

Wendy Thompson
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Karimi, H., Dolatshahee, B., Momeni, K., Khodabakhshi, A., Rezaei, M., & Kamrani, A.

(2010). Effectiveness of integrative and instrumental reminiscence therapies on depression symptoms reduction in institutionalized older adults: An empirical study. *Aging & Mental Health, 14*(7), 881-887. doi:10.1080/13607861003801037

Karimi and colleagues (2010) studied therapies for depressive symptoms. Their **aim** was to investigate the therapeutic effectiveness two reminiscence interventions, integrative and instrumental (**independent variables**) on reducing depressive symptoms (**dependent variable**) in older adults dwelling in a nursing home. **Their research question** included: "What is the effectiveness of integrative and instrumental reminiscence for reducing depressive symptoms in institutionalized illiterate adults 60 years and older"? They **hypothesized** that integrative and instrumental reminiscence are greater at reducing depression compared with active social discussion. ✓

The researchers **operationalized** the **integrative reminiscence** by using the following strategies: disconfirmations of negative beliefs about the self and the future, finding alternative to participants self-blame, discovering internal guidelines for the evaluation of self-worth, and ascertaining renewed sources that are used for the evaluation of self-worth. In the

instrumental reminiscence was **operationalized** by assessing: the coping resources of participants, primary and secondary appraisals strategies, and problem and emotion focused coping responses. The **dependent variable was operationalized by**: the memories recalled by the participants focused on a different theme during each of **six weekly** sessions. The themes included: family history, life accomplishments, major turning points of life, history of loves and hates, experiences of suffering and meaning of life and belief. ✓

This study utilized the "**reminiscence theoretical framework**." This framework specifies that reminiscence can be used to discover meaning and continuity of life (integrative), to draw on the past experiences to solve the present problems and to cope up with them (instrumental), to provide an instructive story, to provide a descriptive story, to escape from the present and dwell on the good old days, and to ruminate about unresolved disturbing events of the past. The theory further emphasizes integrative reminiscence as a process that promotes acceptance of self and others, conflict resolution and the integration on the present and past. Instrumental reminiscence involves remembering past plans and goal-directed activities, recalling how one coped with past problems, and drawing from past experience to solve the present problems (Wong 2005). ✓

The study employed a three-group pretest posttest experimental design. Participants were residents of Kahrizak Nursing Home (the largest nursing home in Iran). Most of them lead inactive lives. They qualified if they: (1) had been living in the Kahrizak Nursing Home for more than six months; (2) were ages 60 and above; (3) were not currently receiving antidepressant medication, or taking if they are taking antidepressants, they must be stabilized on it for alt

three months; (4) were able to understand and speak Persian easily; (5) were suffering from depression as suggested by a score of five or more on the Geriatric Depression Scale -15 (GDS-15).

The **GDS-15** used is a 15 item shortened version instrument adjusted for the use with patients where fatigue is an issue and time is limited. Of the 15 items, 10 indicate the presence of depression symptoms when answered "Yes," while the remaining five (No. 1, 5, 7, 11, 13) indicate depression when answered "No." Scores 0-4 are considered normal; 5-8 indicate mild, 9-11 moderate; and 12-15 severe depression symptoms. If a patient cannot read because of illiteracy or poor vision, the GDS-15 was administered by interview. For this study, the Iranian version of the GDS-15 was applied. ✓

Exclusion criteria were as follows: (1) significant cognitive impairment, as suggested by a score of 21 on the Mini Mental State Examination (MMSE); (2) physical impairment prohibiting participation in another psychotherapeutic intervention. The **MMSE** is a short, structured interview that is designed to offer rapid screening of an individual's mental state. It yields a score ranging from 0 to 30. Considering demographic characteristics, a score below 21 was indicative of the presence of cognitive impairment was thus used as a cut-off to exclude patients from this study. In this study, the Iranian version of the MMSE was used. ✓

One hundred and nine (109) residents volunteered and were interviewed. Of the 109 residents, 94 passed the initial interview and were assessed for eligibility. Forty eight met the inclusion criteria and finally 39 were **randomly** selected. Of the 39 participants, 10 were

excluded due to illness and not attending at least 60% of the class. Finally, **the sample constituted of 29 participants (12 men and 17 women) ranging from ages 64 to 87 years.**

Participants were systemically divided into three groups then were randomly assigned to three condition of intervention (integrative, instrumental or social discussion). Four men and six women were in the integrative group, four men and five women were in the instrumental group, and three men and seven women were in the social discussion control group. Of the participants, 86% were unable to read and write, 62 % were widowed, 14% divorced, 14% single and 10% married.

Assessments and evaluation procedure of participants were conducted by a master's level clinical psychologist who was not the **therapist and was blind to the subjects'** intervention group. The psychologist then administered the MMSE, the GDS, and a demographic questionnaire. The MMSE was administered in order to make sure that the selected participants had no serious cognitive problem interfering with their active participation in the group activities. All the question of the MMSE, GDS, and the demographic questionnaire were asked orally and the oral answers were written down by the psychologist. Level of depression on the GDS **prior to** the intervention, revealed that across the three groups, the participants demonstrated mild, moderate and severe symptoms of depression.

The **procedure for the experimental group** was conducted in a group format and a master's level therapist who was supervised by a registered clinical psychologist led the three groups. The three groups consisted of **six weekly sessions of 90 minutes each**. The first session was about introducing the program and socializing the participants to the intervention (the second

session was actually the first session of actual reminiscence work). Participants were given homework task. They were to think on the topic for the new session in order to be ready prepared to share their memories with the group at the following session. Each week a work sheet with one of the themes and accompanying questions on it should have been given to participants in order to help them identify appropriate memories. Since the majority of participants in this study were unable to read and write, as a way of making up for their inability to make use of the worksheet, for each of the two reminiscence groups, a nurse for the Kahirizak staff was invited to collaborate with the study and asked to remind the participants of the previously identified theme and related question a day before the particular session. ✓

The control group received active social discussion. The group was invited to participate in a series of **six weekly** meetings dealing with topics of concern to older adults. The topics were as follows: the physical problems and their effects on daily living, the changes in family relationships, the status of older adults in religious public laws, the difficulties the young generation is facing, the relationship between the nursing home staff and the residents and supportive organization for older adults and the responsibilities. At the conclusion of the intervention participants were again assessed on the GDS-15. ✓

Analysis of covariance (**ANCOVA**) was used to determine differences in the depression scores between pretest and posttest in the three groups, taking into account the effect of pretest scores (depression severity) as a covariate variable. ANCOVA tests whether certain factors have an effect on the outcome variable, after removing the variance for which on (or more) covariate variable accounts. The researchers highlighted the criterion for statistical

significance was a p-value less than 0.05 for all analysis. **Statistical significance** indicates the degree of confidence a reader can have in the study. If statistical significance is less than $p < 0.05$, this means that more than 95 out of 100 times similar result would be obtained with a new sample.

Means and standard deviations (SDs) pretest scores of depressive symptoms were calculated and recorded in three groups (integrative, instrumental and social discussion). **Results** of ANCOVA as reported, show that the groups differed significantly in their post-treatment scores of depressive symptoms. To clarify the significance group effect, the Scheffe post-hoc test (a method for adjusting significance level) was used to compare the three groups with each other. Analysis of changes from pretest to posttest revealed that integrative reminiscence therapy lead to statistically significant reduction in symptoms of depression in contrast with the control group. There was statistical significance difference between the integrative and social discussion group. The difference shows that the depressive symptoms of the integrative reminiscence group are significantly lower than those of the control group. **This finding rendered support for the hypothesized integrative reminiscence effectiveness over active social discussion.** There was no statistically significant difference between the instrumental reminiscence group and the control group. **This finding did not support the hypothesized instrumental reminiscence greater effectiveness over active social discussion.** Together, however, these findings suggest that integrative reminiscence was superior to instrumental reminiscence intervention in reducing symptoms.

The authors revealed that integrative reminiscence therapy was more effective than instrumental reminiscence treatment may be due to the differential process components of the two interventions in terms of suitability for the use with the sample of the study. They noted that it seems that the component of integrative reminiscence intervention are more familiar to an illiterate person from the Iranian culture, and on the other hand, the components of instrumental reminiscence appear to be out of institutionalized older adult real of concern. Older adults living in an institute are less likely to be facing challenges like those of older people in the community, thus drawing upon the past to manage the present which is the hallmark of instrumental reminiscence would not match the real contest of their lives. However, since the intervention manual was initially designed for use with literate community dwelling sample of older adults in a western society it has to be adopted for the purpose of the study and that is acknowledge that perhaps with further adaptation there could have been a different result. ✓

The authors explained that, statistical significance of the effectiveness of integrative reminiscence therapy on the reduction in depression symptoms in older adults is consistent with the findings of research in the adaptive benefits of reminiscence therapy, and its therapeutic utility for treatment of depression on older adults therefore indicating that integrative reminiscence does have **positive implication for clinical practice**. ✓

One underlined **limitation** of this study was that there was no follow-up study to discover the level of stability of the intervention effects. A small sample size and the reliance on a single measure of depressive symptoms as an outcome measure are **also the limitation** of the study.

The authors remarked that there have been many advances in the field of reminiscence.

Theorists have progressed in elucidating the structure and component of reminiscence and its role in the human life but still questions remain to be answered. **This discussion, therefore, points toward the need for further studies in this field of research.**

