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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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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.
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.

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<td>A-VAS</td>
<td>Anxiety Visual Analogue Scale</td>
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<td>CBT</td>
<td>Cognitive Behaviour Therapy</td>
</tr>
<tr>
<td>D-VAS</td>
<td>Depression Visual Analogue Scale</td>
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<td>GAI</td>
<td>Geriatric Anxiety Inventory</td>
</tr>
<tr>
<td>IAPT</td>
<td>Improving Access to Psychological Therapies</td>
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<td>LI-CBT</td>
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<td>Living Life to the Full</td>
</tr>
<tr>
<td>MAR</td>
<td>Missing at Random</td>
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<tr>
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<td>Multilevel Modeling</td>
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<td>Depression Series of Multilevel Models</td>
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<td>Model Q</td>
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<td>National Institute for Health and Care Excellence</td>
</tr>
<tr>
<td>MCAR</td>
<td>Missing Completely at Random</td>
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<tr>
<td>NMAR</td>
<td>Not Missing Completely at Random</td>
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</tr>
<tr>
<td>SPARX</td>
<td>Smart, Positive, Active, Realistic, X-factor Thoughts</td>
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