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<http://dx.doi.org/10.1080/14733140500510374>

Title	The effectiveness of counselling with older people: results of a systematic review
Authors	Hill, A and Brettle, A
Type	Article
URL	This version is available at: http://usir.salford.ac.uk/1098/
Published Date	2005

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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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What does this study explore?

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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 psycho-educational 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

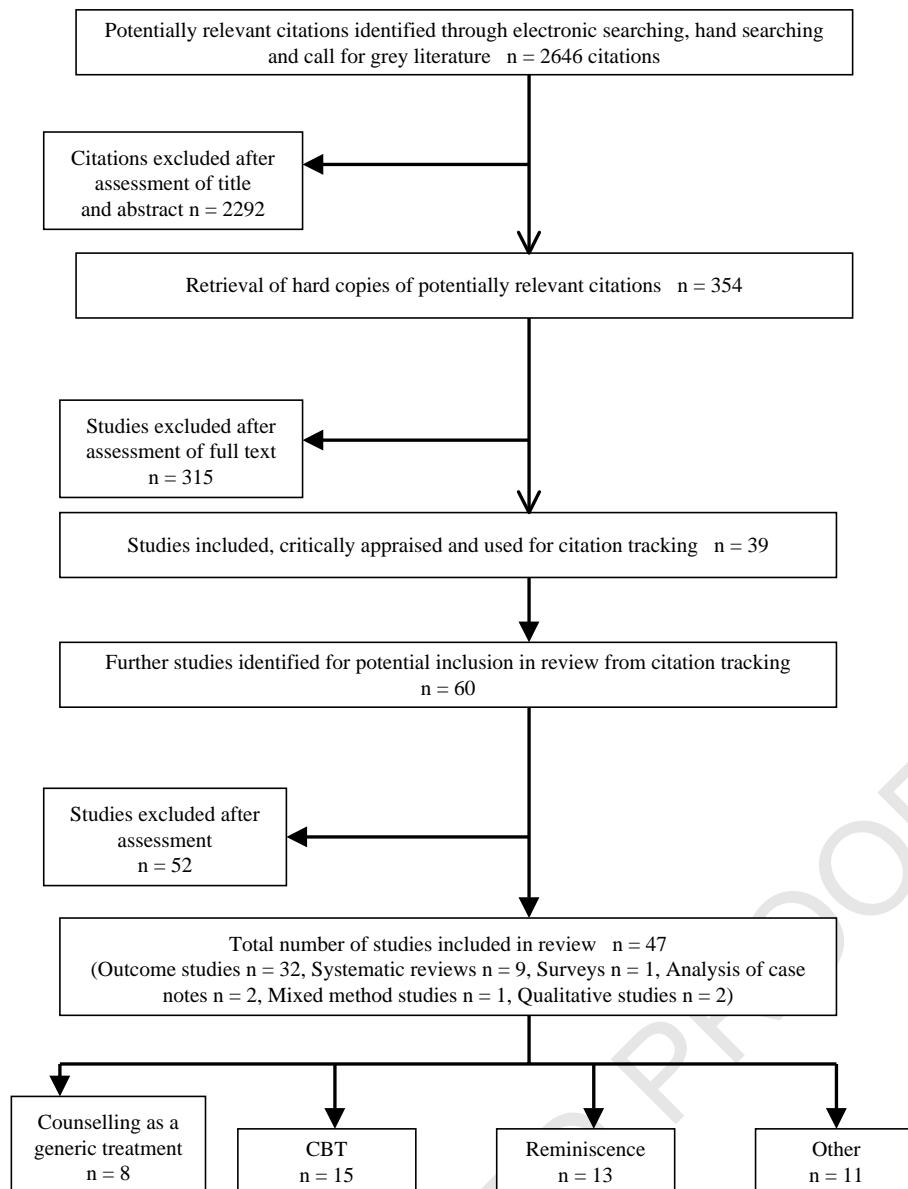


Figure 1. Overview of literature search and retrieval.

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)	IP 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) Hsieh and Wang (2003) McDougall et al (1997) Parsons (1986) Rattenbury and Stones (1989) Youssef (1990)	IP 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; **IP**=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 out-patients, in combination with the anti-depressant

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

157 *Anxiety*

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

167 *Physical illness and co-morbid psychological problems*

168 Two studies found CBT effective when treating older
169 people suffering from physical illnesses and comorbid
170 psychological problems. Using measures of both
171 anxiety and depression, Kunik et al. (2001) discovered
172 beneficial effects from a brief group CBT intervention
173 among a group of older people suffering from chronic
174 obstructive pulmonary disease. Similarly, when com-
175 paring the effects of CBT on two groups of depressed
176 older people, one with disabling physical illnesses and
177 one without, Kemp et al. (1992) found substantial
178 and equivalent decreases in depression in both
179 groups. A number of studies found CBT to be as
180 effective as other interventions. For example, Thomp-
181 son et al. (1987) found cognitive and behavioural
182 interventions as effective in the treatment of depres-
183 sion as psychodynamic psychotherapy. Stanley et al.
184 (1996) found both CBT and supportive counselling
185 equally effective in the treatment of generalised
186 anxiety disorder.

187 *Reminiscence therapy and life-review*

188 The evidence relating to reminiscence therapy and
189 life-review was more equivocal. Positive effects were
190 discerned by Baines et al. (1987) who found that to
191 treat confused elderly people firstly with reality
192 orientation and subsequently with reminiscence ther-
193 apy led to significant improvements on measures of
194 cognition, communication and behaviour even at 4
195 weeks post-treatment. Similarly, Watt and Cappeliez
196 (2000), having developed two types of reminiscence
197 therapy which integrate cognitive approaches, found
198 that the interventions led to significant improvements
199 among depressed older adults and moderate to high
200 effect-sizes were maintained at 3 months follow-up.
201 However Spector et al., in their Cochrane review
202 (2003), found insufficient data to reach firm conclu-
203 sions 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 coun-
selling 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 psychody-
namic 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 ther-
apy, Pinquart and Sorensen (2001) note the need for
more research into supportive or client-centred coun-
selling. Having compared CBT with supportive coun-
selling 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.

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