

Reminiscing Groups: Promoting Mental Health Among Older Adults

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Abstract

Depression is a major health problem among older adults. The objective of this study was to examine the effectiveness of a reminiscing group (RG) for the improvement of depression and loneliness symptoms of long term care (LTC) residents 65 years old or older. A randomized controlled interventional study was implemented. Twenty LTC residents were randomly assigned to either a reminiscing group or a waitlist control group (WCG). Measurement tools included pre/post Geriatric Depression Scale (GDS) and University of California, Los Angeles (UCLA) Loneliness Scale. SPSS 24 statistical package was used to analyze the data. The results of this study suggest a positive short- term effect of depression and loneliness in this sample. Implementing reminiscing groups as an intervention in LTC facilities could improve depression and loneliness symptoms in older adults.

Depression is a major health problem in the older population. It is characterized by poor concentration, changes in appetite, isolation, a decreased interest in life, sleep disturbances, and a lack of self-worth. Untreated depression can cause great suffering, which leads to impaired functioning in daily life. Seven percent of the general older population are diagnosed with depression and it accounts for 5.7% of years lived with disability among over 60 year olds (World Health Organization (WHO), 2016).

The older population is increasing and the number of elderly depressed individuals is expected to increase as well. They are reflecting upon their life. They may have many losses such as family, friends, homes, and their independence, this puts them at risk for loneliness or depression. Older adults with depression, have higher health care costs because they are more likely to have frequent trips to their primary care provider and many are on multiple medications, which increases their risk for adverse reactions. According to the Geriatric Mental Health Foundation (GMHF), depression not only takes a toll on the patient and their caregivers, but also society. It costs the United States an estimated \$43 billion each year, not including pain, suffering and diminished quality of life (GMHF, 2014).

Older adults can review the significance of their life through reminiscence. Research has suggested that interventions such as reminiscing can reduce depression as well as the secondary symptoms such as pain and can improve health – related quality of life (Chao et al., 2008 & Chiang et al., 2010). Group reminiscing may be an intervention that could decrease depression, loneliness and promote mental health among older adults residing in LTC.

Among the 7.3 billion people worldwide in 2015, an estimated 8.5 percent, or 617.1 million, are aged 65 and older (U.S Department of Commerce 2015). As a consequence, the percentage of

dependent seniors in need of LTC facilities will increase dramatically. According to the U.S. Census Bureau (2015), an older person's likelihood of living in a nursing home increases dramatically with age. Since depression among older people is viewed more and more as a public health problem, partnerships of providers, patients, and policy makers need to overcome challenges related to funding, training, and implementing interventions for this undertreated condition.

Related Literature

According to the Center for Disease and Prevention (CDC), recent data suggest that interventions such as group reminiscing can reduce not only depression but also the secondary symptoms such as loneliness (CDC, 2017). Group reminiscing is a method of using the memory to protect mental health and improve the quality of life. This intervention can be implemented in a structured group, in an unstructured group or on an individual basis.

According to a literature review of qualitative and quantitative research, reminiscence sessions can be conducted by an array of staff with different levels of education, such as psychologists, senior nursing faculty, occupational therapists and master prepared students (Chao et al., 2008; Chiang et al., 2010; Elias et. al., 2015 & Moral et al. 2013). Reminiscence has been demonstrated to be a positive intervention for older adults (Elias et al., 2015). The U.S. Preventive Services Task Force (USPSTF) recommends screening adults for depression when staff-assisted depression care supports are in place, this ensures accurate diagnosis, effective treatment and diligent follow-up. Medicare B (Medical Insurance) covers one depression screening per year (USPSTF, 2016). Many studies utilize the GDS to evaluate the effects of group reminiscence therapy on participants. The GDS is a reliable and valid measure to screen for depression in the geriatric population. Marc et al. (2008) studied the sensitivity and

specificity of the GDS Short Form in comparison to the Structured Clinical Interview for DSM-IV, and found the GDS was a simple screening for depression in the geriatric population.

Chiang et al., (2010) used an experimental study to examine the effects of reminiscence therapy on psychological well-being, depression, and loneliness among institutionalized elderly people. The participants in the experimental group study received reminiscence therapy eight times during two months. After a three -month follow up, there was a significant positive short-term effect on depression, psychological well-being, and loneliness as compared to those in the comparison group who did not participate in the reminiscing groups.

Some studies indicate reminiscence groups can improve the mental health of older adults. Unfortunately, few studies have examined the effect of group reminiscing on loneliness and depression of older adults in LTC facilities. The purpose of this study was to explore the effects of a reminiscing group (RG) for the improvement of depression and loneliness symptoms of long term care (LTC) residents 65 years old or older.

Methods

A pilot study was implemented in a LTC facility in Northeast US to determine whether reminisces groups were an effective method to positively impact depression and loneliness. Six reminiscing therapeutic intervention sessions were conducted. Inclusion criteria included English speaking, age 65 years and older, the mini mental status exam (MMSE) score greater than 23 and GDS score greater than five. The researcher collected the MMSE and GDS scores from the facility. Twenty residents met the inclusion criteria. The residents were randomly assigned to two groups using the lottery method a) Reminiscence Group (RG: Group 1) and b) Waitlist Control Group (WCG: Group 2), both groups had 10 participants.

Measurement Tools

Geriatric Depression Scale

Depression was measured by the GDS short version, (Yesavage et al., (1986). The short version has been tested and used with the older population because of its simplicity; it does not rely on somatic symptoms. The GDS was found to have 92% sensitivity and 89% specificity when evaluated against diagnostic criteria. The validity and reliability of the tool have been supported through both clinical practice and research, the reliability coefficients were 0.81 for GDS-15 (Yesavage et al., 1982). This brief questionnaire has 15 questions. The yes/no questionnaire takes about 10 minutes to complete. Depressive responses are given one point with a maximum score of 15. A score 5 or greater suggests symptoms of depression.

UCLA Loneliness Scale

Loneliness was measured by the UCLA Loneliness scale, which is a 3 item scale, designed by Russel (1996). This scale was designed to measure one's subjective feelings of loneliness as well as feelings of social isolation. The scoring method of this instrument is a likert scale: Always (1), Rarely (2), Sometimes (3), Often (4) The scores for each individual question can be added together to give a possible range of scores from 3-9. Scores between 3-5 indicate "not lonely" and people with the score 6-9 as "lonely". The 3-item version was first tested with over 2, 100 older adults and found to be a reliable and valid measure of loneliness by comparing the results against a self -identifying statement. Coefficient range from .89 to .94 and test-retest reliability over a 1 –year period ($r=.73$) (Russell, 1996).

Procedure

The study protocol was approved by UMass Lowell Institutional Review Board. The researcher, conducted the reminiscing intervention for both the reminiscing group and the waitlist group. Demographic data and information regarding inclusion criteria were obtained by

chart review. Residents who met the inclusion criteria were contacted individually, in-person, by the researcher. The researcher read the recruitment script to each potential study participant. Each resident who agreed to participate signed a written consent form. Twenty residents agreed to participate in the study. They were randomly divided in two groups (RG: Group 1 and WCG: Group 2) by the lottery method.

The participants in the RG (Group 1) received 6 group reminiscing therapy sessions. A day before each session the researcher met with each of the 10 participants and reviewed the reminiscing group topic. The researcher suggested that the participants bring family photos, cards or other personal memorabilia that could be used to stimulate memory. The RG met once a week for one hour. Two days following the conclusion of all six reminiscence sessions all the participants were administered the GDS and UCLA scale a second time by the researcher. A verbal survey was conducted with each participant asking three questions. 1. Can you tell me your favorite part of the reminiscing groups? 2. Would there be anything you would like to add or change to the reminiscing groups? 3. How did you like the reminiscing groups over the past six weeks? These questions were asked to each participant in private. At the completion of RG (Group 1), the participants of the WCG (Group 2) began their 6 reminiscing group sessions. Reminiscing group topics for both groups were: favorite movie, favorite music or singer, favorite home cooked meal, what did you do for fun during “family time”, dating and school time. All of the participants completed the study.

Statistical Analysis

SPSS 24 statistical package was used to conduct the data analyses. Paired *t* test was used to detect the changes of the outcome measures within intervention. Descriptive statistics were performed with percentages, means, and standard error applied. The criterion for statistical

significance for all tests was set at $p < 0.05$.

Results

There were 10 participants each at the Reminiscing Group (RG) and the Waitlist Control Group (WCG). All participants attended the six reminiscence sessions. The average age of the participants was 84 (\pm). There was no significant difference in age or self perceived health status of the participants between the RG and WCG. Seventy five percent of the participants were females ($n=15$) and 25% were males ($n=5$). Eighty percent ($n = 16$) were single, divorced or widowed. The majority of the participants were Caucasian ($n= 18$) (Table 1).

At pre-test, the participants in the RG ($M=6.8$, $SD= .918$) group reported significantly higher GDS scores than did those in WCG ($M=5.8$, $SD= .918$) $t(2.43)$ ($p = .026$). At pre-test, the participants in the RG ($M=6.4$, $SD = .699$) group reported significantly higher UCLA loneliness scores than those in the WCG ($M= 5.5$, $SD = .971$) $t(2.37)$ ($p = .029$).

At the two day post intervention, participants in the RG ($M = 2.6$ $SD = .699$) reported significantly lower GDS score than did those in the WCG ($M = 4.4$ $SD= .843$) $t(3.28)$ ($p= .010$).

At two day post intervention, participants in the RG ($M = 5.10$ $SD = 1.28$) did not show a significantly lower UCLA loneliness score but it did show that it remained lower than pre score as those in the WCG ($M 5.5$ $SD = .971$) $t(3.54)$ ($p = .443$) (Table 2).

The results indicated a significant improvement in GDS post intervention scores in the Reminiscing group and the results in the UCLA loneliness post scores stayed the same.

Table 1
Sample Characteristics (N=20)

	Reminiscing Group (N=10)	Waitlist Control Group (N=10)	P-value
Age in years (Mean)	84.40	83.70	.709

Race			
White	8	10	
Black/Af. Am	2	0	
Marital Status			
Married	2	2	
Single/D/W	8	8	
Self Perceived Health (1-4)	2.20	2.80	.393
Terminal Condition			
No	10	10	
GDS Pre-Intervention (0-15)	6.8	5.8	.026
UCLA Scale Pre-Intervention (3-9)	6.4	5.5	.028

Table 2
RG Pre-post Intervention Scores

Reminisce Group					t(df)	p-value
Pre Intervention		Post Intervention				
GDS	M=6.8	SD .918	M=2.6	SD.699	10.08 (9)	.000
UCLA-L	M=6.4	SD .600	M= 5.10	SD 1.28	3.54 (9)	.006
Waitlist Control Group						
Pre		Post			t(df)	p-value
GDS	M= 5.8	SD .918	M=4.4	SD .843	3.28 (9)	.010
UCLA-L	M= 5.5	SD .971	M= 5.5	SD .971	3.54 (9)	.443

Discussion

During group reminiscing therapy, at first the participants passively shared their life experiences with others. By the 2rd reminiscing therapy session, the participants were more engaging and open to share their life experiences. Each participant was eager to attend each group, which showed by the 100% attendance rate, as well as all the participants being on time for each session. The change in the post- test scores suggests that the reminiscence groups result in a decrease in reporting of depression and loneliness in this sample of older adults.

This is an effective intervention to improve better mental health outcomes in older adults. Healthcare professionals and paraprofessionals can be taught to lead groups. In this study, 6

sessions were effective in eliciting a positive change in the level of depression among participants. In regards to loneliness, symptoms did not worsen. Though long term effects on this sample are unknown, routine reminiscence groups can be organized and led regularly to improve depression and loneliness.

According to Stinson (2009), “nurses as professional caregivers, have the education and responsibility to design programs for the older population, enhancing quality of life” (p. 527). Gerontological nurses can be instrumental in the implementation of interventions addressing the mental health needs of older adults. Providing easily accessible reminiscence group therapy may promote mental health by reducing depression and loneliness in LTC. Although this study took place in one LTC facility in the North East US, group reminiscing therapy has the potential to be an excellent therapeutic choice for elderly residents living in LTC nationwide. Knowing that depression is a major health problem in the older population, it is imperative that healthcare providers implement this therapeutic intervention to prevent or decrease depression and loneliness in LTC facilities.

Limitations

This was a small pilot study restricted to one LTC residence. There was an unequal number of male and female subjects. The research was completed by only one researcher, introduces the possibilities of bias. Future research including larger sample sizes with equal number of male and female subjects is needed. Further gerontological nursing studies about reminiscence therapy should include other healthcare workers such as nurses and certified nursing assistants. Gerontological nurses can be instrumental in initiating and implementation of interventions addressing the mental health needs of older adults.

References

- Centers for Disease Control and Prevention. (2017). *Healthy aging*. Retrieved from <http://www.cdc.gov/aging/mentalhealth/depression.htm>
- Chao, S.Y., Liu, H.Y., Wu, C.Y., Jin, S.F., Chu, T.L., Huang, T.L & Clark, M.J. (2008). The effects of group reminiscence therapy on depression, self-esteem, and life satisfaction of elderly nursing home resident. *Journal of Nursing Research*, 4(1), 36-42.
- Chiang, K., Chu, H., Change, H., Chung, M, Chen, C., Chiou, H. & Chou, K. (2010). The effects of reminiscence therapy on psychological well-being, depression, and loneliness among institutionalized aged. *International Journal Geriatric Psychiatry*, 25: 380-388.
- Elias, S., Neville, C., & Scott, T. (2015). The effectiveness of group reminiscence therapy for loneliness, anxiety, and depression in older adults in long-term care: A systematic review. *Geriatric nursing* 1-9
- Geriatric Mental Health Foundation (2014). *Depression in late life; not a natural part of aging*. Retrieved from www.geriatricmentalhealth.org/gmhf/consumer/factsheets/depression_latelife.html
- Russell, D , Peplau, L. A., & Cutrona, C. E. (1980). The revised UCLA loneliness scale: Concurrent and discriminate validity evidence. *Journal of Personality and Social Psychology*, 39, 472-480.
- Stinson CK, Kirk E. (2009). Structured group reminiscence: An intervention for older adults *Journal Clinical Nurse*. 40(11) 521-528.

U.S. Census Bureau. (2015). *Census Bureau Releases Comprehensive Analysis of Fast-Growing 90-and-Older Population*. Retrieved from

http://www.census.gov/newsroom/releases/archives/aging_population/cb11-194.html

U.S. Preventive Services Task Force (2013). *Screening for depression in adults*. Retrieved

from <http://www.uspreventiveservicestaskforce.org/uspstf/uspsaddepr.htm>

World Health Organization (2016). *Mental health and older adults*. Retrieved from

<http://www.who.int/mediacentre/factsheets/fs381/en/>

Yesavage et al. (1982). Development and validation of a geriatric depression screening scale: A

preliminary report. *Journal of Psychiatric Research*, 17,37-39