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Group Guided Low Intensity Self-Help for Community Dwelling Older Adults Experiencing  
Low Mood

A dissertation presented in partial fulfillment of the requirements for the degree of Doctor of  
Clinical Psychology

Massey University, Albany, New Zealand.

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2017



## ABSTRACT

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Depression is amongst the most common health issues affecting older adults, however, access to evidence-based psychological treatments remains low amongst this age group. This is due, in part, to numerous barriers that surround current mental health treatment and delivery, which has contributed to discrepancies between treatment needs, availability, and uptake. To address such barriers, low intensity Cognitive Behavioural Therapies (LI-CBT) and in particular guided self-help interventions have emerged as promising, brief, cost-effective, and evidence-based alternatives to traditional high intensity therapies.

Recently, interventions have begun to utilise the advantages of guided LI-CBT self-help within a group or class setting, thus providing both a cost-effective and time-efficient form of treatment delivery. Of these group guided approaches, *Living Life to the Full* (LLTTF) is the only intervention that primarily targets depression and has undergone randomised effectiveness testing. While early evidence lends support for the efficacy of LLTTF, further research is needed to extend the findings to different populations and age groups, particularly older adults.

The current study examined the effect of the group guided version of LLTTF on community dwelling older adults' ratings of depression, anxiety, and quality of life. Additionally, the relationship between older adults' engagement with LLTTF and improvements in their reported ratings on all primary outcome measures was evaluated. Twenty-four older adult participants with symptoms of depression were recruited from a New Zealand community setting. Participants completed the intervention over eight sessions and data was collected at baseline, during each session, and at 1- and 6-week follow-up. Data was analysed using Multilevel Modelling, implementing a multilevel (2 level), repeated measure (11 waves), single group design.

Results indicated significant improvements in participants' symptoms of depression, anxiety, and quality of life over time. There was no evidence of an interaction between participants' engagement and depression or anxiety ratings. Unexpectedly, engagement did however interact with quality of life, demonstrating that higher levels of out-of-class engagement with self-help content was related to significantly lower improvements in quality of life. Finally, supplementary analyses indicated greater reductions in anxiety

symptoms amongst participants who lived with others compared to those who lived alone.

These results endorse LLTTF as a viable and effective low intensity treatment option for depression in older adults, with additional benefits for symptoms of anxiety and quality of life. When delivered to older adults, LLTTF could increase treatment access and choice, contribute to the reduction of secondary mental health service load, minimise treatment barriers, and importantly support older adults' to manage symptoms of depression and anxiety while remaining in communities of their choosing.

## ACKNOWLEDGEMENTS

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First and foremost, I would like to say thank you to all those who gave their time to take part in this research. I appreciate all the time you spent completing questionnaires, reading workbooks, and attending sessions. Without your participation this would not have been possible.

Second, I want to express my sincere appreciation to each of my supervisors. Thank you Associate Professor Paul Merrick for your calm presence, encouragement, clinical expertise, and ongoing support, which helped guide the direction of my research from start to finish. Thank you Professor Janet Leathem for your sharp eye and feedback, which helped me to refine my ideas at the beginning of the project. Thank you Dr Peter Cannon for your consistent and contagious enthusiasm and statistical expertise that was critical to both my research and morale. Together, your input made all the difference in facilitating the completion of this project.

I would like to express my deepest appreciation to the Saskawa Young Leadership Fellowship Fund for granting me a scholarship that funded much of this work and supported my family and I throughout my doctorate studies. I am also grateful to Naomi Collins for your patience and flexibility during our many email and phone conversations.

A very special thank you goes to my friend and colleague Dr Amy Montagu, with whom I spent many hours discussing my project. Your knowledge in this area and practical support during some of the more challenging moments was both generous and invaluable. You are a legend. Thank you also Dr Inga Forman for your advice about running groups and Dr Matt Williams who provided some valuable statistical advice as well as some good laughs along the way.

To both my own and my wife's family, it has been a long journey, but words cannot express how grateful I am to have had your patience and understanding as I worked late nights and often missed important family events. Thank you for picking up my slack and allowing me the opportunity to pursue this goal.

Finally, to my wife Elise and daughter Amina. Elise, you have been my biggest and best cheerleader, proof-reader, advisor, support person, friend, and partner. I can never repay you for your support and I hope to make you proud in the future. Amina, your arrival

helped me re-align my priorities and motivated me to complete this project. Thank you and I love you both.

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Document N-1. Supplementary research case study presented as part of course requirements.

## ACRONYM GLOSSARY

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<b>A-VAS</b>	Anxiety Visual Analogue Scale
<b>CBT</b>	Cognitive Behaviour Therapy
<b>D-VAS</b>	Depression Visual Analogue Scale
<b>GAI</b>	Geriatric Anxiety Inventory
<b>IAPT</b>	Improving Access to Psychological Therapies
<b>LI-CBT</b>	Low Intensity Cognitive Behaviour Therapy
<b>LLTFF</b>	Living Life to the Full
<b>MAR</b>	Missing at Random
<b>MLM</b>	Multilevel Modeling
<b>Model A</b>	Anxiety Series of Multilevel Models
<b>Model D</b>	Depression Series of Multilevel Models
<b>Model Q</b>	Quality of Life Series of Multilevel Models
<b>NICE</b>	National Institute for Health and Care Excellence
<b>MCAR</b>	Missing Completely at Random
<b>NMAR</b>	Not Missing Completely at Random
<b>PEQ</b>	Participant Engagement Questionnaire
<b>PHQ-9</b>	Patient Health Questionnaire - 9
<b>Q-LES-Q-SF</b>	Quality of Life Enjoyment and Satisfaction Questionnaire Short Form
<b>Q-VAS</b>	Quality of Life Visual Analogue Scale
<b>SPARX</b>	Smart, Positive, Active, Realistic, X-factor Thoughts
<b>VAS</b>	Visual Analogue Scale