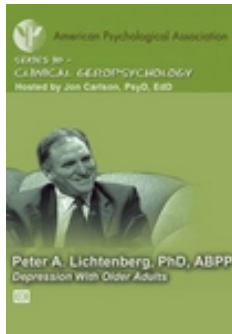


Counseling Clients With Late-Life Depression

A review of the video



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Depression With Older Adults

with Peter A. Lichtenberg

Washington, DC: American Psychological Association, 2007. American

Psychological Association Psychotherapy Video Series, Clinical Geropsychology,

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Reviewed by

[Laura A. Rabin](#)

Psychologists and other mental health practitioners will benefit from *Depression With Older Adults*, a DVD that presents Dr. Peter A. Lichtenberg's multimodal approach to late-life depression. Older adults are the fastest growing segment of the population in the United States and other Western countries, and depression is one of the most common mental disorders in advanced age. Estimates of the point prevalence of major depression in community-dwelling older adults range from 1.5 to 5.0 percent, with minor depression and dysthymia presenting in another 10 percent of elders (Pinquart, Duberstein, & Lyness,

2006). Depressive conditions are associated with numerous negative outcomes in older adults including medical illness, disability, poor quality of life, and increased risk of institutionalization, mortality, and suicide (Karel, Ogland-Hand, Gatz, & Unützer, 2002; Shanmugham, Karp, Drayer, Reynolds, & Alexopoulos, 2005), highlighting the need for effective interventions. Despite the growing public health problem of geriatric depression, however, this condition is underrecognized and undertreated (Shanmugham et al., 2005). Lichtenberg presents his treatment approach in a manner that should prove informative and accessible to clinicians with varying degrees of experience with geriatric populations. Lichtenberg is director of the Institute of Gerontology and a professor of psychology, psychiatry, and physical medicine and rehabilitation at Wayne State University. An active researcher and clinician, he is a fellow of both the American Psychological Association and the Gerontological Society of America and has received many distinctions, including an early career award in rehabilitation psychology and over \$10,000,000 in grant funding. Lichtenberg has authored more than 125 publications, including several highly acclaimed books such as the following, to which the reader is directed for additional information about geriatric depression: *Mental Health Practice in Geriatric Health Care Settings* (Lichtenberg, 1998), *Handbook of Assessment in Clinical Gerontology* (Lichtenberg, 1999), and *Handbook of Dementia: Psychological, Neurological, and Psychiatric Perspectives* (Lichtenberg, Murman, & Mellow, 2003).

Lichtenberg's psychotherapeutic approach stems from a "medical rehabilitation psychology" model. His interventions are multidisciplinary and multimodal, and he views late-life depression as a syndrome with many possible etiologies and contributing factors, including psychological (cognitive-behavioral and social support perspectives and loss-attachment theory), medical (neurotransmitter and vascular depression or neurodegeneration), and physical (functional decline, disability, and activity limitation theory). Lichtenberg assesses each of these potentially problematic domains in his

comprehensive assessment while also inquiring about clients' strengths and resources. The DVD, hosted by Jon Carlson, begins with a question-and-answer session highlighting the major features of clinical depression and its unique presentation in this population. Lichtenberg stresses the importance of medical comorbidity as a cardinal feature of geriatric depression and recommends referring clients to geriatricians who can successfully manage patients' multiple medical problems and medications. As well, Lichtenberg highlights the need for mental health clinicians to acquire knowledge about chronic disease states and their impact on mood and the psychotherapy process. He characterizes his therapeutic approach as primarily behavioral, with cognitive and educational features. An initial goal is to educate clients about the contributing factors to depression including loss, relationship difficulties, and physical and cognitive decline as well as the links between mental and physical health. Subsequently, the thrust of treatment involves increasing pleasant activities and events, counseling around issues of loss, and the use of medication when appropriate: "Basically you get people moving again and moving back into things that on a day-to-day basis make a difference to them." Change comes through the restoration of balance, pleasure, and connection in people's lives.

The second part of the DVD presents a taped session of an interview with a 78-year-old woman who manifests the typical kinds of age-related problems associated with depression. The session is more like an interview or information-gathering session than a therapy session per se, though Lichtenberg sets the groundwork for future change. The client discusses her struggles adjusting to her husband's deteriorating physical, emotional, and mental well-being. She relates emotional responses of anger and guilt and describes how she is attempting to manage and cope with her new set of responsibilities. Because many of her friends have died or live elsewhere, the client relies on her grown children to provide a support network and occasionally intervene during times of stress.

Lichtenberg works with this client to define her problems and focus on areas of her life that she can change. All the while, he takes an active approach to information gathering. Noting that older adults can be tangential or “get lost in the details” of their stories, he redirects the client when necessary and uses techniques such as repetition of questions, gentle interruption, and summary statements to keep her story flowing in a coherent manner. As stated, his overall goal is to maximize what the client can take away from this initial session and help her gain an appreciation of her own strengths. Therefore, he carefully assesses what past and present activities are most important, enjoyable, and pleasurable for her. He also tries to discover how she understands and makes meaning of her ongoing life changes.

After this detailed and focused interview, there is a follow-up discussion during which interview clips are replayed to highlight specific issues. As an example, a segment of the interview is reviewed in which the client is questioned about her husband's status. Lichtenberg explains that one of the biggest influences on this client's mood is her husband's physical condition. Her depression, therefore, is conceptualized as a developmental change (as opposed to the exacerbation of a long-standing mood issue) related to the shifting nature of her marital relationship and her transition into the role of caregiver. Questioning proceeds in a structured manner designed to maximize the client's comfort level. The client is first questioned about her husband's physical health, then about his function, and last about his social and emotional well-being (i.e., therapist progresses from most comfortable to most threatening topics). In another poignant segment, Lichtenberg formally identifies the client as a primary caregiver and presses her about what that term means to her. According to Lichtenberg, assigning the label of caregiver helps the client connect with the vastness of the responsibility he or she is feeling and provides an opportunity to begin talking about the emotions the role

engenders such as fear, worry, and guilt.

Lichtenberg also discusses how therapy should proceed. He states that he would likely initiate a 6- to 10-session course of treatment during which the client would learn to assert herself in various realms, including getting her husband a proper gerontological work-up and reconnecting with her own interests so that she can continue to "live her life" while also being a caregiver. Some concrete goals include initiating respite services, encouraging the client to join a support group, educating her about the caregiving role, and teaching her new ways to relate to her husband. As well, Lichtenberg would hold a family meeting with the client's adult children, who represent a key support system for her.

The structure of this DVD (question-and-answer session, therapy session, and clips with discussion) is appropriate, and the split-screen approach during the follow-up discussion allows for a clear view of the session's dynamics. An unavoidable drawback of the DVD is its necessarily abbreviated length and scope. Although Lichtenberg highlights topics that should be revisited in future sessions (e.g., the couple's physical contact and connection), the viewer inevitably is left wanting to see more of how this client actually progresses through treatment and eventual termination. Perhaps a second video addressing the middle to late stages of treatment could be offered as a complement to the current DVD. Another limitation is the lack of coverage of diversity issues. The viewer would have benefited from a discussion of the roles of ethnicity, socioeconomic status, and cultural or religious values as contributing factors to depression as well as how these issues are addressed within the treatment approach.

In summary, this DVD provides 95 minutes of thought-provoking and practical material to increase clinicians' awareness of issues that may arise when counseling older adults. The DVD emphasizes the distinctive and unique characteristics of late-life depression and clearly illustrates how the assessment and initial phase of therapy might proceed.

Lichtenberg comes across as an extremely knowledgeable, skilled, and compassionate clinician who is a pleasure to watch and learn from. Despite the minor limitations noted above, this DVD is an excellent resource for mental health professionals who wish to increase their competence in treating older adults as well as for graduate students entering the field. Those seeking a more comprehensive guide to late-life psychiatric conditions are referred to the aforementioned books written or edited by Lichtenberg.

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