Psychothérapie chez les personnes âgées

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Club de lecture de gérontopsychiatrie, 8 décembre 2022

- “I am convinced that no one therapy has a monopoly or truth for human experience. The essence of therapy1 is the personal encounter between the client and therapist (. . .) I see the therapeutic encounter as an opportunity for clients to explore their experiences, learn about themselves, and learn how to cope in a safe place with someone who tries to understand them, who meets them as another human being, and who has struggled to cope and make sense of life” [1].

HORAIRE DU JOUR

- **Pertinence du sujet**
- **Bref historique**
- **Principes de base**
- **Modalités**
- **Types de psychothérapies**

POURQUOI CE SUJET?

- L'apprentissage et la croissance personnelle peuvent avoir lieu tout au long de la vie

  *bien qu'avec l'âge on note une lég diminution de l'ouverture à l'expérience & extraversion..

  l'amabilité, la stabilité émotionnelle et le caractère consciencieux s'améliorent

- Défis spécifiques en gériatrie

  -relocalisation : établir relations saines avec nouveau personnel / co-résidents

  -perte de l'identité et du but dans la vie

  -tristesse et ennui

  -isolement social

  -divers stresseurs (familiaux, relationnels, détérioration de conditions médicales, etc)

- Suicide est une préoccupation de taille en gériatrie

  *12.1 / 100 000 personnes

  *>40% suicides chez 50ans et +

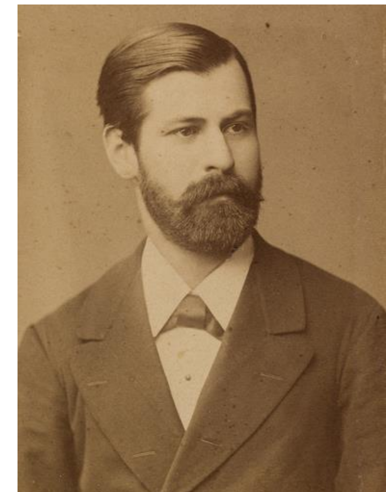
  *suicides complétés/tentatives beaucoup plus élevé chez personnes âgées

- Préférences des patients

HISTORIQUE

- **Fin des années 1700, Philippe Pinel note le manque de connaissances thérapeutiques en psychiatrie**

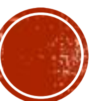
"One of the fundamental principles of conduct one must adopt toward the insane is an intelligent mixture of affability and firmness"



- **Freud s'est basé sur ces principes 100 ans plus tard**
- **Siècle des lumières (1800s)**

Table 8.1 Core values in psychotherapy

Enlightenment era (eighteenth century)	Modern (twenty-first century) psychotherapy
Careful observation to determine pathophysiology	Being "curious and interested," "not-knowing stance"
Dignity	Patient-centered care
Moral, nonintrusive treatment	Trauma-informed care
Integration of the mind, spirit, and brain	Integrative care, biopsychosocial conceptualizations of illness and treatments



PRINCIPES DE BASE

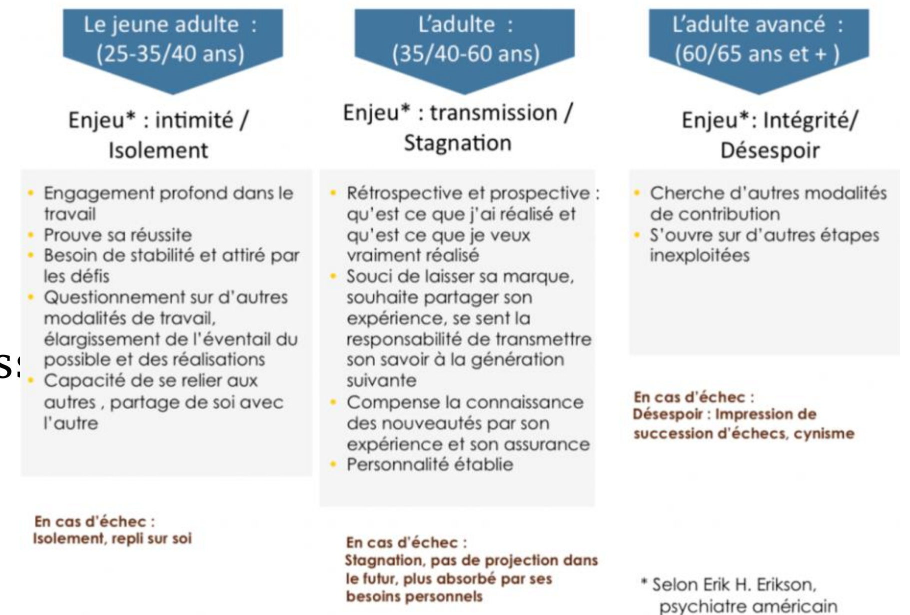
- Ouverture d'esprit qui ne généralise ni ne distingue l'autre sur la base de l'âge.

- Cibler les enjeux pertinents selon le patient

    -intégrité de l'ego vs désespoir [Erikson]

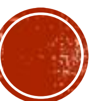
        *tout autre stade pertinent, selon le patient

    -Expérience de vie / sagesse > s'identifier avec le corps vieilliss



- Être flexible avec capacités des patients

- Expérience potentiellement remoralisante chez clientèle vulnérable



PRINCIPES DE BASE (SUITE…)

- Divers approches (TCC, IPT, DBT, tx de réminiscence)

  *N.B. : -chaque thérapeute possède un ensemble d’outils

  -certains éléments transcendent l’approche (reliés au pt, thérapeute, la dyade)

Table 8.2 Examples of common factors in psychotherapy

Patient factors	Therapist factors	Relationship factors (factors common to patient and therapist)
Motivation/ desire to change cognitive/behav-ioral/emotional patterns	Empathy/ respectful listening Positive regard/ affirmation	Common goal Therapeutic alliance
Facing and exposure	Congruence/ genuineness	Expectation of treatment effectiveness
Mastery and control	Confronting Consistency Availability Flexibility and open-mindedness	Belief in the internal locus of control Appropriate silences for reflection

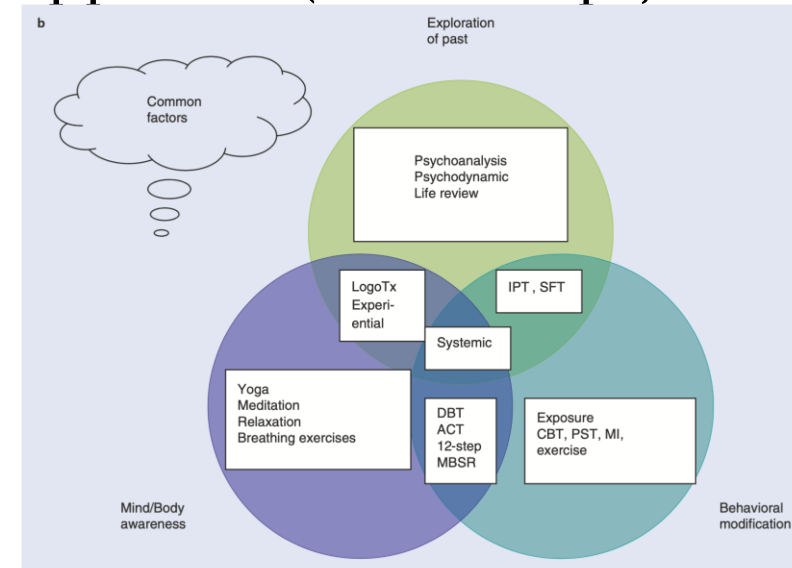


Fig. 8.1 (continued) **b** Overlap of therapeutic approaches. *ACT* Acceptance and Commitment therapy, *CBT* Cognitive-behavioral therapy, *DBT* Dialectical-behavioral therapy, *IPT* Interpersonal therapy, *LogoTx* Logotherapy and existential analysis, *MBSR* Mindfulness-based stress reduction, *MBT* Mentalization-based therapy, *MI* Motivational interviewing, *PST* Problem-solving therapy, *SFT* Schema-focused therapy

PRINCIPES DE BASE (SUITE…)

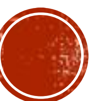
- Dynamiques à considérer

  reliés au pt, -transfert filial (Différence d'âge thérapeute-pt)

  -transfert romantique (source potentielle d'humiliation pour le pt)

  reliés au thérapeute, -peur du vieillissement, souvenir de parents / grands-parents

  -être objectif : réalité de la tx > amitié avec le pt, responsabiliser le pt

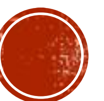


MODALITÉS

- Accommodations pour clientèle gériatrique

Table 8.4 Procedural adaptations during therapy for older adults

Parameters of the encounter	Procedural adaptations
Room	Comfort; adjust light, temperature, ventilation
Materials	Larger font
Understanding	Invite question; ask patient to repeat recommendations
Duration and pace of sessions	Adjust based on the patient's limitations
Psychoeducation/ memory aids	Audio/videotape sessions; provide handouts
Extra support	Use an informant (caretaker or friend) as needed



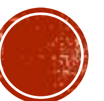
MODALITÉS

Thérapie individuelle vs de groupe?

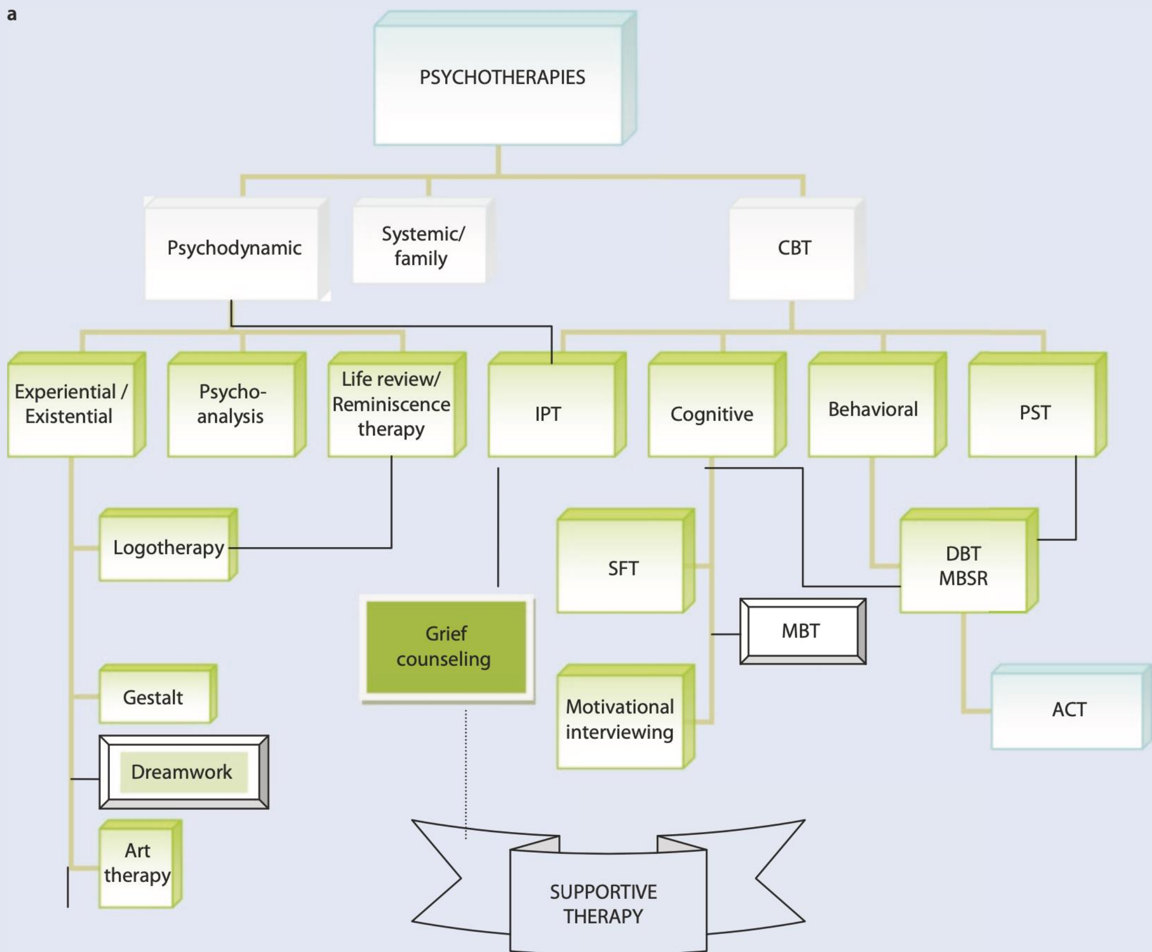
- Tx groupe peut fournir résultats aussi bons ou meille

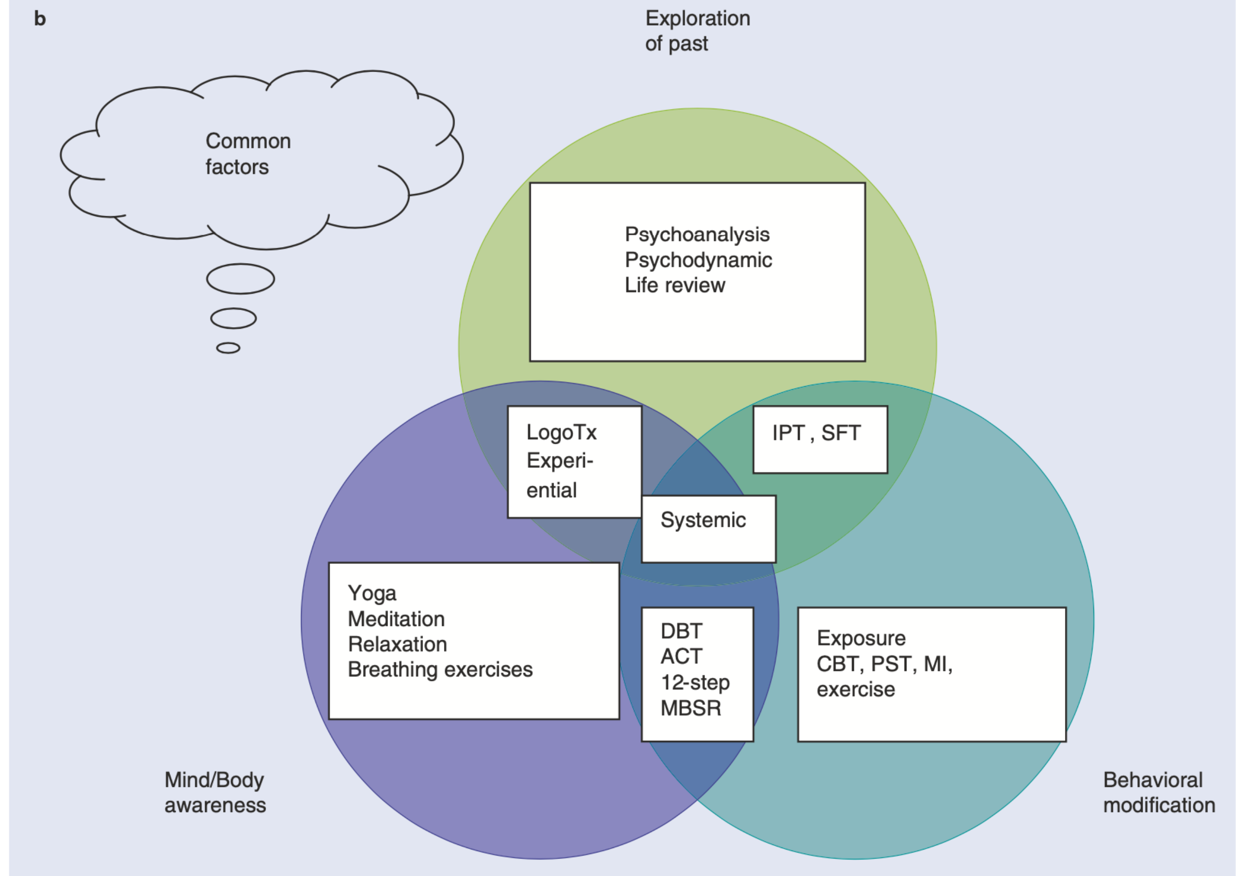
Table 8.3 Therapeutic factors associated with group therapy and potential advantages for older adults over individual therapy

Therapeutic factor	Group therapy advantages
Instillation of hope	Seeing progress in others and being inspired by them
Universality	An experience of "welcome to the human race" by sharing problems in common with others
Imparting information	Opportunity to share information with others in the group, develop a better perspective or provide helpful suggestions, such as "Did you know…?" and "Why don't you…?"
Altruism	An experience of the benefits of receiving through giving to others, helpful in appreciating that when their loved ones help them, they might also find it gratifying, and not necessarily a burden
Developing socializing techniques	Expressing accurate empathy to others in the group; foster self-efficacy
Role modeling	Imitation as a form of praise of themselves or of others; self-esteem restoration
Recapitulation of primary family	Re-experiencing their families of origin, but with improvements, and where interpersonal growth is permitted
Group cohesiveness	The group's collective sense of togetherness, sense of belonging
Existential factors	A notion that we are ultimately alone, that life is not always fair, and that we need to take personal responsibility, regardless of age or stage in life
Catharsis	An opportunity to vent to each other, process difficult emotions, and overcome impasses



SURVOL DES DIVERS PSYCHOTHÉRAPIES





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THÉRAPIE DE SUPPORT

- dénominateur commun de la plupart des approches
- environnement sain, empathique, avec es[...]
- déclarations de soutien positives
- non-verbal

*deuil (décès d'un proche, perte d'autonomie)
*regret / culpabilisation
*TNC

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THÉRAPIES COMPORTEMENTALES

- *modifier la façon dont le patient traite l'information / son environnement*

  *restructuration cognitive

- *renforcement des compétences*

  *résolution de problèmes, compétences en communication

- *régulation de l'humeur*

  *pleine conscience, activation comportementale

THÉRAPIES COMPORTEMENTALES

PLEINE CONSCIENCE

"the awareness that emerges through ***paying attention on purpose, in the present moment****, and* ***non-judgmentally*** *to things as they are"* Kabat-Zinn

"The role of mindful awareness is to ***enable the mind to "discern" the nature of the mind itself****, awakening the person to the insights that preconceived ideas and emotional reactions are embedded in thinking and reflexive responses that create internal distress. With such* ***disidentification of thoughts and emotions****, by realizing that* ***these mental activities are not the same as "self," nor are they permanent****, the individual can then enable them to arise and burst like bubbles in a pot of boiling water"* Daniel Siegel

"mindfulness (like mentalizing) can allow us to ***be present for our experience****, rather than sub- merged by or dissociated from it"* Wallin

THÉRAPIES COMPORTEMENTALES

PLEINE CONSCIENCE (suite…)

BIENFAITS

- plasticité neuronale
- réponse immunitaire
- réactivité au stress (MBSR)
- bien-être
- relations interpersonnelles
- régulation émotionnelle
- patiente, sagesse, auto-compassion/amour pour soi

Table 8.5 Indications for mindfulness practices

Clinical problems
Depressive disorders
Anxiety disorders (panic disorders, agoraphobia)
Eating disorders
Posttraumatic stress disorder
Obsessive-compulsive disorder
Beginning of each therapy session
Prior to an anxiety-provoking procedure (e.g., surgery, CT scan for a patient with claustrophobia)

THÉRAPIES COMPORTEMENTALES

THÉRAPIE COGNITIVO-COMPORTEMENTALE

- corriger croyances dysfonctionnelles

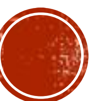
  *raisonnement socratique

Table 8.6 List of common cognitive distortions used among older adults

Dysfunctional cognitive patterns	Clinical manifestations and associated script
Black and white thinking	Depression: "If I'm not a success, I am a total failure." Anxiety: "If my blood pressure is higher than 140, I'll die."
Discounting the positive	Depression: "Nothing works, what is the point in trying another medication/therapy?" Anxiety: "I'm doomed, I panic upon meeting new people about 90% of the time."
Should statements	Depression: "I should go to this funeral, my religion says so, but I feel guilty because I am tired and I don't feel like it." Anxiety: "I should go to this funeral otherwise my family will stop talking to me and I'm afraid of being rejected."
Catastroph-izing	Depression: "If I fall and need help, no one will be there to help me because I am worthless." Anxiety: "If I'm late for the appointment with the doctor, it will be a disaster."
Jumping to conclusions	Depression: "She didn't come visit me, therefore she hates me, everyone does." Anxiety: "The doctor didn't get back to me with the results, it must mean I will die soon and he's afraid to tell me."

Table 8.7 Examples of Socratic questioning

Cognitive restructur-ing principles	Inquiry	Clinical applications (e.g., tensions with adult daughter)
Revealing the issue	"What evidence supports this idea? And what evidence is against its being true?"	"Why do you think your daughter would be angry with you? What are the elements of your relationship that do not support
Conceiving reasonable alternatives	"What might be another explanation or viewpoint of the situation? Why else did it happen?"	"If she is indeed angry, could it be that something else has happened that has nothing to do with you?" "Other than resentment toward you, what are other factors that could explain why your daughter has not called you in a week? Could it be that she is busy with other obligations?"
Examining various potential consequences	"What are worst, best, bearable and most realistic outcomes?"	"What is the worst that could happen if she is currently upset with you? Is there anything positive that could come out of this conflict?"
Evaluate those consequences	"What is the effect of thinking or believing this? What could be the effect of thinking differently and no longer holding onto this belief?"	"How does thinking about the worst scenario affecting your mood? What would it change if your explanation were different?"
Distancing	"Imagine a specific friend/family member in the same situation or if they viewed the situation this way, what would I tell them?"	"Imagine your neighbor in a similar situation with his son, what would be most helpful to tell her/him?"



THÉRAPIES COMPORTEMENTALES

THÉRAPIE COGNITIVO-COMPORTEMENTALE

- composante comportementale

  *surveiller comportements / schémas affectifs

  *attribution d'évènements agréables

  *contrôle / évitement de stimulis déclenchant Sx

  *limitation d'inquiétudes / ruminations

  *exposition comportementale

  *formation de compétences (relaxation, résolution de problèmes, interaction)

THÉRAPIES COMPORTEMENTALES

THÉRAPIE COGNITIVO-COMPORTEMENTALE

BIENFAITS

- tx dans la dépression majeure / tr anxieux / tr du sommeil gériatrie

  *ceux qui répondent tendent à maintenir les gains

THÉRAPIES COMPORTEMENTALES

THÉRAPIE COMPORTEMENTALE DIALECTIQUE

- outils pour augmenter la pleine conscience, l'efficacité interpersonnelles, l'autorégulation, la tolérance à la détresse
- emploi entres autres techniques de pleine conscience & de réduction du stress

  1) l'observation 2) description

  3) participation (acceptation sans jugement - dans le moment présent – efficacement)
- en gériatrie, *rigidité cognitive / comportementale
  *restriction des affects

THÉRAPIES COMPORTEMENTALES

THÉRAPIE COMPORTEMENTALE DIALECTIQUE

BIENFAITS

- tx dans la dépression majeure, dans les enjeux de personnalité

THÉRAPIES COMPORTEMENTALES

RÉSOLUTION DE PROBLÈME

- basé sur prémisse que le *coping* maladapté en situations de stress peut fragiliser les capacités de résolutions de problème

  -détails du problème
  -objectifs actuels
  -solutions multiples
  -avantages de chaque solution
  -évaluation de la solution finale en contexte

- peut être effectué même dans un temps limité, en 1e ligne & à domicile

THÉRAPIES COMPORTEMENTALES

RÉSOLUTION DE PROBLÈME

BIENFAITS

- tx dans la dépression majeure, Sx dépressifs s'associant à un TNC lég ou psychose, TAG

THÉRAPIES COMPORTEMENTALES

ENTRETIEN MOTIVATIONNEL

- faciliter et engager la motivation interne pour modifier le comportement

  *orienté sur des objectifs

  *aider à explorer et résoudre l'ambivalence

- principes fondamentaux

  *exprimer l'empathie *supporter l'auto-détermination

  *rouler avec la résistance *éliciter les incongruences (*discrepancies*)

- bien connu et utilisé pour les TLUs, mais technique applicable ailleurs

THÉRAPIE INTERPERSONNELLE

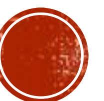
- courte durée (12 à 16 séances)
- éléments de la thérapie psychodynamique & de la TCC
- problèmes actuels > modifier personna
- N.B. comportements problématiques

BIENFAITS

- traitement de la dépression, deuil

Table 8.8 The four major problem areas in interpersonal therapy

Major problem	Senior specific example
Grief	Death of spouse/friend/family member; loss of bodily functions
Role transition	Retirement, adjusting to medical disability, ceasing to drive, self-image issues
Role disputes	Caregiver role disagreements, conflict between partners, disputes with adult children
Interpersonal deficits	Difficulty reaching out for or accepting help, social isolation



THÉRAPIES PSYCHANALYTIQUES

PSYCHOTHÉRAPIE PSYCHODYNAMIQUE

- selon l'un des modèles, arrêt développemental du self, expériences actuelles interpersonnelles/émotionnelles perçues dans le contexte du passé.
- on souhaite accroire l'autocritique par rapport au passé, comment ces expériences affectent le présent

  *écoute empathique *exploration *clarification *interprétation

- Short-term psychodynamic psychotherapy, Intensive short-term dynamic psychotherapy

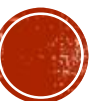
THÉRAPIES PSYCHANALYTIQUES

PSYCHOTHÉRAPIE PAR REMINISCENCE

- centré sur le patient et la ré-expérience de souvenirs d
- améliore valeur personnelle, sens identitaire, qualité d
  acceptation, gratitude, conflits non-résolus,
    *ex: patient en fin de vie
- peut aider chez patients avec TNC, dépression
- applicable en groupe (ex: en RPA)

Table 8.9 Aspects that can be positively impacted by reminiscence therapy in the institutionalized older adults

Positive outcomes of reminiscence therapy	Comprehension skills
	Self-esteem
	Self-integration
	Coping skills
	Satisfaction with life
	Functional activities
	Social functions
	Feeling of belonging
	Security
	Health
	Pleasure
	Well-being
	Prevention of behavioral problems



THÉRAPIES EXPÉRIENTIELLES

<u>ART THÉRAPIE</u>

- exposition directe & pratique
- bénéfique pour les TNC, pour faciliter la création de liens transgénérationnels, ou chez les gens ayant vécus traumatismes

<u>LOGOTHÉRAPIE ET ANALYSE EXISTENTIELLE</u>

- Axé sur découverte de sens à la vie

  *liberté, spiritualité, responsabilité

THÉRAPIES EXPÉRIENTIELLES

GESTALT

- Met l'accent sur la responsabilité personnelle
- jeux de rôles, chaise vide
- focus sur : -l'expérience du pt dans le moment présent
  -la relation thérapeute-patient
  -les contextes sociaux et environnementaux de la vie du pt
  -l'autorégulation du pt

THÉRAPIES À MÉDIATION CORPORELLE

TECHNIQUES DE RELAXATION ET DE PRISE DE CONSCIENCE

- Respiration profonde, relaxation autogène & progressive, méditation, yoga, tai-chi

  *augmenter conscience de soi

  *induire relaxation

EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR)

BRAINSPOTTING

THÉRAPIE FAMILIALE SYSTÉMIQUE

- voit la personne dans une relation avec un environnement/système comple
- influence réciproque du sujet avec son systè
- approche structurelle, axé sur des solutions

  *l'interpersonnel > psychée individuelle

  *famille = matrice identitaire

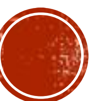
  *structure familiale = pattern comportementaux d'adapt

  *famille fonctionnelle définie par réactions au stress (et non par l'absence de stress)

  *thérapeute cible forces familiales sous-utilisées pour aider à surpasser des pattern d'interactions

Table 8.10 Geriatric applications of systemic/family therapy

Settings	Clinical problems
Home care	Poor medication adherence
Humanizing the care of the dying	Chronic illnesses
Hospitalization	Decreased mobility
Transfer to a long-term care facility	Neurocognitive disorders



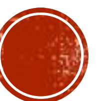
THÉRAPIES COMBINÉES DE 2E ET 3E GÉNÉRATION

THÉRAPIES PAR SCHÉMAS

- combine TCC, tx expérientielles, IPT, psychanalyse
- adresse pattern de pensées, émotions, comportementales maladaptés
- 3 phases 1) identification des schémas
  2) conscience émotionnelle/expérientielle
  3) changement cognitif/comportemental

Table 8.11 Examples of cognitive schemas or themes common in older patients

Schemas	Examples
Low self-efficacy/ dependence	"I can't do anything by myself, I need others to care for me."
Social isolation	"Getting old means losing everyone I love; I might as well get used in being by myself. What is the point in gathering with others?"
Vulnerability to illness	"I am old and frail; I can't leave the house otherwise I will have a pneumonia."
Reactivation of abandonment issues	"My children and grandchildren are rejecting me, just like my parents abandoned me."
Survivor guilt	"I don't know why I survived the Holocaust, when I know such good people who died during the war... Why am I the one to stay?"
Entitlement	"I always had the best, nothing less. I am of superior quality; therefore, I deserve the best doctor and treatment."



THÉRAPIES COMBINÉES DE 2E ET 3E GÉNÉRATION

THÉRAPIE D'ACCEPTATION ET D'ENGAGEMENT (ACT)

- dérivé de la DBT, aide à se concentrer sur ressources toujours présentes
- techniques de pleine conscience, pour vivre conformément aux valeurs (engagement), en développant une flexibilité psychologique (acceptation)

*acceptation *défusion cognitive

*contact avec le présent *transcender le self

THÉRAPIES COMBINÉES DE 2E ET 3E GÉNÉRATION

THÉRAPIE BASÉE SUR LA MENTALISATION (MBT)

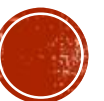
- donner un sens les uns aux autres & à nous-mêmes en termes d'états subjectifs et de processus mentaux
- approche curieuse et intéressée, l'humilité de la posture « not-knowing »
- thérapeute doit modeler l'importance d'être conscient de ses émotions/pensées en le faisant soi-même

AUTRES THÉRAPIES

BIBLIOTHÉRAPIE

- exploite relation d'un individu avec le contenu de livres, de poésie, etc
- au rythme du pt, auto-administré, bonne option lorsque mobilité réduite
- s'applique à certaines thérapies (TCC)

MERCI DE VOTRE ÉCOUTE QUESTIONS?

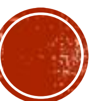


EN RÉSUMÉ

- plusieurs pts préfèrent des traitements psychotx aux médicaments
- diverses approches psychotx s'appliquent efficacement en gériatrie
- facteurs communs sont des ingrédients essentiels (peu importe l'âge)
- même si l'âge se corrèle à la résilience, les expériences adverses de l'enfance prédispose à la réactivation de traumatismes
- Les TLUs sont une comorbidité fréquente chez pts avec traumatismes
- Il n'est jamais trop tard pour adresser des traumatismes
- Enjeux fréquents en gériatrie:

  *syndrome du nid vide

  *chez pts avec hypervigilance narcissique, vulnérabilité à la pertes



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