded that counselling is effective in relation to treating depression in older people. This includes a statistical meta-analysis of 122 studies by Pinquart and Sorensen (2001) who concluded that psychotherapy promotes improvements in depression and psychological well-being and that the effect-size of psychotherapeutic interventions is moderate to large. In this study psychotherapeutic interventions changed self-rated depression and other measures of psychological well-being by about one half standard deviation and clinician-rated depression by more than one standard deviation. Engels and Vermey (1997) in their meta-analysis of 17 studies found that the mean treated client with depression was better off than 74% of participants in control conditions. Scogin and McElreath (1994) found that psychological interventions are at least moderately and, more likely, highly effective in the treatment of depression in older people. Their statistical meta-analysis of 17 studies found an overall mean effect size of .78, comparing favourably with the figure of .73 obtained by Robinson et al. (1990) in their review of psychotherapy for depression across all adult ages. These results are supported by Thompson et al. (1987) who, in a study of depression, found that despite older people being likely to experience a high frequency of physical and psychological stressors in their lives, therapeutic outcomes are consistent with results reported for younger patients treated with similar types of counselling.

When comparing different counselling approaches Scogin and McElreath (1994) found no clear superiority for any one system of psychotherapy in the treatment of geriatric depression. Likewise, Gorey and Cryns (1991) in their meta-analysis of 19 studies found all types of group therapy equally effective in the treatment of depression in later life. They also found that the age of participants had no impact on the effectiveness of the intervention.

Cognitive-behavioural and related therapies

Cognitive-behavioural therapy (CBT) is the most widely-researched intervention and so, of all the therapeutic approaches, is supported by the greatest weight of evidence. The evidence showed that CBT is effective for depression and anxiety in older people and there is also evidence of the effectiveness of CBT in treating the co-morbid psychological problems associated with physical illness.

Depression

A review by Cuijpers (1998) noted that there is a non-significant trend that cognitive behavioural therapy may be more effective than other therapies in the treatment of depression. This is supported by Pinquart and Sorensen's review (2001) which concludes that cognitive behavioural therapy is especially recommended to improve the subjective well-being of older adults. Engels and Vermey (1997) found that behaviour therapy and cognitive therapy as separate interventions were more effective than other forms of therapy and better than the two in combination (i.e. CBT). Zerhusen et al. (1991) found that a group cognitive therapy intervention resulted in a statistically-significant improvement in ratings for depression among nursing home residents with moderate to severe depression. In the treatment of elderly outpatients, in combination with the anti-depressant

desipramine, Thompson et al. (2001) found that CBT produced significantly greater improvements than the drug treatment alone. A study by Lynch et al. (2003) which combined anti-depressant medication with dialectical behaviour therapy in the treatment of depressed older adults produced similar results.

Anxiety

Studies report that CBT has produced beneficial effects in the treatment of late-life anxiety. Stanley et al. (2003) found improvements not only post-treatment but at one year follow-up, results which are supported by Barrowclough et al. (2001), who found that at 12 month follow-up 71% of patients showed a good treatment response with regard to anxiety symptoms. In this latter study CBT was also found to be more effective than supportive counselling.

Physical illness and co-morbid psychological problems

Two studies found CBT effective when treating older people suffering from physical illnesses and comorbid psychological problems. Using measures of both anxiety and depression, Kunik et al. (2001) discovered beneficial effects from a brief group CBT intervention among a group of older people suffering from chronic obstructive pulmonary disease. Similarly, when comparing the effects of CBT on two groups of depressed older people, one with disabling physical illnesses and one without, Kemp et al. (1992) found substantial and equivalent decreases in depression in both groups. A number of studies found CBT to be as effective as other interventions. For example, Thompson et al. (1987) found cognitive and behavioural interventions as effective in the treatment of depression as psychodynamic psychotherapy. Stanley et al. (1996) found both CBT and supportive counselling equally effective in the treatment of generalised anxiety disorder.

Reminiscence therapy and life-review

The evidence relating to reminiscence therapy and life-review was more equivocal. Positive effects were discerned by Baines et al. (1987) who found that to treat confused elderly people firstly with reality orientation and subsequently with reminiscence therapy led to significant improvements on measures of cognition, communication and behaviour even at 4 weeks post-treatment. Similarly, Watt and Cappeliez (2000), having developed two types of reminiscence therapy which integrate cognitive approaches, found that the interventions led to significant improvements among depressed older adults and moderate to high effect-sizes were maintained at 3 months follow-up. However Spector et al., in their Cochrane review (2003), found insufficient data to reach firm conclusions about the effectiveness of reminiscence therapy as a treatment for dementia, and acknowledged the need for further research.

Other therapies

There are a number of counselling approaches for which there is little research evidence but are noteworthy as they may be commonly used in practice. The evidence provided is mainly positive particularly in the treatment of depression. However, more research is needed in these areas.

Interpersonal therapy (IPT). There is only a small amount of research into IPT. However, a number of studies have found positive outcomes; for example Mossey et al. (1996) treated a large sample of medically-ill, hospitalised patients suffering from sub-clinical depression with brief interpersonal counselling and found significant improvements at 6 months from the commencement of the intervention. Miller et al. (2003) have investigated the use of IPT in maintaining recovery from major depression. They found that IPT was superior to medication alone in preventing a recurrence of depression in those patients experiencing role conflict, suggesting that IPT may be particularly effective with specific types of problem.

Psychodynamic therapy. In their systematic review Pinquart and Sorensen (2001) note that there are very few published studies on the effects of psychodynamic interventions. The evidence which is available suggests that psychodynamic therapy is as effective as cognitive or behavioural approaches in the treatment of depression (Thompson et al., 1987).

Supportive counselling. As with psychodynamic therapy, Pinquart and Sorensen (2001) note the need for more research into supportive or client-centred counselling. Having compared CBT with supportive counselling in the treatment of anxiety, Barrowclough et al. (2001) conclude that both CBT and supportive counselling provided effective treatment. In a similar study Stanley et al. (1996) found both supportive counselling and CBT produced large effect-sizes and no significant differences in outcomes between the 2 interventions could be discerned in the treatment of anxiety and depression and the enhancement of quality of life.

Validation therapy. Developed by Naomi Feil (1982), like reminiscence and life review therapy, validation therapy is an approach specifically designed for older people, particularly those with dementia. However there is little evidence of its effectiveness. In their Cochrane review, although noting that observational studies suggest there may be some positive effects, Neal and Briggs (2003) located only two studies of sufficient quality and so found insufficient evidence to draw any firm conclusions as to the efficacy of validation therapy for older people with dementia or

What does this study tell us?

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cognitive impairment. One of the two studies reviewed by Neal and Briggs (Toseland et al., 1997) is in itself inconclusive, stating that although the nursing staff caring for the clients noted improvements in the behaviour of those treated with the intervention, these findings were not supported by independent observers.

Task-centred therapy. The review included just 2 studies of what may be termed task-centred therapy (Kaufman et al., 2000 and Klausner et al., 1998). The former aimed to test the feasibility of providing therapy in clients' own homes and the latter compared task centred therapy with reminiscence therapy for depression. As these studies were rated as only fair in quality it is difficult to draw any firm conclusions about the efficacy of this type of intervention with older people.

Gestalt therapy. O'Leary and Nieuwstraten (2001) in their qualitative study which aimed to explore the types of memories emerging during reminiscence therapy, found that gestalt reminiscence therapy elicited certain types of memory which were posited as being therapeutic.

Discussion

The efficacy of counselling with older people

The significant number of systematic reviews and good-quality RCT's included in this review produce strong evidence that counselling is efficacious with older people, particularly in the treatment of anxiety, depression and in improving subjective well-being. The fact that outcomes are consistent with those found in younger populations indicates that age is not a factor in being able to benefit from counselling. Additionally evidence indicates (Kemp et al., 1992) that the existence of some of the physical illness prevalent in old age does not decrease the effectiveness of counselling when targeting comorbid depression.

Of the various counselling approaches CBT has the strongest evidence base and is efficacious with older people in the treatment of anxiety and depression. Evidence as to the efficacy of reminiscence therapy and life review in the treatment of dementia and cognitive decline is weak, but consideration should be given to the chronic and debilitating nature of these conditions as compared with more treatable disorders such as anxiety and depression. As reported by Goldwasser et al. (1987)a study judged as being fair in quality, it may be that, despite having a neutral effect on the long-term symptoms of dementia, interventions such as reminiscence therapy could play a role in maintaining the quality of life of such a population. Inevitably, the growth in numbers of older people in the UK population will lead to an increase in cases of dementia and cognitive decline, which in turn drives the need for effective treatments and early intervention.

More generally, the lack of research into a number of counselling approaches which are frequently used in practice (interpersonal, psychodynamic, client-centred, validation, task-centred and gestalt) indicates the need for more investigation of these interventions. The potential value of all of these approaches is underlined by the fact that when different therapeutic approaches are tested against each other with this population, outcomes are not significantly different, indicating an absence of superiority of any one particular type of counselling.

Conclusion

Counselling interventions have an important role to play with older people particularly in the treatment of anxiety and depression and age should not be seen as an obstacle to deriving benefit from this treatment. In the treatment of dementia, counselling does not appear to have a significant impact on symptoms in the long term but may help to improve the quality of life of sufferers in the short-medium term. Whereas it has not been the objective of this study to compare the effectiveness of counselling with pharmacological treatments, there is evidence to conclude that counselling provides a viable treatment option for older people and one which does not add to the list of medications that older people are often prescribed for the various physical ailments associated with this time of life.

References

Abraham, I. L., Neundorfer, M. M., & Currie, L. J. (1992). Effects of group interventions on cognition and depression in nursing home residents. *Nursing Research*, *41*, 196–202.

Age Concern (2003). *Information and advice: general statistics 2003*. http://www.ageconcern.org.uk/AgeConcern/information_2662.htm (accessed 6 June 2004).

Arean, P. A., Alvidrez, J., Barrera, A., Robinson, G. S., & Hicks, S. (2002). Would older medical patients use psychological services? *Gerontologist*, *42*, 392–398.

BACP (2002). *Ethical Framework for Good Practice in Counselling and Psychotherapy*. Rugby: British Association for Counselling and Psychotherapy.

Baines, S., Saxby, P., & Ehlert, K. (1987). Reality orientation and reminiscence therapy: A controlled cross-over study of elderly confused people. *British Journal of Psychiatry*, *151*, 222–231.

Barrowclough, C., King, P., Colville, J., Russell, E., Burns, A., & Tarrier, N. (2001). A randomized trial of the effectiveness of cognitive-behavioral therapy and supportive counseling for anxiety symptoms in older adults. *Journal of Consulting & Clinical Psychology*, *69*, 756–762.

Berghorn, F. J., & Schafer, D. E. (1986). Reminiscence intervention in nursing homes: What and who changes? *International Journal of Aging and Human Development*, *24*, 113–127.

Blankenship, L. M., Molinari, V., & Kunik, M. (1996). The effect of a life review group on the reminiscence functions of geropsychiatric inpatients. *Clinical Gerontologist*, *16*, 3–19.

Brand, E., & Clingempeel, W. G. (1992). Group behavioral therapy with depressed geriatric inpatients: An assessment of incremental efficacy. *Behavior Therapy*, *23*, 475–482.

Cuijpers, P. (1998). Psychological outreach programmes for the depressed elderly: a meta-analysis of effects and dropout. *International Journal of Geriatric Psychiatry*, *13*, 41–48.

Department of Health (1999). *National Service Framework for Mental Health.* London: Department of Health. http://www.doh.gov.uk/nsf/olderpeopleshortsummary.htm

Department of Health (2001). *National service framework for older people* http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4003066&chk=wg3bg0 (accessed 15 July 2004).

Doubleday, E. K., King, P., & Papageorgiou, C. (2002). Relationship between fluid intelligence and ability to benefit from cognitive-behavioural therapy in older adults: a preliminary investigation. *British Journal of Clinical Psychology*, *41*, 423–428.

Engels, G. I., & Vermey, M. (1997). Efficacy of non-medical treatment of depression in elders: A quantitative analysis. *Journal of Clinical Geropsychology*, *3*, 17–34.

Feil, N. (1982). *Validation The Feil Method. How to help the disorientated old-old.* Cleveland: Feil Productions.

Gallagher-Thompson, D., Hanley-Peterson, P., & Thompson, L. W. (1990). Maintenance of gains versus relapse following brief psychotherapy for depression. *Journal of Consulting & Clinical Psychology*, *58*, 371–374.

Gatz, M., Fiske, A., Fox, L. S., Kaskie, B., Kasl Godley, J. E., McCallum, T. J., & Wetherell, J. L. (1998). Empirically validated psychological treatments for older adults. *Journal of Mental Health and Aging*, *4*, 9–46.

Goldwasser, A. N., Auerbach, S. M., & Harkins, S. W. (1987). Cognitive, affective, and behavioral effects of reminiscence group therapy on demented elderly. *International Journal of Aging and Human Development*, *25*, 209–222.

Gorey, K. M., & Cryns, A. G. (1991). Group work as interventive modality with the older depressed client: A meta-analytic review. *Journal of Gerontological Social Work*, *16*, 137–157.

Haight, B. K. (1988). The therapeutic role of a structured life review process in homebound elderly subjects. *Journal of Gerontology*, *43* (2), 40–44.

Harp Scates, S. K., Randolph, D. L., Gutsch, K. U., & Knight, H. V. (1985). Effects of cognitive-behavioral, reminiscence, and activity treatments on life satisfaction and anxiety in the elderly. *International Journal of Aging & Human Development*, *22*, 141–146.

Health Care Practice R&D Unit (2003). Quality checklists for critical appraisal. http://www.fhsc.salford.ac.uk/hcprdu/assessment (accessed 2 August 2005).

Hill, A., & Brettle, A. (2004). *Counselling older people: a systematic review.* Rugby: British Association for Counselling and Psychotherapy.

Hsieh, H. F., & Wang, J. J. (2003). Effect of reminiscence therapy on depression in older adults: a systematic review. *International Journal of Nursing Studies*, *40*, 335–345.

Kaufman, A. V., Scogin, F. R., MaloneBeach, E. E., Baumhover, L. A., & McKendree Smith, N. (2000). Home-delivered mental health services for aged rural home health care recipients. *Journal of Applied Gerontology*, *19*, 460–475.

Kemp, B. J., Corgiat, M., & Gill, C. (1992). Effects of brief cognitive-behavioural group psychotherapy on older adults with and without disabling illness. Behaviour. *Health & Aging*, *2*, 21–28.

Klausner, E. J., Clarkin, J. F., Spielman, L., Pupo, C., Abrams, R., & Alexopoulos, G. S. (1998). Late-life depression and functional disability: the role of goal-focused group psychotherapy. *International Journal of Geriatric Psychiatry*, *13*, 707–716.

Kunik, M. E., Braun, U., Stanley, M. A., Wristers, K., Molinari, V., Stoebner, D., & Orengo, C. A. (2001). One session cognitive behavioural therapy for elderly patients with chronic obstructive pulmonary disease. *Psychological Medicine*, *31*, 717–723.

Lenze, E. J., Dew, M. A., Mazumdar, S., Begley, A. E., Cornes, C., Miller, M. D., Imber, S.D., Frank, E., Kupfer, D. J., & Reynolds, C. F., III (2002). Combined pharmacotherapy and psychotherapy as maintenance treatment for late-life depression: effects on social adjustment. *American Journal of Psychiatry*, *159*, 466–468.

Long, A. F., Godfrey, M., Randall, T., Brettle, A., & Grant, M. (2002). *Developing evidence based social care policy and practice: part three: Feasibility of undertaking systematic reviews in social care.* Leeds: University of Leeds, Nuffield Institute for Health.

Lynch, T. R., Morse, J. Q., Mendelson, T., & Robins, C. J. (2003). Dialectical behavior therapy for depressed older adults: a randomized pilot study. *American Journal of Geriatric Psychiatry*, *11*, 33–45.

McDougall, G. J., Blixen, C. E., & Suen, L. J. (1997). The process and outcome of life review psychotherapy with depressed homebound older adults. *Nursing Research*, *46*, 277–283.

McLeod, J. (2001). *Counselling in the Workplace: The Facts.* Rugby: British Association for Counselling and Psychotherapy.

Miller, M. D., Frank, E., Cornes, C., Houck, P. R., & Reynolds, C. F., III (2003). The value of maintenance interpersonal psychotherapy (IPT) in older adults with different IPT foci. *American Journal of Geriatric Psychiatry*, *11*, 97–102.

Morton, I., & Bleathman, C. (1991). The effectiveness of validation therapy in dementia: A pilot study. *International Journal of Geriatric Psychiatry*, *6*, 327–330.

Mosher Ashley, P. M. (1994). Therapy termination and persistence patterns of elderly clients in a community mental health center. *Gerontologist*, *34*, 180–189.

Mossey, J. M., Knott, K. A., Higgins, M., & Talerico, K. (1996). Effectiveness of a psychosocial intervention, interpersonal counseling, for subdysthymic depression in medically ill elderly. *Journal of Gerontology: Medical Sciences*, *51A* (4), M172–M178.

Neal, M, & Briggs, M. (2003). Validation therapy for dementia. In *The Cochrane Library*, Issue 2, Oxford: Update Software.

NHS Centre for Reviews and Dissemination (1996). *Undertaking systematic reviews of research on effectiveness: CRD guidelines for those carrying out or commissioning reviews.* York: NHSCRD.

O'Leary, E., & Nieuwstraten, I. M. (2001). The exploration of memories in Gestalt reminiscence therapy. *Counselling Psychology Quarterly*, *14*, 165–180.

O'Leary, E., Sheedy, G., O'Sullivan, K., & Thoresen, C. (2003). Cork Older Adult Intervention Project: outcomes of a gestalt therapy group with older adults. *Counselling Psychology Quarterly*, *16*, 131–143.

Orten, J. D., Allen, M., & Cook, J. (1989). Reminiscence groups with confused nursing center residents: an experimental study. *Social Work in Health Care*, *14*, 73–86.

Parsons, C. L. (1986). Group reminiscence therapy and levels of depression in the elderly. *Nurse Practitioner*, *11*, 68–76.

Pinquart, M., & Sorensen, S. (2001). How effective are psychotherapeutic and other psychosocial interventions with older adults? A meta-analysis. *Journal of Mental Health and Aging*, *7*, 207–243.

Rattenbury, C., & Stones, M. J. (1989). A controlled evaluation of reminiscence and current topics discussion groups in a nursing home context. *Gerontologist*, *29*, 768–771.

Robinson, L. A., Berman, J. S., & Neimeyer, R. A. (1990). Psychotherapy for the treatment of depression: A comprehensive review of controlled outcome research. *Psychological Bulletin*, *108*, 30–49.

Scogin, F., & McElreath, L. (1994). Efficacy of psychosocial treatments for geriatric depression: a quantitative review. *Journal of Consulting & Clinical Psychology*, *62*, 69–74.

Spector, A., Orrell, M., Davies, S., & Woods, R. T. (2003). Reminiscence therapy for dementia (Cochrane Review). In *The Cochrane Library.* Issue 3, Oxford: Update Software.

Stanley, M. A., Beck, J. G., & Glassco, J. D. (1996). Treatment of generalized anxiety in older adults: A preliminary comparison of cognitive-behavioral and supportive approaches. *Behavior Therapy*, *27*, 565–581.

Stanley, M. A., Beck, J. G., Novy, D. M., Averill, P. M., Swann, A. C., Diefenbach, G. J., & Hopko, D. R. (2003). Cognitive-behavioral

treatment of late-life generalized anxiety disorder. *Journal of Consulting and Clinical Psychology*, *71*, 309–319.

Thompson, L. W., Coon, D. W., Gallagher-Thompson, D., Sommer, B. R., & Koin, D. (2001). Comparison of desipramine and cognitive/behavioral therapy in the treatment of elderly outpatients with mild-to-moderate depression. *American Journal of Geriatric Psychiatry*, *9*, 225–240.

Thompson, S. B. N. (2001). Cognitive therapy in cognitive rehabilitation: eight region study of older adults. *Journal of Cognitive Rehabilitation*, *19*, 4–7.

Thompson, L. W., Gallagher, D., & Steinmetz Breckenridge, J. (1987). Comparative effectiveness of psychotherapies for depressed elders. *Journal of Consulting and Clinical Psychology*, *55*, 385–390.

Toseland, R. W., Diehl, M., Freeman, K., Manzanares, T., Naleppa, M., & McCallion, P. (1997). The impact of validation group therapy on nursing home residents with dementia. *Journal of Applied Gerontology*, *16*, 31–50.

Watt, L. M., & Cappeliez, P. (2000). Integrative and instrumental reminiscence therapies for depression in older adults: intervention strategies and treatment effectiveness. *Aging & Mental Health*, *4*, 166–177.

Yalom, I. (1985). *The theory and practice of group psychotherapy* (3rd ed.). New York: Basic Books.

Young, C. A., & Reed, P. G. (1995). Elders' perceptions of the role of group psychotherapy in fostering self-transcendence. *Archives of Psychiatric Nursing*, *9*, 338–347.

Youssef, F. A. (1990). The impact of group reminiscence counseling on a depressed elderly population. *Nurse Practitioner*, *15*, 32–38.

Zerhusen, J. D., Boyle, K., & Wilson, W. (1991). Out of the darkness: group cognitive therapy for depressed elderly. *Journal of Psychosocial Nursing & Mental Health Services*, *29*, 16–21.