

# Psychological Story of Resilience



Dr Gary Cheung  
Old Age Psychiatrist & Senior Lecturer  
Department of Psychological Medicine

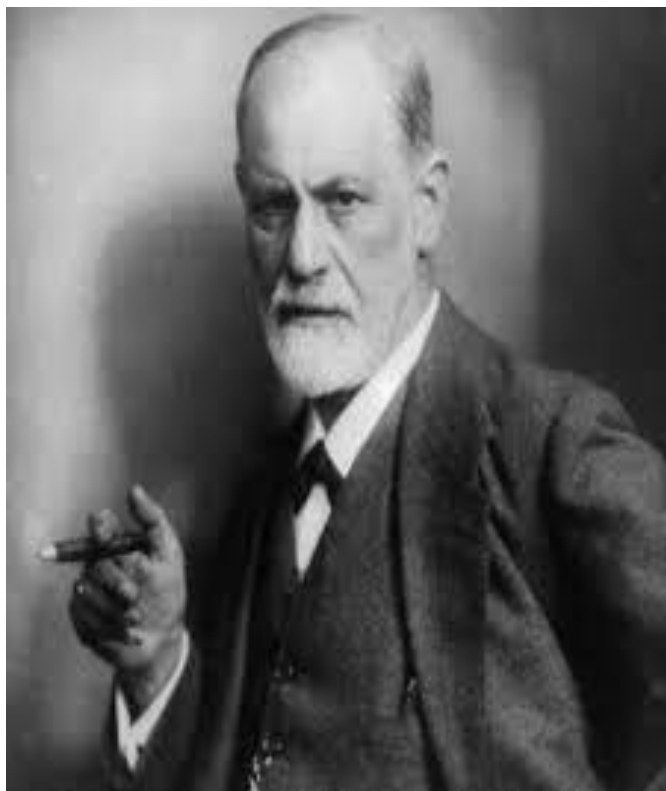


THE UNIVERSITY OF  
**AUCKLAND**  
Te Whare Wānanga o Tamaki Makaurau  
NEW ZEALAND

**MEDICAL AND  
HEALTH SCIENCES**



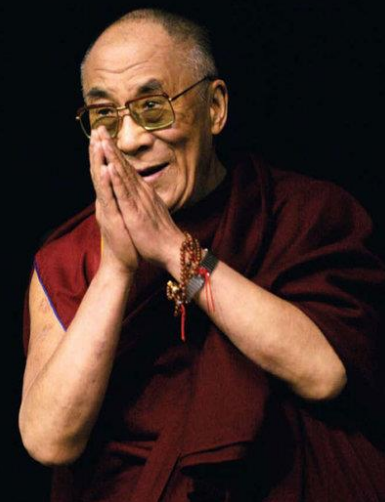
To convince you that there is a role for psychological treatment in promoting resilience in older adults.



“When you talk, you are only repeating what you already know. But if you listen, you may learn something new.”

~ Dalai Lama

[FascinatingWomanhood.com](http://FascinatingWomanhood.com)





Put your arms down if you are a psychologist, psychotherapist or counselor.

Put your arms down if you provide talking therapy, psychological treatment or counseling as part of your work.

# Resilience

Bounce back despite adversity





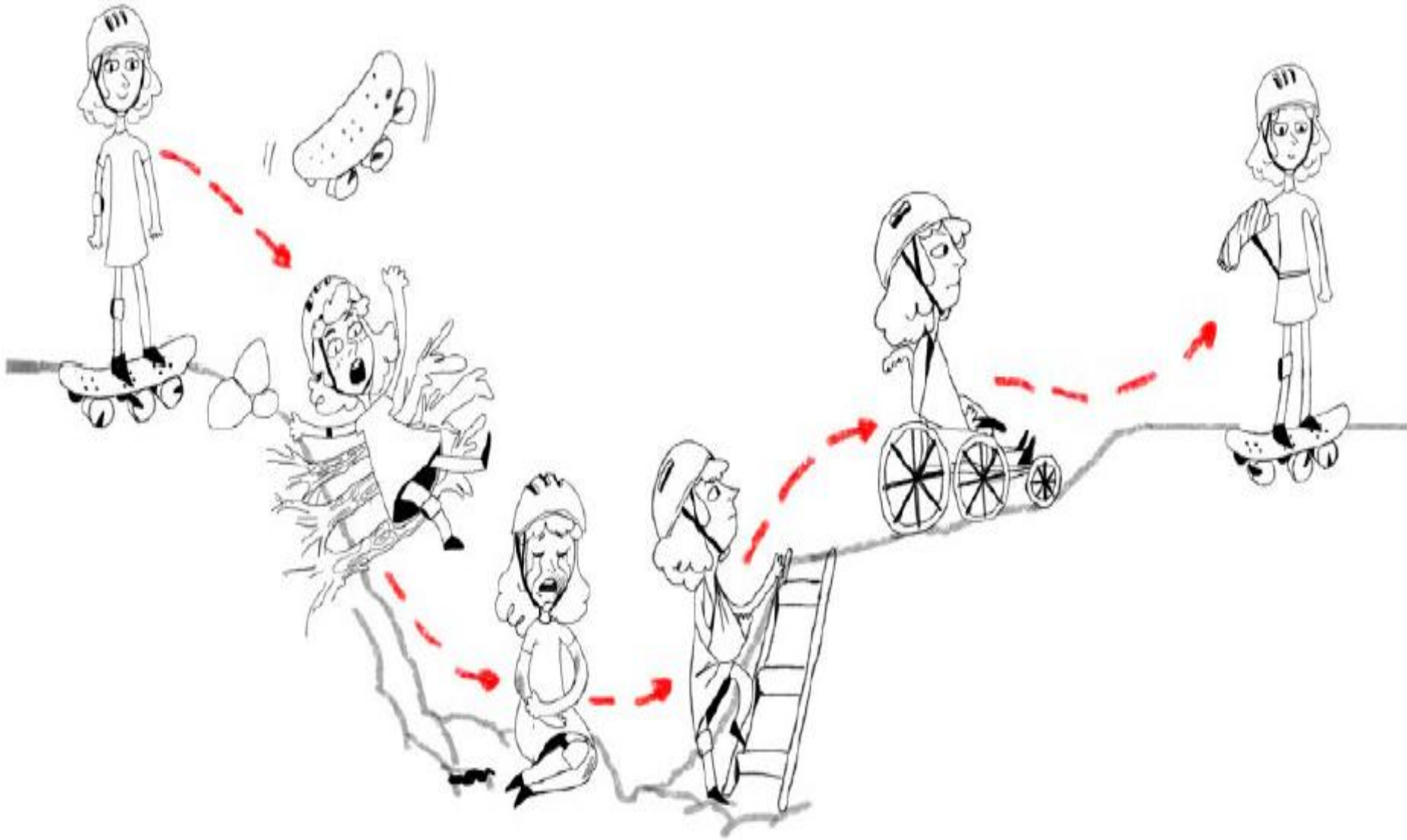
# Resilience

- The ability to resist or recover from adverse effects of a stressor and it comes to play when a risk is present.

Whitson et al. (2016) J Gerontol A Biol Sci Med Sci

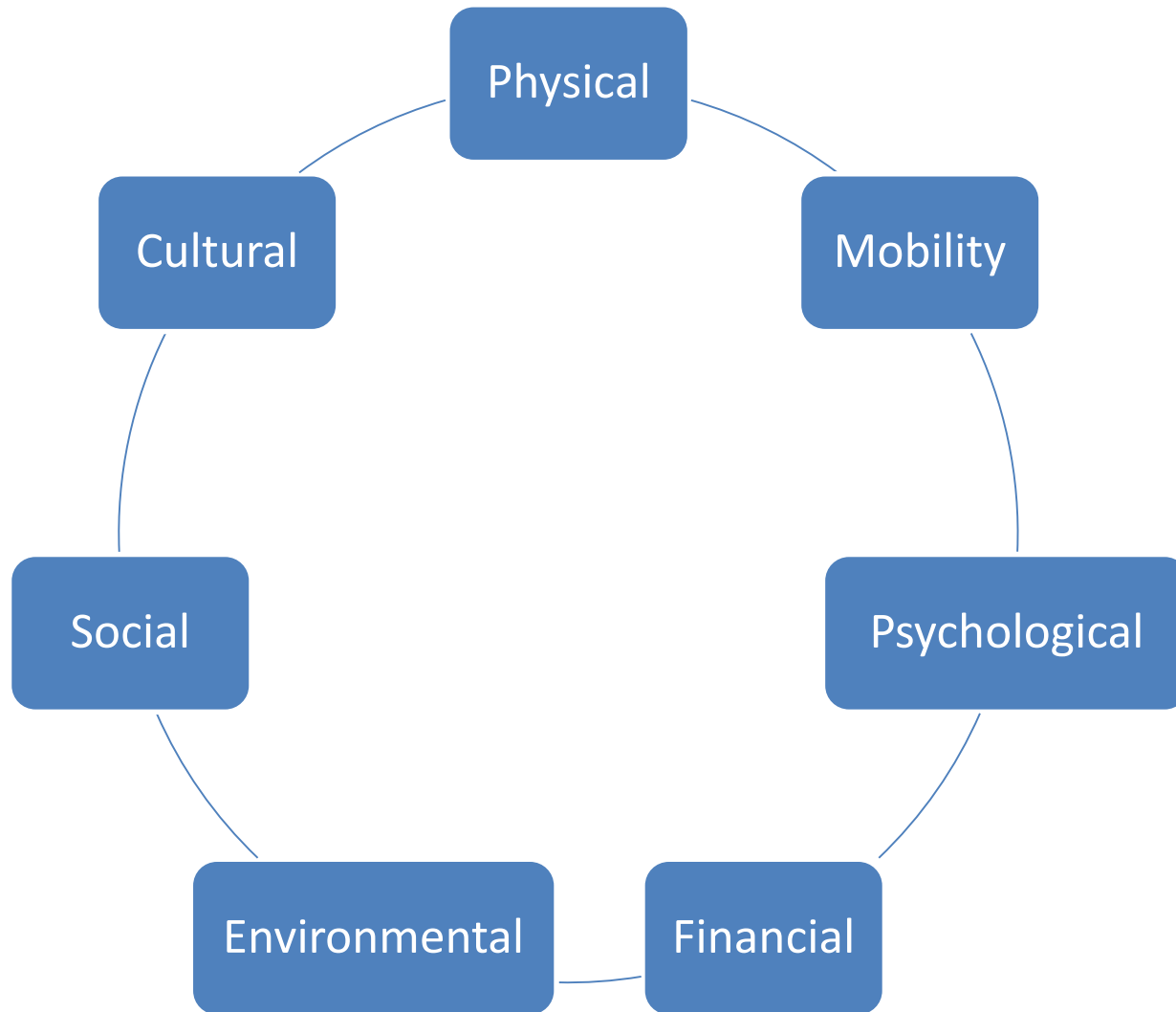
- The process of effectively negotiating, adapting to, or managing significant sources of stress or trauma.

Windle (2011) Reviews in Clinical Gerontology



Alyami et al. (2015) Australasian Psychiatry

# Resilience in older adults: a multifactorial concept





# Psychological resilience

- The extent to which a person maintains a positive view of life and believes that challenges are generally predictable, achievable and meaningful.

Antonovsky. (1986)

# Social, psychological, physiological resilience

- Can be enhanced through a balance between mental and physical activity; enjoying leisure activities, and strengthening social networks

Royal College of Psychiatrists (2010)



what's the  
opposite of  
frailty?



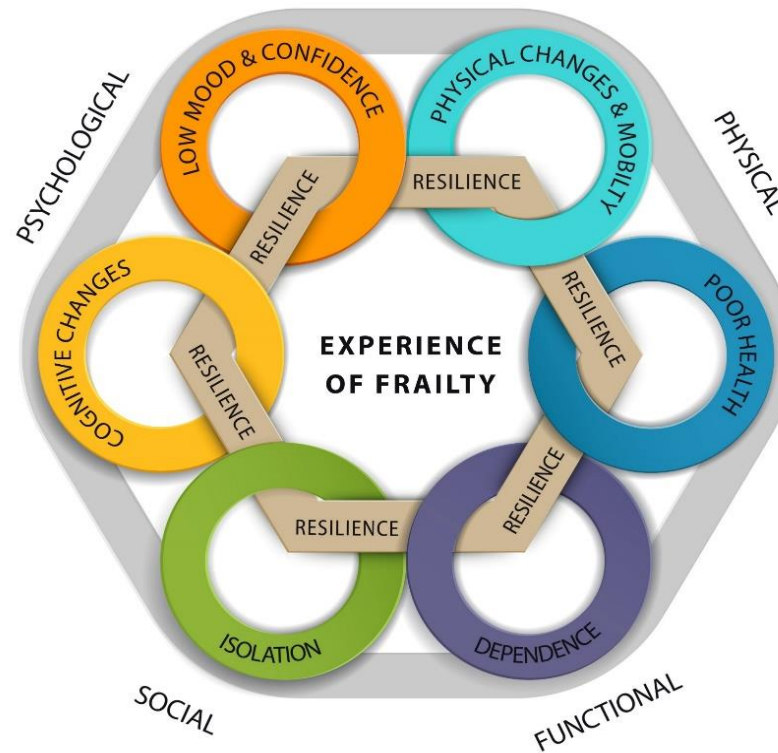
strength, firmness, robustness,  
perfection, strong point,  
health, soundness, fortitude,  
advantage, virtue



Is frailty the reverse of resilience?

Gladman (2019) Age and Ageing

# Or is resilience the antidote of frailty?

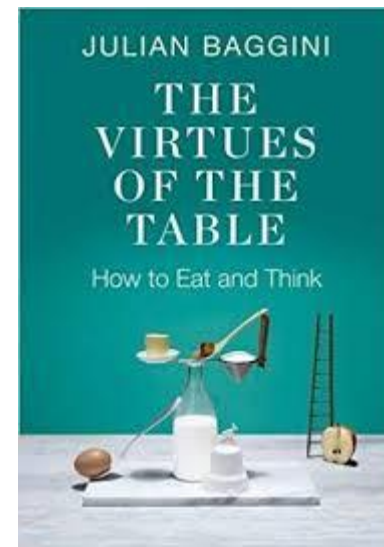


- What are some of the adversities faced by older New Zealanders?
  - Discuss in pairs



# Independence or interdependence

...It seems obvious that self-sufficient makes us more secure, less dependent on others and therefore more resilient. But this is wrong. What makes us stronger is not independence but interdependence.








# The interrelation between physical illness, mental health (including depression) and resilience.

- Higher resilience →
  - Better physical outcomes, physical health, longevity and survival
- High psychological resilience →
  - Greater happiness
  - Lower depression
  - Greater satisfaction with life
  - Positive health-related behaviour e.g. exercise





## Longitudinal health and disaster impact in older New Zealand adults in the 2010–2011 Canterbury earthquake series

Joanne Allen <sup>a</sup>, Lisa M. Brown <sup>b</sup>, Fiona M. Alpass<sup>a</sup>,  
and Christine V. Stephens <sup>a</sup>

<sup>a</sup>School of Psychology, Massey University, Palmerston North, New Zealand; <sup>b</sup>Trauma Program, Palo Alto University, Palo Alto, California, USA

### ABSTRACT

Pre-existing longitudinal studies of people affected by disasters provide opportunities to examine the effects of these events on health. Data used in the current investigation were provided by participants in the New Zealand Health, Work and Retirement longitudinal surveys conducted in 2010, 2012 and 2014 ( $n = 428$ ; aged 50–83), who lived in the Canterbury region of New Zealand during the 2010–2011 earthquakes. Latent profile growth analyses were used to identify groups of respondents who had similar pre–post-disaster physical and mental health profiles. These groups were compared in terms of demographic factors, personal impact of the earthquakes assessed in 2012 and the overall negative–positive impact of the earthquake assessed in 2014. There was little evidence of change in health status overtime. Groups did not differ in their experiences of threat or disruption, however those in poorest health reported greatest distress and a more negative overall impact of the earthquake. Although results suggest little impact of disasters on health of surviving older adults, pre-disaster vulnerabilities were associated with distress. Social workers and agencies responsible for disaster response can play a key role in pre-disaster planning and assessment of vulnerabilities of older adults to enhance potential for positive outcomes post-disaster.

### ARTICLE HISTORY

Received 29 November 2017  
Revised 18 May 2018  
Accepted 25 June 2018

### KEYWORDS

Earthquake; disaster; older adults; resilience; health; New Zealand health; work & retirement study

# How to measure psychological resilience?

- Connor-Davidson Resilience Scale (25- & 10-items)
    - 0 – Not true at all; 1 – Rarely true; 2 – Sometimes true; 3 – Often true; 4 – True nearly all the time.
1. I am able to adapt when changes occur.
  5. I tend to bounce back after illness, injury or other hardships.
  8. I am not easily discouraged by failure.

## **4 adaptational tasks and challenges faced by older people, Menninger (1988,pp.192–193)**

1. Accepting a new, less potent sense of self prompted by physical changes resulting from the aging process
2. Accepting the loss of one's peers through death, including the loss of one's life partner

3. Losing one's independence, often with a role reversal by becoming dependent on one's children
4. Losing the sense of one's identity through retirement and the loss of one's occupation, and becoming oriented to the past as a means of rationalising one's continued existence

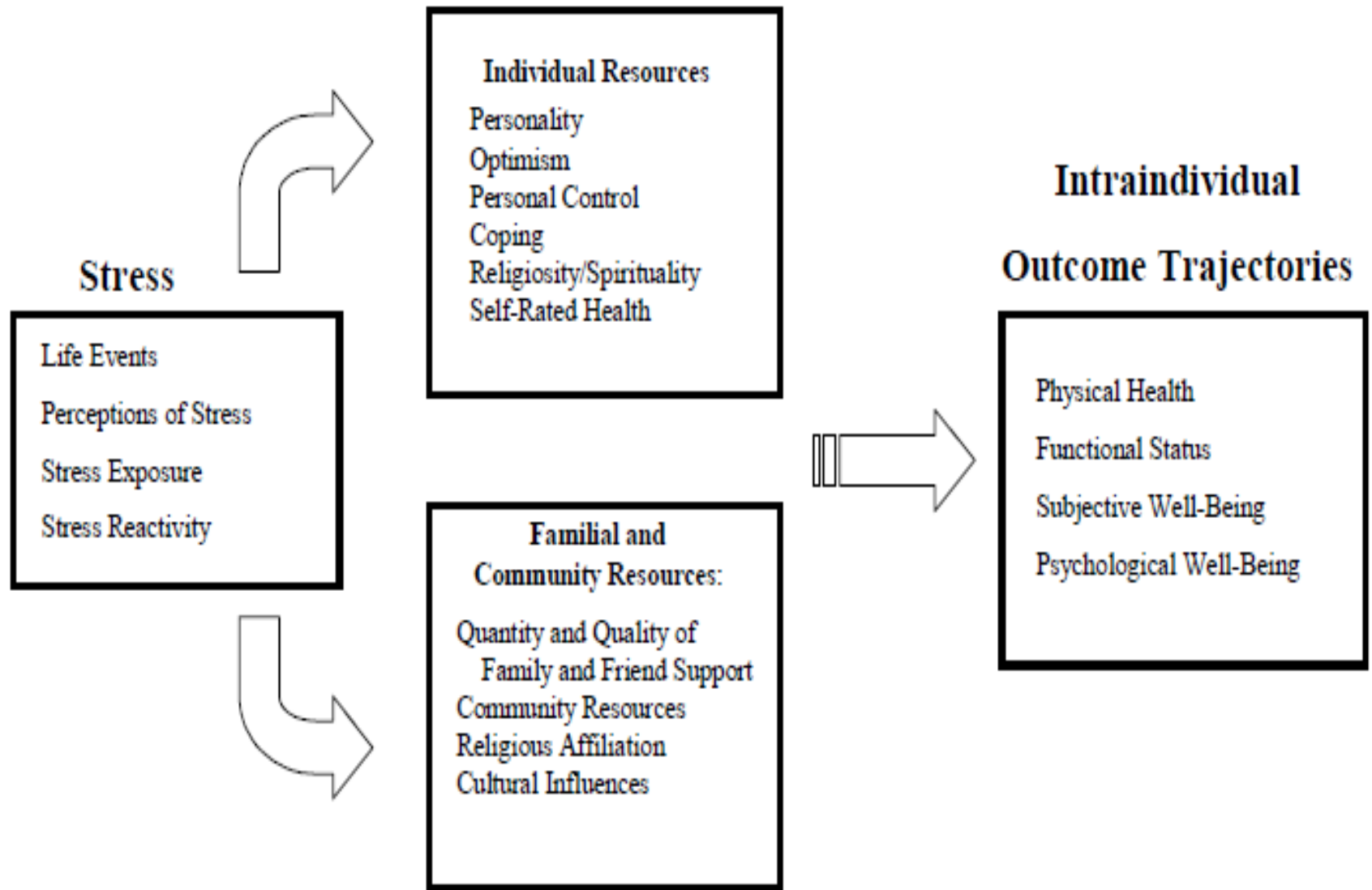
- Personal growth and development in old age is possible even in the face of physical decline and social loss.
  - Acceptance of ill-health and loss, and developing a sense of accomplishment in life.

Gladman (2019) Age and Ageing

But how do we help our older adults to adapt and face these challenges?



## Resilience Resources

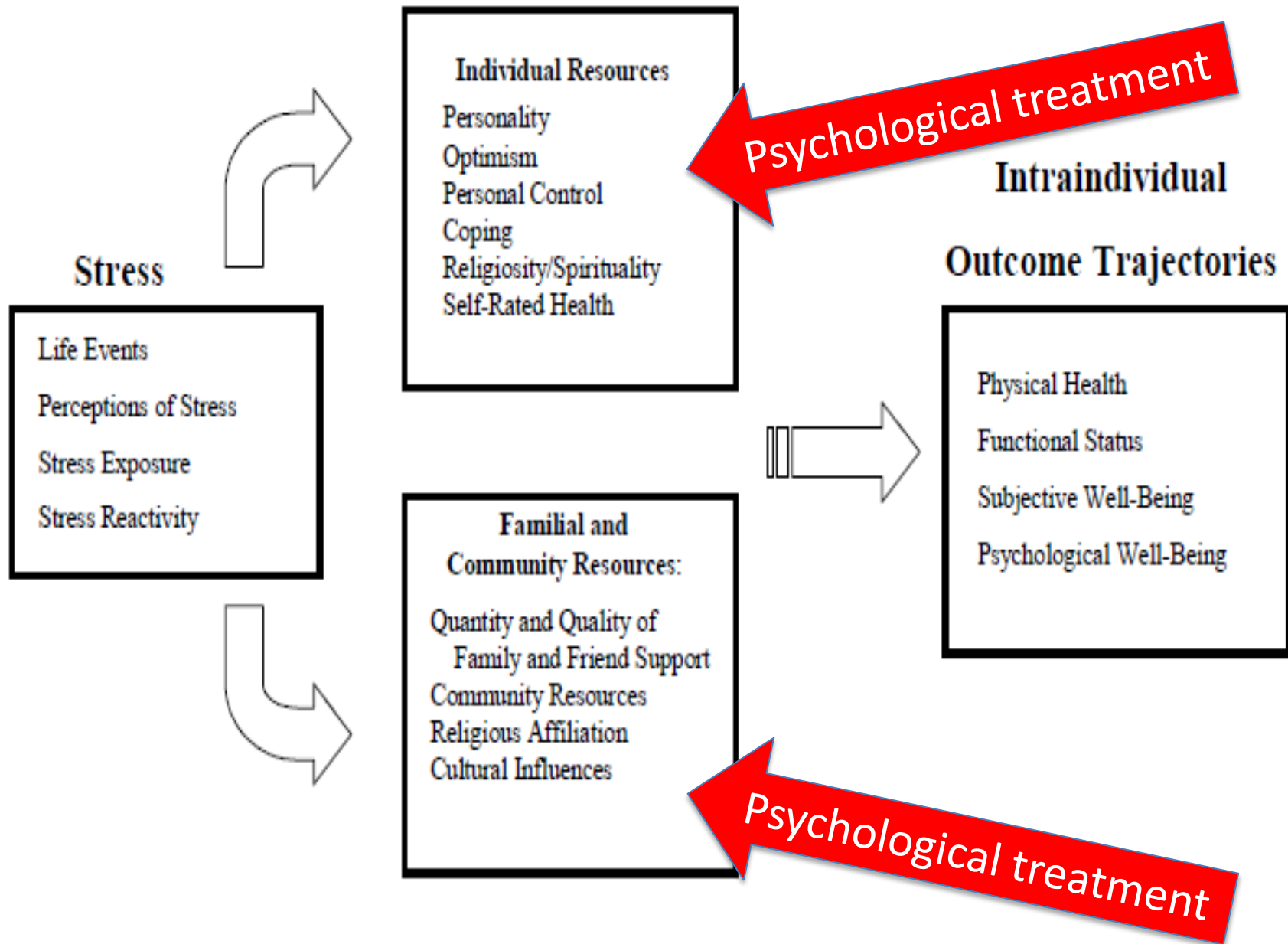








You can lead a horse to water,  
but you can't make him drink.



# Psychological treatment

- Sometimes called ‘psychotherapy’ or ‘talking therapy’.
- It involves talking about your thoughts with a professional to:
  - better understand your own thinking and behaviour
  - understand and resolve your problems
  - recognise symptoms of mental illness in yourself
  - reduce your symptoms
  - change your behaviour
  - improve your quality of life.



- **Counselling** is the process of helping and supporting a person to resolve personal, social, or psychological challenges and difficulties.

(NZ Association of Counsellors)

# Psychological interventions to build resilience in older adults

- Cognitive Behavioural Therapy
- Mindfulness-based Cognitive Therapy
- Acceptance and Commitment Therapy
- Interpersonal Therapy
- Problem-Solving Therapy

Kishita et al. (2017) Int J Geriatr Psychiatry

Kirkham et al. (2016) Int J Geriatr Psychiatry

Reynolds III (2019) International Psychogeriatrics

**Te Pou**  
© Te Whakao Rau

# TALKING THERAPIES

## FOR OLDER ADULTS

Best and promising practice guide for  
mental health and addiction services



## Problem-Solving Therapy

- active coping skills, behavioural activation, enhanced engagement in life, providing an antidote to learned helplessness

# Extending the Comfort Zone: Building Resilience in Older People With Long-Term Conditions

Journal of Applied Gerontology

2019, Vol. 38(6) 825–848

© The Author(s) 2017

Article reuse guidelines:

[sagepub.com/journals-permissions](http://sagepub.com/journals-permissions)

DOI: 10.1177/0733464817724042

[journals.sagepub.com/home/jag](http://journals.sagepub.com/home/jag)



Mark Robinson<sup>1</sup>, Esmée Hanna<sup>1</sup>, Gary Raine<sup>1</sup>,  
and Steve Robertson<sup>1</sup>

## Abstract

This article examines how a 6-week mental health resilience course for people with long-term conditions (LTCs; diabetes, heart disease, and arthritis) increased perceived resilience of older participants. This article examines how peer support assisted participants to develop resilience, considers gender issues, examines the importance of course activities, and explores how resilience enhances quality of life. A mixed methods approach was used. A



- Uses a range of CBT and Mindfulness techniques
- Sharing lived experiences, relaxation techniques, handling stress, managing challenging situation and difficult thoughts or emotions, developing skills to boost confidence and coping with life changes



*Mixed Methods*

---

**Extending the Comfort  
Zone: Building Resilience  
in Older People With  
Long-Term Conditions**

# New Research:

## A community based psychosocial group treatment for older adults with loneliness



- Older adults with loneliness referred to Age Concern's accredited visitor service
- Psychosocial group (3 hours per week for 12 weeks)
  - 1) **Meditative** breathing
  - 2) Group **Interpersonal Psychotherapy** to address loneliness
  - 3) Creative **art** activities
  - 4) Informal **social interaction** among participants over lunch

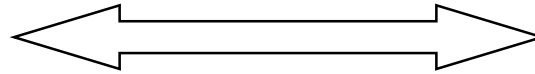


# What is Interpersonal Psychotherapy (IPT)?

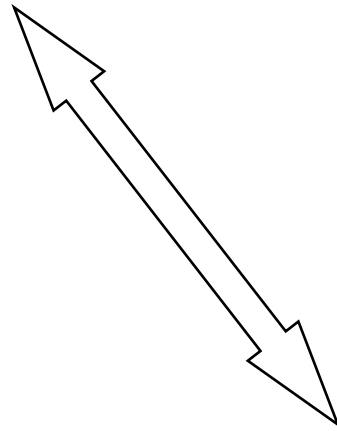
- Interpersonally Based Psychotherapy
- Time- Limited
- Semi-structured
- Empirically based
- Goal of treatment: symptom relief

# Theoretical Underpinnings of IPT as an Intervention

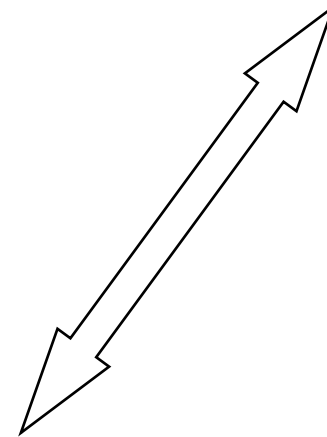
**Attachment  
Theory**



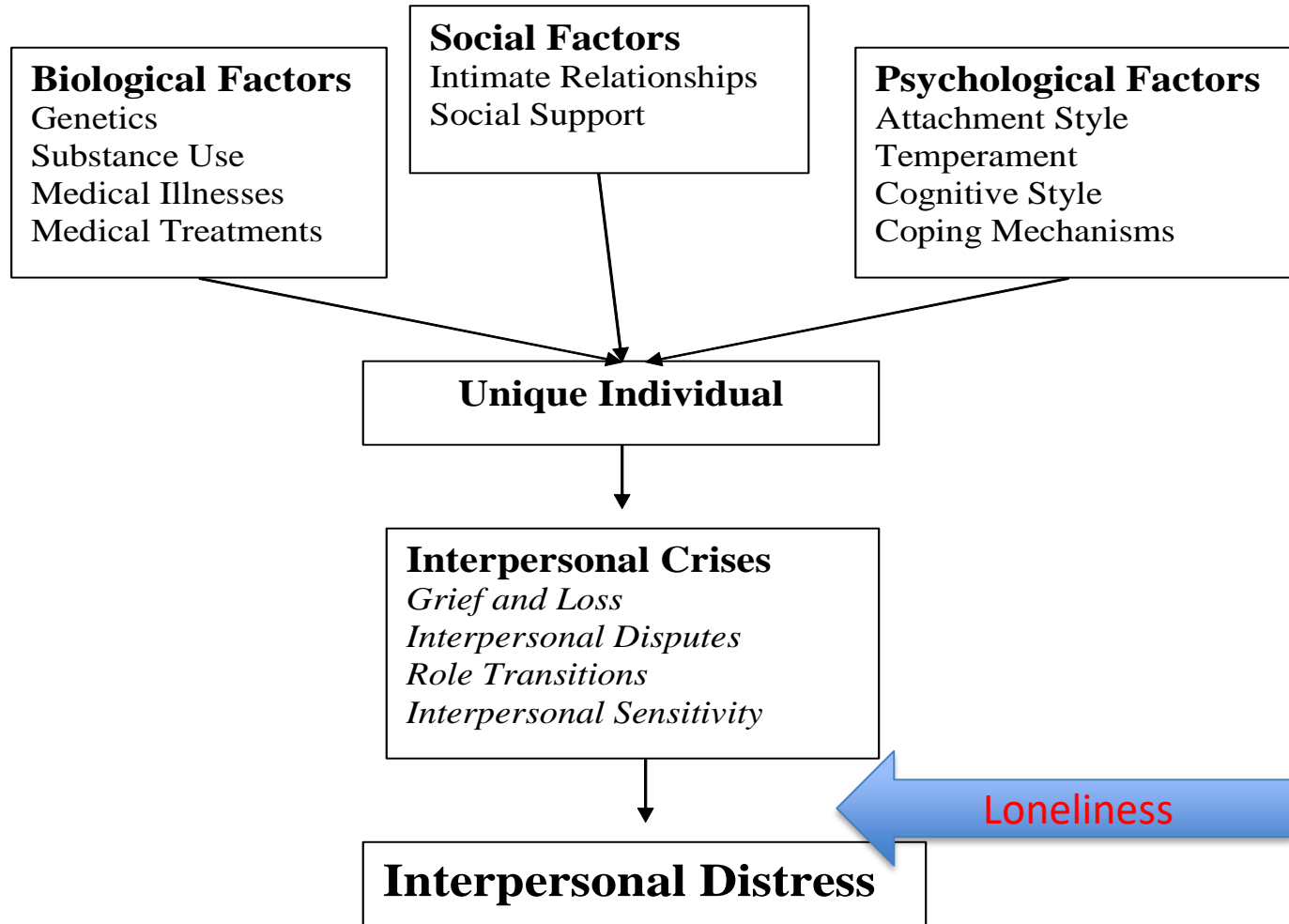
**Communication  
Theory**



**Social  
Theory/Psychiatry**



# The IPT Formulation



# 1. Role Transitions

- Life-Cycle Transitions
  - Adolescence, Menopause
- Social Transitions
  - Marriage, Divorce, Parenthood, Employment, Unemployment, Promotion, Demotion, University
- Older People
  - Retirement, downsizing, ceasing to drive, increasing medical disability

# ROLE TRANSITIONS



- **Accept the loss & acknowledge feelings**

- **Develop a balanced view of the transition**

- **Establish/define new role**

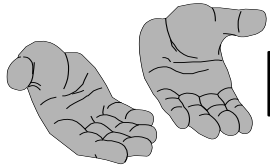
- **Develop new skills and social supports**



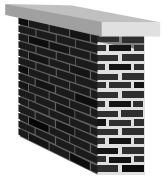
## 2. INTERPERSONAL DISPUTES



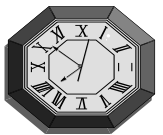
THERAPIST EXAMINES  
DISPUTE IN DETAIL



NEGOTIATION



IMPASSE



DISSOLUTION



COMMUNICATION



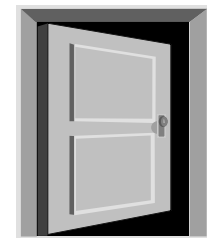
MODIFY  
EXPECTATIONS



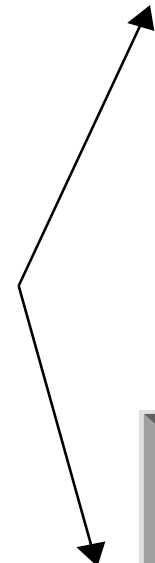
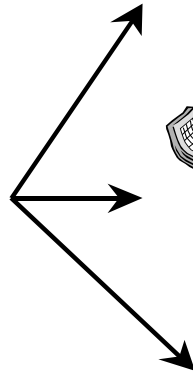
BRAINSTORMING



RESOLUTION



RELATIONSHIP  
DISSOLVES – ROLE  
TRANSITION



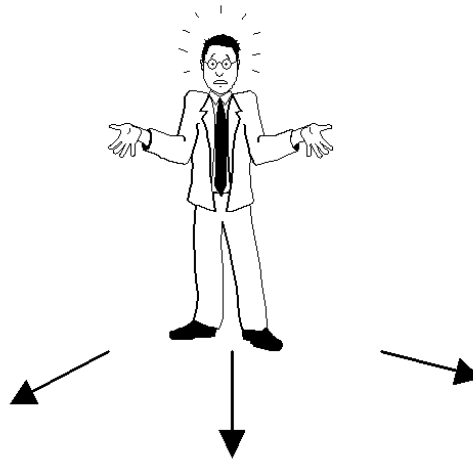
# 3. Grief in IPT

The tasks in working with grief in IPT involve

- Relate onset of symptoms to timing of the loss
- Exploration of the circumstances of the loss
- Exploration of the actual relationship with the deceased
- Generation of associated emotions and promoting their acceptance as part of the loss experience
- Helping the client to make new attachments that replace the role of the lost attachment

## 4. Interpersonal Sensitivity Therapeutic Goals

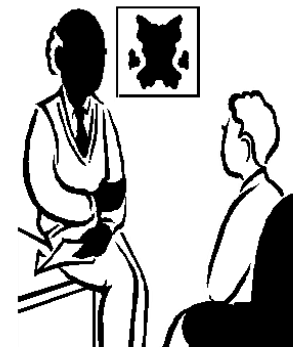
- Loneliness



Expand social networks by  
increased activity

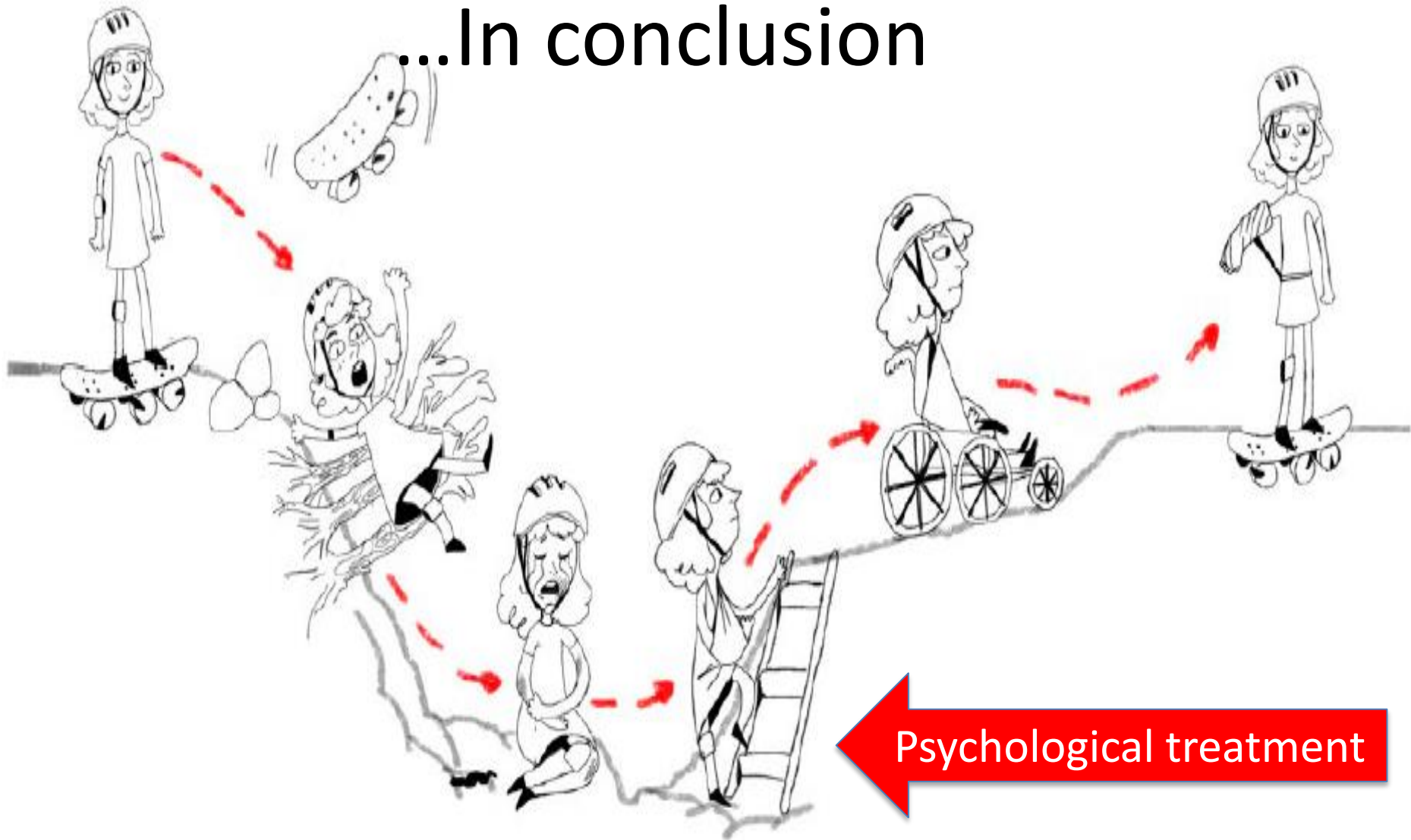


Reestablish old relationships



Enhance function in Therapeutic  
Relationship

# ...In conclusion



Psychological treatment