



Project Collaborators
協作夥伴

賽馬會長者計劃新里程
A Jockey Club Initiative for Seniors

**Instrumental Reminiscence Intervention (IRI)
for Alleviating Depressive Symptoms among
Chinese Older Adults**

應用適應性懷惻治療於抑鬱徵狀的長者工作坊

Dr. Vivian LOU W. Q.
Department of Social Work & Social Administration,
Sau Po Centre on Ageing, The University of Hong Kong
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Warm Up



歡迎你參加今天的懷緬之旅... 懷緬過去常陶醉，幾多憂愁幾多歡笑。

1. 此時此刻，試懷緬一下過去，您會回想起什麼事情？

2. 試想像一下，若您是一位年屆七十的長者，您懷緬過去時會想起什麼？和您剛才回憶的情況有什麼不同？



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What is Reminiscence?



- Conscious or unconscious of **recalling**
- Specific or general **episodes**
- Reconstruction of memories in relation to the **current situation**
- **Private** memory or **shared** recollection with the others
- We reminisce **differently**
 - Along the life timeline
 - Episodic
 - Relating to significant others



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Who Reminisce?



- **Everyone** does!
- Not distinctive to old age
 - **No age difference** in the total amount of reminiscence
- But also **not universal** among the elderly
 - Some elderly saw no point in looking back
 - Some even actively avoid looking back because of the past-present contrast



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Different Functions of Reminiscence



- **Reminiscence Functions Scale (RFS)**
 - Identify 8 uses of reminiscence

Use of reminiscence	Relationship with psychological well-being
Identity 身份整合	+ Self-positive
Death Preparation 預備死亡	
Problem Solving 解決困難	
Teach/ Inform 教導他人	O Prosocial
Conversation 社交話題	
Boredom Reduction 減少苦悶	- Self-negative
Bitterness Revival 沉溺痛苦往事	
Intimacy Maintenance 與故人維繫親密感	

(Webster, 1997)



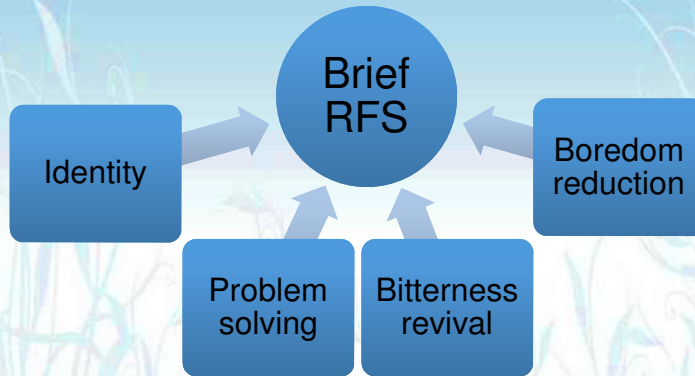
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Structure of Reminiscence Functions



- A second-order factorial structure of brief RFS
- Validated among local Chinese older adults



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Reminiscence and Psychological Well-being



- Some reminiscence functions have a positive effect on psychological wellbeing of older adults

Purpose	Forms	Process
Enhance mental health • Self-positive uses • Self-negative uses	Structured interviews	Focusing systematically on entire lifespan/ evaluation & integration of particular positive and negative memories. (<i>Identity + Problem Solving</i>)
	Guided autobiography groups	
Promote happiness • Prosocial uses	Simple reminiscence group	Involving family member; elderly told the youngsters their stories (<i>Teach/inform</i>)
		Elderly sharing their common experience of the old days (<i>Conversation</i>)

(Westerhof, Bohlmeijer & Webster, 2010)



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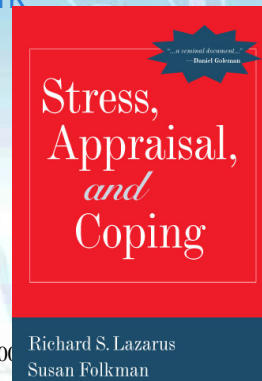
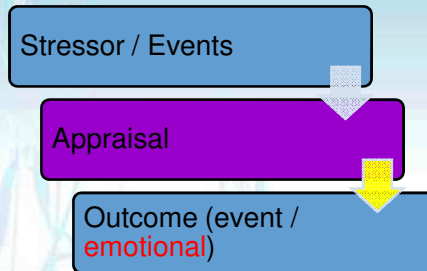


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Instrumental Reminiscence Intervention (IRI)



- Focus on the 'problem solving' use of reminiscence
- A recollection of past problem solving memories within a stress, appraisal, and coping framework



(Watt & Cappeliez, 2006)



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Richard S. Lazarus
Susan Folkman

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Depressive Symptoms



- 在最近的二星期內，你是否曾有以下感受，如有的話，請答是，若無的話，請答不是。

- 1、你基本上對自己的生活感到滿意嗎？
- 2、你是否已放棄了很多以往的活動和嗜好？
- 3、你是否覺得生活空虛？
- 4、你是否常常感到煩悶？
- 5、你是否很多時感到心情愉快呢？
- 6、你是否害怕將會有不好的事情發生在你身上呢？
- 7、你是否大部分時間感到快樂呢？
- 8、你是否常常感到無助？
- 9、你是否寧願留在家裏，而不愛出外做些有新意的事情？（比如：和家人到一新開張酒樓吃晚飯）
- 10、你是否覺得你比大多數人有多些記憶的問題呢？
- 11、你認為現在活著是一件好事嗎？
- 12、你是否覺得自己現在是一無是處呢？
- 13、你是否感到精力充足？
- 14、你是否覺得自己的處境無望？
- 15、你覺得大部分人的境況比自己好嗎？

Geriatric Depression Scale (GDS-15)



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Depression & Suicidal Ideation



(Chou & Chi, 2005; Yip et al., 2003)

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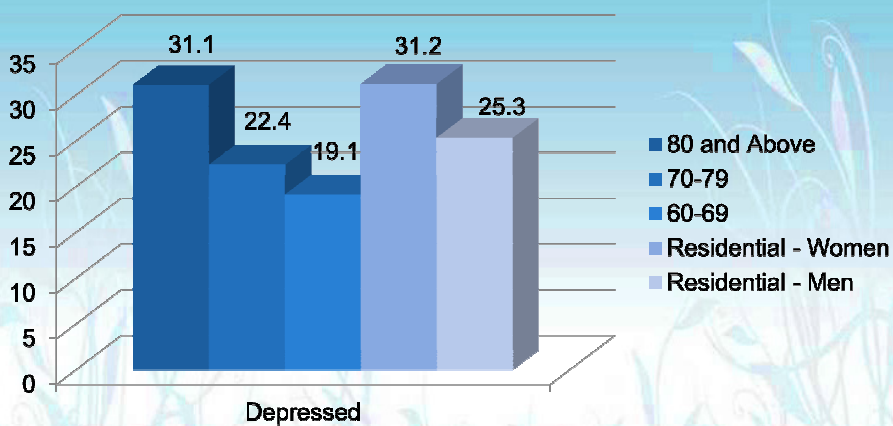
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Prevalence among HK Older Adults



Geriatric Depression Scale (GDS): range 0-15, cutoff 7/8
(Chou & Chi, 2005; Chow et al., 2004 Mean Age = 80.5)

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Prevalence among Living Alone / with Spouse Only Older Adults



- GDS-15, cut-off score ≥ 8 to identify elderly with depressive symptoms
- Living alone/ with spouse only older adults: 20.3% from our study

Group	Frequency	Percentage (%)	
GDS score			
0 - 7	No sign of depressive symptoms	456	79.7%
8 - 13	Mild to moderate levels	103	18.0%
14 - 15	Severe levels	13	2.3%

Geriatric Depression Scale (GDS): range 0-15, cutoff 8 (Mean Age = 78.5)



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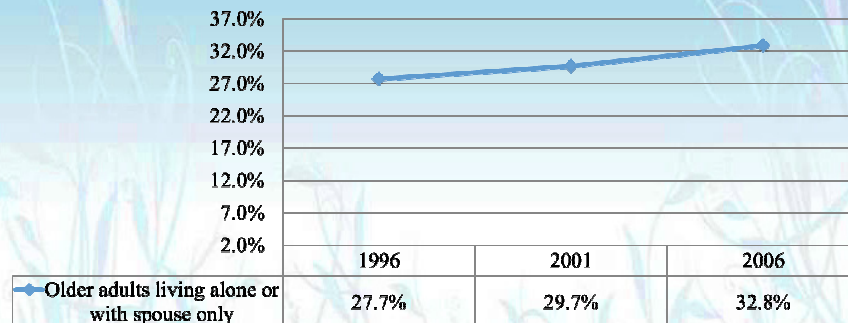
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- Elderly living alone/ with spouse only

Proportion of older adults living alone or with spouse only in 1996, 2001 and 2006 in Hong Kong



(Census and Statistics Department, 2008)



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Etiology of Depression in Later Life



BIOLOGICAL

- Genes
- Neurotrans-mitters
- Medical illness



PSYCHOLOGICAL

- Stressful life events
- Daily hassles
- Engage in fewer behaviors & receive lower level of positive reinforcement
- Negative views on self, others and the world



SOCIAL

- Low social economic status
- Low social support
- Socially excluded



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Risk factors of depressive symptoms



- A local study on community-dwelling elderly:

	80 and Above	70-79	60-69
Current not married	x	✓	x
Financial strain	✓	✓	✓
Loneliness	✓	✓	✓
Poor self-rated health	✓	✓	✓
Vision impairment	x	✓	x
Heart disease	✓	x	x
Bone fracture	x	✓	x

- **Ineffective Escapism coping** (avoidant and passive) was associated with current and future depression;
- And it mediated the relationship between stress and depression
(Rohde, Lewinsohn, Tilson, & Seeley, 1990; Watt & Cappeliez, 2000; Chou & Chi, 2005)



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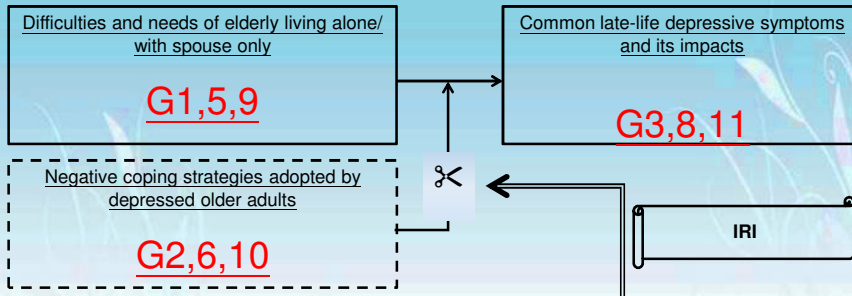
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Group Discussion

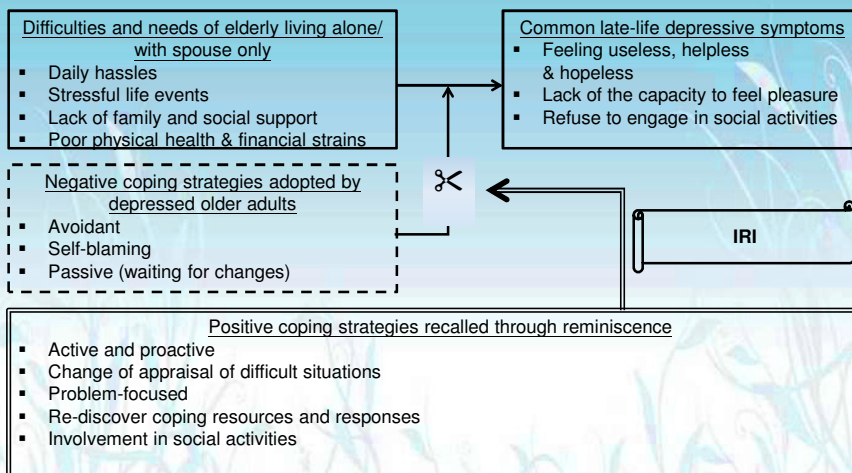


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計劃夥伴: [Logos of project partners]

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Summary



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BREAK

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適應性懷惻治療小組(對象)

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- 1. GDS 8-13分長者**
- 2. MMSE: 未受過教育: 18以上**
私塾或小學程度: 21分以上
中學程度或以上: 24分以上
- 3. 並沒有確診患有精神病**

人數: **5-10人**
時間: **每節90分鐘**
節數: **6節**

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適應性懷惻治療小組



目的：

1. 重建組員的解難策略，使他們能重獲自信來處理生活的難題

2. 減輕組員抑鬱的徵狀



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組前訪問



	內容
1	嗜好 / 興趣
2	工作
3	喜歡 / 不喜歡的人或事
4	特別的身體 / 醫療狀況
5	家人 / 情人 / 朋友
6	價值觀 / 對自身生命的看法
7	生命歷程中的重要事件
8	現在遇到的困難 / 挑戰
9	其他



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應用於香港長者上的獨特性



歷史 - 背景、經歷...

文化 - 信念、價值...

教育 - 語言、認知...



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小組流程



每節主題

第一節	人生轉捩點
第二節	家庭生活
第三節	事業或工作
第四節	喜愛或討厭的人或事
第五節	艱難的經歷
第六節	人生的意義及目標



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治療小組示範



小組流程

第一節	第二節至第六節
互相認識	回顧家課
建立小組守則	
治療的原理及過程	
放鬆練習 (集中精神, 消除即時憂慮)	
個別交流 (一對一的交流)	
組員回應 (交換意見、借鏡)	
討論家課	
發問與回應	



小組流程



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放鬆練習

用幾分鐘，放鬆自己，把現在的煩惱暫時拋開。

集中回想...



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小組流程



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引導問題

1. 在你的...曾遇上甚麼困難？
2. 你用了甚麼方法去面對？
3. 請你嘗試運用這些方法在生活上。



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家課



目的：鞏固所學的解難策略，並運用在生活中

口述家課

圖像輔助

「減壓秘笈」 / 「策略咭」

多重溫

多示範

多練習



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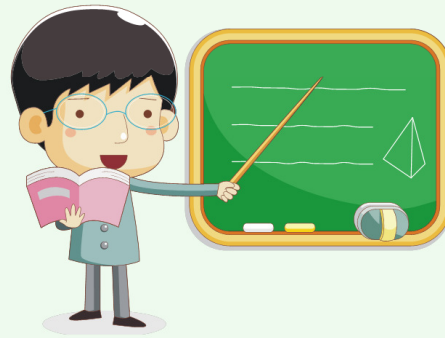


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騙案



活到老 學到老

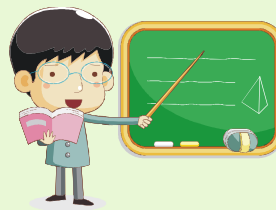


情景

老友記到中心簽到時，常說：
「我無用架，連自己個名都唔識寫，淨係識打交叉，唉」

策略

活到老 學到老



腳痛



同人傾



情景

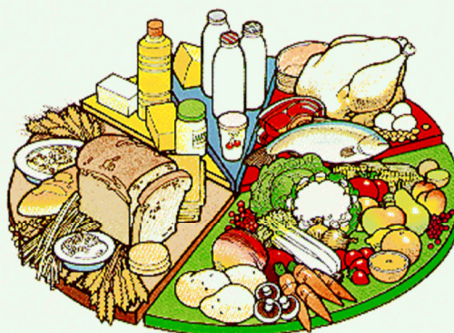
老友記早上六時起床，唔知做咩好，去完廁所再聊過。

策略

同人傾



食物



有選擇



情景

老友記有高血壓
同糖尿病，感嘆
好多嘢都唔食得。

策略

有選擇



工作人員的態度



個人獨特性	尊重決定和想法 → 認識本身的獨特性，建立自尊
強調自決	自己選擇最適合的方法 → 自我控制能力，增強信心，減低壓力
人本性的理解	過往的經歷影響個人想法 → 承受壓力的程度不同 → 從組前訪問中理解
非批判的態度	沒有標準答案 → 建立小組守則訂明 → 開放自己，接納更多意見



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工作人員帶領小組注意事項



彈性 (每節主題調動、新增...)

精簡易明 (引導問題、用字...)

尋找策略 (個別組員、組員回應、工作人員)

融會貫通 (運用策略)



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攪得掂 諗得通 好輕鬆



重拾往事 重獲策略 重展笑容



多謝！



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