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Depression in Homebound Older Adults: Problem-Solving Therapy and Personal and Social Resourcefulness

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The goal of problem-solving therapy is to teach patients systematic coping skills. For many homebound older adults, coping skills must also include both personal and social (help-seeking) resourcefulness. This study aimed to examine the relationship between perceived resourcefulness and depressive symptoms at postintervention and potential mediating effect of the resourcefulness among 121 low-income homebound older adults who participated in a pilot randomized controlled trial testing feasibility and preliminary efficacy of telehealth-PST. Resourcefulness Scale for Older Adults was used to measure personal and social resourcefulness. Only personal resourcefulness scores were significantly associated with depression outcomes at postintervention, and neither resourcefulness scores were significantly associated with group assignment. Analysis found no mediation effect of resourcefulness. The findings call for further research on potential mediators for the potentially effective depression treatment that could be sustained in the real world for low-income homebound older adults who have limited access to psychotherapy as a treatment modality.

Keywords: depression; help seeking; personal and social resourcefulness; problem-solving therapy

THE RATE OF DEPRESSION IS SIGNIFICANTLY HIGHER among medically ill, homebound older adults than among their ambulatory peers (Bruce et al., 2002; Ell, Unützer, Aranda, Sanchez, & Lee, 2005; Li & Conwell, 2007). In addition to multiple medical conditions and resulting functional impairment, risk factors for depression in homebound older adults include social isolation imposed by their disability, financial worries related to their medical and living expenses, lack of emotional and/or instrumental social support, loss of a loved one, and feelings of helplessness and worthlessness (Areán & Reynolds, 2005; Bruce et al., 2002; Choi & McDougall, 2007). Because of the impact these multiple medical and psychosocial factors have on depression in homebound older adults, combined pharmacological and psychotherapeutic treatment is recommended. In the case of low-income homebound older adults, case management is also an important part of depression treatment (Areán, Mackin, et al., 2010).

Problem-solving therapy in primary care (PST-PC), which was originally developed in England in the 1980s (Catalan et al., 1991; Mynors-Wallis, Gath, Lloyd-Thomas, & Tomlinson, 1995), is a

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psychtherapeutic intervention for late-life depression with a growing base of scientific evidence for its efficacy. This treatment is based on the social problem-solving theory of depression, which posits that the relationship between stressors and depression is influenced by the availability of problem-solving skills (D'Zurilla, 1986; Nezu, Nezu, & Perri, 1989). People with deficits in systematic problem-solving skills become vulnerable to depression because such deficits lead to ineffective coping attempts under high levels of stress. Thus, the goal of PST-PC is to teach participants skills in solving problems as a means of enabling them to self-manage and to control depression. Its treatment process focuses on participants' appraisal and evaluation of specific problems, their identification of the best possible solutions, and the practical implementation of those solutions, as well as on addressing anhedonia and psychomotor retardation through behavioral activation and increased exposure to pleasant events (D'Zurilla & Nezu, 2007; Mynors-Wallis, 2005).

In the United States, PST-PC was adapted for delivery in fast-paced primary care settings during the 1990s and is delivered in four to six 30- to 60-minute sessions (Hegel, Barrett, Cornell, & Oxman, 2002; Hegel, Barrett, & Oxman, 2000). The efficacy of PST-PC has been supported in multiple randomized controlled trials (RCTs), including the IMPACT study, a multisite RCT of late-life depression treatment in primary care (Alexopoulos et al., 2011; Areán, Hegel, Vannoy, Fan, & Unüzter, 2008; Areán, Raue, et al., 2010; Cuijpers, van Straten, & Warmerdam, 2007b; Malouff, Thorsteinsson, & Schutte, 2007). Previous RCTs have also shown the efficacy of short-term, home-based PST, with or without antidepressant medication, for reducing depressive symptoms among homebound older adults (Ciechanowski et al., 2004; Gellis, McGinty, Horowitz, Bruce, & Misener, 2007).

In Gellis et al. (2007), the homecare patients who received six PST sessions, as compared with those who did not, had significantly higher problem-solving abilities, measured with the Social Problem-Solving Inventory (SPSI; D'Zurilla & Nezu, 1990) and significantly lower depressive symptoms, suggesting a possible mediating effect of problem-solving skills. The SPSI, which is often used to measure problem-solving ability, focuses on both problem orientation (positive vs. negative) and systematic and rational problem-solving skills (problem definition and formulation to solution implementation and verification). However, previous study findings showed that PST or PST-PC sessions improved problem-solving skills but not problem orientation (Kant, D'Zurilla, & Maydeu-Olivares, 1997).

For many homebound older adults who are not able to independently carry out daily living activities, problem-solving skills must also include both personal and social resourcefulness. Personal resourcefulness, as opposed to helplessness, is rooted in self-control and self-efficacy. It refers to what people do when stressful circumstances call for self-regulation and self-direction, and involves the use of self-help problem-solving strategies for coping with adversity or challenge (Rosenbaum, 1990). Social resourcefulness is one's ability and willingness to seek help from others—formal and/or informal sources—when faced with distress from unmet emotional and instrumental needs and to manage unpleasant affect associated with requesting or receiving help (Nadler, 1990; Rapp, Shumaker, Schmidt, Naughton, & Anderson, 1998). Rapp et al. found that social resourcefulness was robustly correlated with indicators of well-being among caregivers of persons with dementia and that it was also associated with personal resourcefulness.

Social resourcefulness may be especially important for low-income homebound older adults who are in need of formal and informal support for their financial and instrumental needs. However, many depressed, homebound older adults are reluctant to seek help due to feelings of helplessness, deeply engrained values of self-help and independence, and concerns about becoming a burden on their informal support systems. Among depressed, low-income older adults who have had financial and other life stressors throughout their lives, feelings of helplessness are often rooted in limited success of past help-seeking attempts as well as in depression (Choi & Jun, 2009). As these older adults' informal support systems also often struggle with their own financial and other multiple life stressors, the older adults do not want to be a burden on them. Helping their informal support system rather than meeting their own need tends to be a priority among these older adults (Proctor, Hasche, Morrow-Howell, Shumway, & Snell, 2008). In our previous study (Choi, Hegel, Marinucci, Sirrianni, & Bruce, 2012) of the type of problems and solutions that low-income homebound older adults with mild to severe depressive symptoms identified during their PST sessions, formal and informal help seeking was a chosen solution mostly to deal with problems with financial and living arrangement/housing/neighborhood safety issues. For other types of problems such as housekeeping and cleaning, physical/functional and mental health issues, relationship conflict, and social isolation, the participants mostly chose self-control or personal resourcefulness as a solution.