COGNITIVE BEHAVIOUR THERAPY WITH OLDER PEOPLE
COGNITIVE BEHAVIOUR THERAPY WITH OLDER PEOPLE

Ken Laidlaw
Department of Psychiatry, University of Edinburgh, UK

Larry W. Thompson
Pacific Graduate School of Psychology and Stanford University School of Medicine, USA

Leah Dick-Siskin
Psychological Services & Geriatric Psychiatry Division, Hillside Hospital, North Shore–Long Island Jewish Health System, USA

Dolores Gallagher-Thompson
Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, USA
# CONTENTS

About the Authors vii  
Preface xi  
Foreword by Aaron T. Beck xv  

## SECTION ONE: WORKING EFFECTIVELY WITH OLDER PEOPLE: KNOWLEDGE AND SKILLS  1  
1 Basic Gerontology for Cognitive Therapists 3  
2 Psychotherapy with Older People 15  
3 Cognitive-Behavioural Model for Older People 26  

## SECTION TWO: COGNITIVE THERAPY FOR LATE-LIFE DEPRESSION  41  
4 CBT for Late-Life Depressive Disorders 43  
5 Behavioural Techniques 55  
6 Dealing with Negative Thoughts 67  
7 Changing Core Beliefs and Assumptions 81  

## SECTION THREE: COGNITIVE THERAPY WITH SPECIAL ISSUES  91  
8 Anxiety, Worry, Panic Disorder and Older People 93  
9 Insomnia and Sleep Disorders 108  
10 Physical Illness, Disability and Depression 117  
11 Post-Stroke Depression 130  
12 Depression in Dementia and Family Caregiving 141  

## SECTION FOUR: FINAL THOUGHTS  151  
13 What to do When your Patient Says… 153  
14 Future Directions and Innovations in Practice 164  

---

1. Basic Gerontology for Cognitive Therapists  
2. Psychotherapy with Older People  
3. Cognitive-Behavioural Model for Older People  
4. CBT for Late-Life Depressive Disorders  
5. Behavioural Techniques  
6. Dealing with Negative Thoughts  
7. Changing Core Beliefs and Assumptions  
8. Anxiety, Worry, Panic Disorder and Older People  
9. Insomnia and Sleep Disorders  
10. Physical Illness, Disability and Depression  
11. Post-Stroke Depression  
12. Depression in Dementia and Family Caregiving  
13. What to do When your Patient Says…  
14. Future Directions and Innovations in Practice
| Appendix 1: Blank Forms                      | 171 |
| Appendix 2: Useful Reference Material       | 183 |
| Appendix 3: Useful Websites                 | 185 |
| References                                  | 187 |
| Author Index                                | 208 |
| Subject Index                               | 213 |
ABOUT THE AUTHORS

Ken Laidlaw has a specialist interest in mental health problems in older adults. He is a Consultant Clinical Psychologist working with older people and a Lecturer in Clinical Psychology at the University of Edinburgh. Over recent years, Ken has developed specialist skills in psychological treatment methods, particularly cognitive therapy, for depression in older people. In 1999 he was awarded a Winston Churchill Travelling Fellowship to visit the USA and share with research colleagues ideas on cognitive therapy with older people. In 2000–2001 he spent a year as a visiting scholar with Dr Aaron T. Beck at the Center for Psychopathology Research at the University of Pennsylvania in Philadelphia. Ken has been invited to present colloquia on psychotherapy with older people in the UK, the USA and Europe. He has an interest in evaluating CBT and was the principal investigator in the first UK evaluation of individual CBT for late-life depression. He is developing research looking at the efficacy of CBT as a treatment for late-life depression comorbid with physical conditions, and is currently involved in research looking at quality of life in older people. Ken has also authored book chapters and articles in the area of psychological treatment for older people.

Larry W. Thompson earned his PhD degree from the Florida State University in 1961 and since then has had an illustrious career, spanning many aspects of clinical psychology in a variety of academic institutions. Larry began working in the areas of electrophysiology and neuropsychology—researching cognitive function in older adults and how it was affected by dementia and other brain insults. He was on the faculty of the medical school at Duke University for a number of years, followed by a professorship at the University of Southern California in Los Angeles, where he directed the first clinical-ageing psychology doctoral programme in the country at the time. There his interest in conducting empirical studies relevant to the field of clinical psychology was re-awakened; Larry conducted a series of funded studies there on the efficacy of a variety of psychotherapeutic modalities of the treatment of late-life depression. He also took specialized training in cognitive and behaviour
therapy with Dr Aaron T. Beck and has since become a founding member of the Academy of Cognitive Therapy. About 20 years ago he moved to Stanford University and took a position as professor of research in the School of Medicine there. Larry continued his research into empirically supported methods of psychotherapy to use with older adults, and completed one of the only studies in the United States in which CBT was directly compared to antidepressant medication in a randomized-controlled clinical trial. He has since retired from Stanford, but that did not last long! Larry has been awarded the Goldman Family Chair of Psychology at the Pacific Graduate School of Psychology in Palo Alto, CA, where he continues to teach, do research, mentor graduate students, and collaborate with others in the field who are committed to advancing knowledge about how to improve the mental health of older adults.

Leah Dick-Siskin received her doctorate from Washington University in St Louis, Missouri, where she specialized in geropsychology. She completed her internship and fellowship at the Palo Alto Veterans Affairs Health Care System where she continued her specialization in clinical geropsychology and cognitive behaviour therapy. Leah worked for four years as the Clinical Coordinator at the Older Adult and Family Center at the Palo Alto Veterans Affairs Health Care System where she focused on the teaching and training of pre-doctoral psychology interns, post-doctoral clinical psychology fellows, and psychiatry residents in using CBT with older adults. She worked extensively with Larry Thompson, PhD, and Dolores Gallagher-Thompson, PhD, to refine and adapt CBT interventions to treat late-life depression and anxiety. Leah is currently the Admissions Coordinator and Staff Psychologist at the Geriatric Partial Hospital in the Geriatric Psychiatry Division of the Hillside Hospital, North Shore–Long Island Jewish Health System. In this position, she is a member of a multidisciplinary team treating acute psychiatric symptoms in older adults who are at risk for psychiatric hospitalization. Leah is also an active member of Hillside Hospital’s clinical faculty where she teaches CBT seminars to train interns in the treatment of depression and anxiety. She also ran a year-long seminar for staff members interested in refining their skills in administering CBT. For two years, Leah held the position of Chair of the Ad Hoc Continuing Education Committee for the Behavioral and Social Sciences Section for the Gerontological Society of America and, in this role, organized and presented day-long workshops held at the society’s national meeting focusing on (1) treating personality disorders in late-life and (2) the use of CBT in treating late-life depression, anxiety, and dementia. At many national meetings, she has presented on the efficacy of CBT in treating various disorders in an elderly population, managing a chronic illness, and stress and coping in family caregivers. Leah is currently working on methods to adapt CBT to the treatment of the acutely psychiatric older patient. She authored and co-authored numerous published articles on
these topics as well as co-authored a treatment manual and a therapist guide outlining the treatment to older adults with such problems as depression and anxiety using cognitive behaviour therapy.

Dolores Gallagher-Thompson earned her PhD degree in both clinical psychology and adult development and ageing from the University of Southern California in 1979 where she trained at the Andrus Gerontology Center, then under the direction of Dr James Birren. Dolores’ interest was always in clinical research: her doctoral dissertation was an empirical study of several methods of group therapy to treat late-life depression. She joined the staff of the Veterans Administration Medical Center in Palo Alto, CA, in 1981 as the first director of interdisciplinary team training programmes in geriatrics and gerontology. Since then she has held many significant positions in the VA system, including associate director for geriatric education in several different settings, while at the same time actively serving on the faculty at Stanford University. She has been a funded researcher for about 20 years, focusing her career at first on treatment of late-life depression (working collaboratively with her husband Larry on several projects) and then on interventions to reduce psychological distress in family caregivers of older relatives with Alzheimer’s disease or other forms of dementia. In the past decade she has become increasingly interested in the unique problems and concerns of the major ethnic minority groups in the USA as they undertake family caregiving, and is now very well regarded in the field of ethnogerontology. She was, in fact, one of the original core faculty of the Stanford Geriatric Education Center, which has as its mission the development of this field as it pertains to physical and mental health issues of older adults. In 1996 she became an Associate Professor of Research in the Department of Psychiatry and Behavioral Sciences at the University of Stanford, California. In 2002 she was promoted to full Professor of Research in the same department. She is still very active in training psychiatry residents, psychology interns and post-doctoral fellows, and conducting her research. She is Director of the Older Adult and Family Center, which provides the administrative structure for her work to continue.
PREFACE

The main aim of this book is to fill what is perceived to be a need among psychotherapists working with older people; that is, for a comprehensive guide to applying cognitive behaviour therapy (CBT) with older people. Given the very real increase in longevity evident in the developed and developing world, psychotherapists and other health-care workers will increasingly come into contact with older people. It is our view that older people will be better served when their practitioners have access to up-to-date and clear information on psychological treatment options. We sincerely believe that we have reached our goal in this respect. Anyone with the most basic understanding of CBT will be able to use the information contained in this text to tailor high-quality and effective therapy for older people. This book provides therapists with a clear rationale for treatment interventions, not just the ‘what to’ and ‘how to do’ but the ‘why’ of interventions. To that end our book is strong on formulation and conceptualization. In the numerous training sessions and workshops with which we have collectively been involved over the years, there have been numerous instances where people gave us examples of difficulties in applying CBT with older people, and other numerous instances where people would tell us how de-skilled they had felt as therapists when working with older people with multiple physical and psychological comorbidities. This book is written to share our knowledge and experiences with therapists, and to transfer our optimism about treating older people in distress.

- In our experience of applying CBT with older people, we know that old dogs can learn new tricks.
- In our experience, CBT is effective, adaptable and very popular with older people.
- In our experience, CBT with older people can make such a difference to people’s lives.
This book is, in part, motivated to provide evidence to show how much can be achieved. In working with older people our experience tells us that we should always retain an open mind on what can be achieved. In writing this book we wanted to provide a resource that therapists at all levels of experience and expertise would find helpful. When applying cognitive therapy with older people, the question is often asked: ‘What adaptations are necessary to make CBT effective and applicable?’ In the broad literature there are many answers to this question. In this book we have provided a model for CBT with older people that retains the main identity of the therapy but reflects an honest account of the types of issues that need to be addressed if CBT is to be maximally effective. It was our intention that the reader should see this book as a resource that extends beyond cognitive behaviour therapy, and we have therefore provided up-to-date information on gerontology to enable the readers to be better equipped to help their patients identify and challenge age-related myths and stereotypes.

**STRUCTURE OF THE BOOK**

The book is divided into four sections. Section One (Chapters 1–3) outlines the basic information that therapists would need to work effectively with older people. Chapter 1 provides basic background information on growing older and up-to-date demographic projections. Chapter 2 provides therapists with essential efficacy evidence for CBT that they may wish to share with their patients. In this chapter a number of myths associated with psychotherapy and older people are debunked. In Chapter 3 a model for working with older people is introduced and fully described. This model provides a unifying structure for interventions described throughout the subsequent chapters of this book.

In Section Two (Chapters 4–7) cognitive behaviour therapy for late-life depression is described in great detail. Chapter 4 provides basic information on planning treatment and also deals with the issues of assessment and diagnosis. Chapter 5 provides a thorough explanation of the use of behavioural techniques in the treatment of depression. Chapter 6 provides a description of cognitive interventions, and challenges many misconceptions about the use of these techniques with older people. This chapter shows how to introduce and use thought diaries successfully with older people. Chapter 7 provides a perspective on dealing with more in-depth schema issues in CBT with older people. This chapter is one of the very few published accounts of this type of work with older people.

In Section Three CBT is applied with other disorders apart from depression. Chapter 8 gives an account of the assessment and treatment of late-life anxiety, while Chapter 9 deals with insomnia. Chapters 10–12 deal with important developments in the use of CBT with medically ill populations. Innovative
accounts of treatment are published in these chapters and the accounts of treatment here place this book at the cutting edge of CBT for older people.

Section Four, the final section, provides an overview of the many common challenges experienced in applying CBT with older people and offers a look towards the future.

It is our sincerest hope that the material contained in this book will be helpful to our readers and, hence, to older people. We are aware, however, that a book such as this can only take someone so far, therefore we recommend appropriate training and continued supervision in cognitive therapy to anyone wishing to use these techniques. Good luck to all our readers.

Ken Laidlaw