Cognitive-Behavioral Interventions for Age-Related Memory Impairment

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INTRODUCTION TO AGE-RELATED MEMORY IMPAIRMENT

Annie Smith is a 72-year-old widowed woman who responded to an advertisement for volunteers interested in learning skills to improve their memory functions. Although she continues to live an active and independent life, managing all of her own household and financial affairs and volunteering two days per week at a local hospital, she reports a number of memory problems that are sources of embarrassment and inconvenience in her daily life. Most of these problems are focused around several situations that are important to her. First, at church, she finds herself having difficulty remembering the names of some of the other members of her congregation. When in a crowd of people, she often has trouble remembering what people have told her; she may lose her train of thought or have trouble finding the right words. On several occasions, she has forgotten to put her money into her purse before going to church, and has been embarrassed at being unable to give her offering. Mrs. Smith has played bridge with a small group of women on a weekly basis over the past 12 years. Lately, she notes that she forgets the cards which have been played, and has occasionally even forgotten the bid. While she used to take pride in her ability to do her grocery shopping completely from memory, lately she has relied on making hurried lists on scraps of paper, which she frequently cannot find in her purse. She also misplaces important objects, such as her eyeglasses or purse, while at home. Sometimes she spends hours looking for lost bills or objects. She is also distressed that she is unable to remember friends’ telephone numbers, and relies on her address book for all of this information. Mrs. Smith is in good health and denies significant depression or anxiety, but she admits some fear that she is developing Alzheimer’s disease.
A review of recent research reflects a growing awareness that substantial memory problems and other cognitive deficits can be reliably associated with normal aging. In a survey of cross-sectional and longitudinal studies, Yesavage (1985) estimated a magnitude of decline of function by age 70 of approximately 15–40% of raw scores on a range of tests of intelligence, memory, and attention. Older adults readily complain about memory deficits when asked. Lowenthal et al. (1967) reported that two-thirds of a sample of community-dwelling people over age 60 complained of memory loss. Nevertheless, community-dwelling elderly tend to deny that memory or cognitive deficits cause them serious problems in their daily lives (Sunderland, Watts, Baddeley, & Harris, 1986). Probably because both professionals and the elderly themselves recognize age-related memory decline as primarily an inconvenience, and not a serious functional impairment, this decline is considered “normal.” It is often referred to as “minimal memory impairment” or “benign senescent forgetfulness” by clinicians and is distinguished from deficits associated with the dementias or other organic conditions. As in the prototypical case described above, however, relatively mild cognitive impairment can be a source of distress and may interfere with optimal functioning.

With the more widespread recognition of the nature of age-related memory impairment has come the realization that cognitive-behavioral assessment and treatment approaches may be particularly useful to the elderly (Gouvier, Webster, & Blanton, 1986; Nolan, Swihart, & Pirozzolo, 1986). These approaches are currently being used in a number of clinical and research settings (Wilson & Moffat, 1984) and are being marketed in workshops and self-help books (Lapp, 1987; Skinner & Vaughan, 1983). The purposes of this chapter are to review the evidence for the effectiveness of these interventions for the memory problems of the elderly, to present some strategies for implementing cognitive memory training with the elderly, and to suggest some ways to increase the availability of clinically relevant research designed to evaluate the effectiveness of such training.

**General Obligations to the Elderly Client**

Professionals in the aging field frequently suggest that close attention to individual differences and tailoring of training goals to take those differences into account are critical in ensuring the success of training programs with the elderly (Costa & Fozard, 1978; Treat, Poon, Fozard, Popkin, & Popkin, 1978). In attempting to assess and treat memory and cognitive deficits, it is particularly important to recognize that a wide range of physical and psychological variables can exert profound influences on cognition in the elderly (Avorn, 1982) and that without adequate assessment, fundamental problems may be ignored. When offering memory rehabilitation and training services to the elderly, the practitioner has a special obligation to insure that: (1) the client has sufficient information, and appropriate referral resources, to rule out other treatable sources of memory impairment; and (2) the practitioner has sufficient information to tailor the treatment to the particular individual’s pattern of functional abilities. Avorn (1982) recommends that every older person who complains of memory impairment be first referred for a