Groups for Older Persons and Their Caregivers: A Review of the Literature

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Abstract:
The authors review the results of group interventions with groups for older persons and their caregivers. Implications for counselors and suggestions for further research are provided.

Article:
Older persons (i.e., those 60 years old and over) make up a growing segment of our society. By the middle of the next century, one in five Americans will be over the age of 65. Within the older population, the proportion of those over 85 (the "old-old") is growing most rapidly (Libert, 1986). Because the incidence and prevalence of mental (as well as physical) health needs increase with age (Myers, 1989b), sheer increases in numbers of older persons will be accompanied by greater numbers of those persons in need of mental health care. Counselors increasingly will find older persons among their clientele, and must have available a repertoire of techniques to assist in meeting their needs.

Although most older persons, contrary to popular stereotypes. are not severely disabled, between l5%-20% do have mental or physical health conditions that result in a significant level of limitation of daily living activities (Libert, 1986). These limitations lead to needs for caregiving assistance. Since most older persons are not institutionalized, caregivers are likely to be spouses, children, other relatives, or, more infrequently, formal community caregivers (Stone, Cafferata, & Sangl, 1987). Family members assume over 80% of the care-giving needs of older persons (Troll, 1982). When family members begin to provide care to aging relatives, stress often accompanies this role change (Cantor, 1983). Family members, particularly adult children, may experience multiple role strain due to the conflicting demands on them as parents to their own children, spouses, employees, and caregivers (Zarit & Toseland, 1989). Although more is written about the effects of care giving on care providers, older persons who are placed in dependent positions understandably may become depressed, angry, and resentful (Myers, 1989a). Clearly, both disabled older persons and their family caregivers may benefit from counseling interventions to help them cope with stress and achieve satisfying, healthy relationships.

This article reviews the literature on group interventions with both disabled older persons and their caregivers. The data suggest a number of potential advantages of group interventions, which are summarized along with implications for structuring effective group experiences. The article concludes with suggestions for further research to enhance the group counselor's repertoire of techniques to assist both older persons and family caregivers in responding to the challenges of changing needs in later life.

GROUP WORK WITH OLDER PERSONS
> Loneliness, isolation, and rejection are conditions often associated with the process of aging in our culture. These conditions, stemming from a myriad of sources, give rise to a high incidence of depression and suicide among [older persons]. Much of the literature related to group counseling and group therapy suggest that loneliness and isolation are reduced and the level of social interaction is enhanced in groups. Therefore, it seems that group work should be a primary treatment used by those practicing gerontological counseling. (Capuzzi & Gross, 1980, p. 206)

Within the broad framework of group work with older persons, significant contributions are evident from many disciplines, including gerontology, nursing, and counseling. From these multidisciplinary efforts, Burnside (1984) delineated four types of group work used to meet the needs of this population: (1) reality orientation, (2) remotivation therapy, (3) group psychotherapy, and (4) reminiscing therapy. Reality orientation and remotivation are specialized therapeutic techniques used in inpatient settings with severely mentally impaired older persons. Both techniques require the creation of a therapeutic community, and are thus beyond the scope of this article. The focus of this review of current research (1987—present) is on group psychotherapy and reminiscing therapy. A brief description and evaluation of each approach is provided in this section.

Group Counseling With Older Persons

Group psychotherapy or counseling for older persons is broadly described as a process intended to "explore the problems that are common among older people, provide a supportive milieu, enhance a sense of belonging and offer opportunities for reality testing" (Corey, 1985, p. 161). For many helping professionals, group counseling is the preferred mode of treatment because it is both economical and time efficient (Burnside, 1984).

Zimpfer (1987) found that group counselors need to attend to basic needs of older persons such as fear, physical decline, and loneliness before addressing growth and development. Weisman and Schwartz (1989) also warned that failure to address these factors reduced group effectiveness; basic needs of older persons must be met in order to ensure that growth and development ultimately can occur. Furthermore, they cautioned that evaluation of group "success" with older persons required cautious monitoring.

Both Zimpfer and Weisman and Schwartz reviewed differences that may occur in group work with older persons. For example, when working with older persons counselors need to take more time in establishing relationships with potential group members prior to the first meeting and provide very structured activities to encourage participation in the group. Weisman and Schwartz (1989) suggested that a "structured program such as exercises, sing-alongs, poetry writing, simple crafts and guided group discussion can often move the group to a level where feelings can be expressed within the group, hurts aired, and more meaningful exchanges can take place" (p. 53). In addition, counselors need to accept a slower pace and remind members of positive changes in order to reduce frustration and encourage continued participation. Other factors to consider include adopting different (i.e., less stringent) criteria for success and being aware of discrete behavior changes such as short verbal responses that denote a change in attitude, emotion, or behavior that may indicate withdrawal and reluctance on the part of group members.

There are many benefits associated with the use of group counseling with older persons. Zimpfer (1987) suggested that older group participants are likely to experience reduced isolation and depression and improved health and problem-solving skills. Other positive benefits include improved social skills and a greater sense of social reality (Burnside, 1984).

The results of recent research suggest that group counseling may foster other therapeutic outcomes as well. For example, Beutler et al. (1987) concluded that cognitive group therapy was effective in improving sleep efficiency and overall subjective state, and that psychologically-based interventions were comparable to pharmacologically based interventions in the amelioration of depression in older persons. Moran and Gatz (1987) found that group approaches that focused on insight and task-oriented peer counseling improved locus of control, life satisfaction, and trust among nursing home residents. Furthermore, Babins, Killion, and Merovitz (1988) found that Validation Therapy, a humanistic group counseling approach, was helpful in enhancing communication among disoriented older persons.

In a recent study of veterans (mean age 69), Sullivan, Coffey, and Greenstein (1987) found that impaired older persons who participated in group therapy in combination with education and socialization activities exhibited increased social and coping skills. The authors concluded that this type of intervention was useful only as an adjunct for those with more severe psychological disturbance. In general, group counseling is effective with a

wide range of older persons, and most effective with those who are not cognitively impaired (over 80% of the older population).

Reminiscing Groups With Older Persons

The tendency to review one's life is both normal as persons age and essential to successful development in later life (Butler, 1963; Erikson, 1963). Reminiscence is a technique that assists older persons by helping them review their life history. The process is therapeutic in that it may permit older persons to resolve problems of longstanding duration, integrate personal identity (Butler, 1963), and "reconstruct and remember the past" (Corey, 1985, p. 161). In group settings, therapeutic benefits include, the "cohort effect," in which older persons share their accomplishments and perspectives as a positive affirmation of the aging process. Common life experiences provide the comfort of knowing one is "not alone" or "not crazy" in terms of one's experiences and perceptions. Reminiscing groups also offer increased opportunities for socialization through the sharing of memories (Ebersole, 1978).

The role of the group leader is to facilitate the sharing of past significant events in a nonthreatening setting, which typically includes six to eight other group members. Group leaders may wish to encourage members to share memorabilia that are easily transported to and from the group setting. These could include pictures, pottery, clothing, or other items that evoke special memories from participants.

Reminiscence has been used effectively with both institutionalized and community-based older persons. For example, Osborne (1989) studied the use of reminiscence groups with nursing home residents. He reported that reminiscence interventions were associated with increased self-esteem, life satisfaction, and psychological well-being, as well as reduced levels of isolation and loneliness. Sherman (1987) reported similar results with older persons living in the community.

Berghom and Schafer (1987) examined data from several experimental studies that used reminiscing therapy as the primary intervention. They concluded that the experimental data do not match the suggestions implied by other, more theory-based literature. Furthermore, they emphasized that value choices (i.e., what the individual values most) were most likely to result in changed attitudes or behaviors, rather than the type of approach used. Reminiscing therapy was viewed as a positive and rewarding activity in which older persons were able to assess their values and behavior. They also were able to modify their attitudes toward factors such as institutional living and overall lifestyle in a generally positive direction.

Although the results of studies using quantitative measures such as self-esteem, locus of control, and life satisfaction are not *uniformly* supportive of reminiscing groups, subjective self-reports of older persons provide evidence that the approach is effective (Zimpfer, 1987). In general, reminiscence-based group counseling approaches seem conducive to meeting the needs of many older persons.

Implications for Counselors Working With Older Persons

The literature on group work with older persons supports the use of both group counseling technique and reminiscence therapy. Both quantitative and qualitative outcome measures have been generally regarded as favorable. To achieve effective outcomes, counselors need to consider the special needs of older persons and, relatedly, how these needs influence counseling practices. Although similar skills will be used in group counseling with any population, the special needs of older people often require adaptations. Burnside (1984) suggested several guidelines, including the need for counselors to model a willingness to self-disclose information. Knowledge of common concerns of older persons such as intergenerational conflicts and social, physical, and economic loss is important for establishing rapport. This is especially true for younger counselors, for whom such knowledge may help to establish credibility. Physical contact including hugging and touching may be provided and even encouraged by counselors, but only when such contact is deemed acceptable by older clients.

Osborne (1989) suggested additional guidelines for counselors working with older persons in groups. Foremost, counselors must clearly communicate the group's purpose, structure, and rules. Further, counselors are encouraged to select appropriate group members and avoid those with serious impairments. The ideal size of the group should be in the range of 6 to 10 persons unless participants are nonambulatory, in which case smaller groups are needed. Other factors include establishing a set time and place, and providing a democratic (i.e., non-authoritative) leadership style. Counselors should also allow additional time for the group to proceed through normal stages and carefully monitor group process. Flexibility is viewed as important, and counselors roust be willing to facilitate whatever issues arise in the group. These same skills and techniques may be useful in working with groups of caregivers as listed below.

GROUP WORK WITH CAREGIVERS OF OLDER PERSONS
The 1982 National Long-Term Care Survey and Informal Caregivers Survey confirmed previous research findings that informal caregivers are predominantly female, that roughly one-third are over age 65, and that a minority use formal services (Stone, Cafferata, & Sangl, 1987). Of the overall caregiver population, 80% provided unpaid assistance 7 days a week. Additionally, the survey results supported the presence of competing demands, including child-care responsibilities and work conflicts. Stone, Cafferata, and Sangl (1987) found that, of all caregivers, 20% reported conflicts between work and caregiving resulting in the need to alter work schedules. Greene and Monahan (1989) noted that "a number of problems for caregivers arise from the often intense and complex emotional conflicts that are engendered by the overwhelming helplessness of an adult toward whom deep affection-or obligation is felt" (p. 472). This complexity of the caregiver role suggests a need for interventions to assist caregivers in effective coping (Toseland & Zarit, 1989).

A review of the literature regarding group interventions for caregivers suggests that issues or themes can be identified that are common to caregiver groups. Knowledge of such themes can assist group counselors in ad-dressing the needs of this population. The following section provides an overview of issues common to caregiver groups and describes what is known about the results of group interventions, Because caregivers to older persons with dementia experience unique stresses, specific information is given regarding groups for such care providers, Finally, implications for group counselors are discussed.

Issues Common to Caregiver Groups
Toseland and Rossiter (1989) reviewed the literature from 1969 to 1987 on specific group interventions to support family caregivers. Almost all of the groups involved both education and support. Analysis of group interaction suggested seven major themes: "information about the care receiver's situation, the group and its members as a mutual support system, the emotional impact of caregiving, self-care, problematic interpersonal relationships, the development and use of support systems outside the group, and home care skills" (Toseland & Rossiter, 1989, p. 439). Hausman (1979) found similar issues to be common across groups for people with elderly parents: dependence, fear of one's own aging, relationships with siblings, and communication. Hartford and Parsons (1982) identified group themes related to actions taken with or for older relatives, interpersonal relationship changes as relatives become more dependent, ways to deal with the attitudes and emotions of the care receiver, and learning skills in parent care and information about aging.

Results in Group Interventions
An important group process outcome reported in the literature is the development of a supportive atmosphere, leading to reduced feelings of isolation. Also significant is participant satisfaction with the group experience as informative, meaningful, and useful (Hartford & Parsons, 1982; Hausman, 1979; Toseland & Rossiter, 1989; Toseland, Rossiter, & Labrecque, 1989). Support strategies have also been shown to reduce the subjective burden experienced by caregivers (Montgomery & Borgatta, 1989) as well as the emotional conflicts experienced by caregivers whose care receivers become institutionalized (Cox & Ephross, 1989). Although standardized measures and experimental designs have not extensively substantiated these results (Toseland & Rossiter, 1989), the caregiver perceptions of the group experience as positive suggest the continued use of this intervention and support clinical observations that groups are effective (Haley, Brown, & Levine, 1987).

The structure and leadership of group interventions can affect group outcomes. Toseland, Rossiter, and Labrecque (1989) studied professionally-led and peer-led groups for adult daughters and daughters-in-law in the caregiving role. Participants in both groups experienced significant improvements in psychological functioning, increases in informal support networks, and positive personal changes in handling of the caregiving role. In this study, the professional leaders had more than 5 years experience in work with chronically ill and older persons, held the MSW degree, and received 6 hours of training, a protocol of topics, background reading material, and telephone consultation with the first author. Peer leaders were chosen based on experience in caregiving and previous participation as self-help group members. They were given 2 hours of training on leading self-help groups, a brief protocol on the same subject, and background reading material. Professionally-led groups resulted in the greatest improvement in psychological functioning, while peer-led groups produced the greatest increases in informal support networks. Greene and Monahan (1989) reported significant reductions in anxiety and depression for caregivers with high stress levels as a result of a professionally-led group experience. Professional leaders have been found to be somewhat more effective at keeping group discussion focused on caregiving issues, which may account for the greater changes in psychological functioning for participants in professionally-led groups (Toseland, Rossiter, & Labrecque, 1989).

Groups for Dementia Caregivers

Caregivers of older persons with Alzheimer's disease or other forms of dementia have been the focus of group interventions targeted at the unique stresses of the situation. Most of these groups emphasize education, support gained from shared experience, and improvement in coping skills (Schmidt & Keyes, 1985; Selan & Schuenke, 1892; Wasow, 1986). Schmidt and Keyes (1985) suggested that although participants may prefer that the group be primarily supportive and nonconfrontational, staying at this level may create a group defense against individual expressions of anger and grief. When leaders actively encouraged emotional expression and con-fronted the group defense, in effect shifting the focus from support to therapy, cohesiveness was maintained and some individuals "clearly benefitted from this approach," (p. 349). Caregivers are generally resistant to exploring negative feelings (Wasow, 1986; Winogrond, Fisk, Kirsling, & Keyes, 1987). While some exploration may be necessary for coping, coping may also be enhanced through a recreational focus, providing relief from the constant strain created by the impaired older person's caregiving needs (Wasow, 1986). Thus, the role of the leader in balancing emotional expression and supportiveness is crucial.

The results of group interventions with dementia caregivers are similar to results obtained with caregivers in general. Haley, Brown, and Levine (1987) reported no significant changes on objective caregiver outcome measures after group interventions; however, subjective postgroup evaluation forms reflected a high level of satisfaction with the group experience and specific perceived benefits from the groups. including improved coping, reduced feelings of isolation, and increased awareness of community resources. Longitudinal follow-up data confirmed the subjective evaluations of support-oriented benefits (Haley, 1989). Positive subjective evaluations of support-oriented groups were also reported by Aronson, Levin, and Lipkowitz (1984) and Selan and Schuenke (1982). Winogrond, Fisk, Kirsling, and Keyes (1987) found that coping increased as a result of participation in a support group when caregivers became better able to separate feelings of burden and low morale from intolerance toward the care receiver's behaviors.

Implications for Counselors Working With Caregivers

The literature on group work with caregivers of aged persons supports the use of groups as an intervention that generates a positive response from participants. Although objective outcome measures have been inconclusive, subjective measures have reflected increased feelings of support, reduced feelings of isolation, and greater knowledge related to the caregiver role and older persons. According to Toseland and Rossiter (1989):

> Group intervention has the potential to prevent stressors from overwhelming caregivers by providing a much needed respite from caregiving; reducing isolation and loneliness; providing an opportunity to share feelings and experiences in a supportive environment with peers who share similar concerns; providing caregivers with support, understanding, affirmation, and validation of thoughts and feelings about caregiving; universalizing and normalizing caregivers'

experiences; instilling hope; assuring caregivers that they are playing a vital role in providing care; educating caregivers about the effects of chronic disabilities; informing them about community resources; encouraging a mutual sharing of information about effective coping strategies; helping caregivers to identify and examine problems and concerns and to use systematic problem-solving procedures to resolve specific concerns. (p. 438)

Zarit and Toseland (1989) concluded that psychoeducational interventions have modest therapeutic benefits as measured by global ratings of well-being, mood, stress, psychological status, and caregiving burden" (p. 481). They further suggested that global measures used to assess outcomes may underestimate treatment effects and that group interventions may in actuality be more effective than studies have shown. Toseland and Rossiter (1989) advocated the use of measures of specific behavioral change (e.g., use of services, self-care abilities) to assess outcomes more effectively.

CONCLUSION

This review of the literature on groups for older persons and their caregivers leads to several important conclusions. Though research results are not consistent across all subgroups studied, the preponderance of evidence supports the effectiveness of group approaches. It seems that positive outcomes result when the following conditions are met: group participants are carefully selected to include those with common needs and exclude those with serious cognitive impairments; group counselors have knowledge of the unique needs of older persons and their caregivers; and group counselors are willing to modify their usual procedures and expectations to accommodate the unique characteristics of older individuals.

IMPLICATIONS FOR FUTURE RESEARCH

The results of numerous studies have supported the importance of the group leader in creating effective and therapeutic experiences (see Burnside, 1984). Dickel (1987) noted several needs of group facilitators: an academic knowledge base regarding the operation of groups, experience as an observer and member of an organized support group, and an initial experience facilitating or co-facilitating a small group. Because older persons and their caregivers represent a growing population with unique characteristics, it is vital that group leaders are informed about their special life circumstances and needs so that they can more effectively tailor interventions to meet those needs.

Additional research is needed to assist group counselors in designing and implementing groups to meet the special needs of older persons and their caregivers. Older persons are known to be an extremely heterogeneous population, yet only a few of the many possible subgroups of this population have been studied. For example, there is a virtual dearth of literature on group work with older minorities and older immigrants. Because most older persons are female, and women are known to be more amenable to mental health intervention, little is known about the potential effectiveness of groups with older men.

Specialized techniques and structured approaches to assist caregivers need to be explored. The focus of group interventions to date seems to be on relieving feelings of stress and burden. Beyond the remedial aspects of group work, the possibility of proactive interventions to facilitate more effective family relationships needs to be explored. Family counseling with older family members is a fertile area for group research.

Many other possibilities for needed research could be stated. The authors would like to encourage consideration of research on developmental interventions with both older persons and their family members. While remedial interventions will always be necessary, recent advances in systems theory and developmental counseling (Ivey & Simek-Downing, 1980) underscored the need for counselors to be prepared to understand and meet the needs of people across the life span. Preventive approaches can be an effective means of teaching coping skills to deal with the difficult transitions of middle and later life.

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