Capacity to Care: Building Competency in Geriatric Mental Health Care

Evidence Based Practices & Psychosocial Interventions

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Georgia State University
• Define Evidence Based Practice (EBP) for SW
• Highlight EB interventions in later life mental health
• Experience an EB intervention and discuss relevance for practice

GOALS FOR PRESENTATION
What is EBP? Some definitions:

Conscientious, Explicit & Judicious use of current best evidence in making decisions about the care of individuals (Cummings & Kropf, 2009)

Integration of best research evidence with clinical expertise and patient values (Sacket et al., 2000).

Treatments which have sufficiently persuasive evidence to support effectiveness of outcomes (Rosen & Proctor, 2002).
Common elements

• Using Existing Studies

• Combining Practice + Evidence

• Persuasive (not conclusive) Support
EBP Model

Clinical state & circumstances

Clinical Expertise

Client preferences & actions

Current best practices

Haynes, Devereaux & Guyatt, 2002
Why does it matter?

• Exponential increase in Information

• Reliance on invalid indicators (e.g., client satisfaction)

• Comparison of intervention across contexts/populations
Five Steps in EBP (Thyer, 2006)

• Convert need for information into a question
• Track down best evidence to answer that ??
• Critically evaluate evidence
• Integrate evidence with clinical expertise and client values/circumstances
• Evaluate your effectiveness
Step 1: Convert need for information into a question

**Researchable**

- Not Researchable—Should all homeless individuals receive mental health treatment?
- Researchable—Do homeless individuals who receive intensive case management have higher levels of functioning than those who do not?
### Elements of Good Questions

<table>
<thead>
<tr>
<th>1. Client or problem of interest</th>
<th>Description of client or problem as specific as possible.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Geriatric anxiety disorder</td>
</tr>
<tr>
<td></td>
<td>2. Older homeless substance abusers</td>
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</tbody>
</table>

### Intervention or treatment

- CBT for geriatric anxiety
- Intensive CM for homeless substance abusers

### Comparison to others

- CBT > life review for geriatric anxiety
- Intensive CM > usual treatment for homeless substance abusers

### Outcome or consequence

- CBT more effective to reduce geriatric anxiety than life review
- Intensive CM result in higher functioning than usual treatment for homeless substance abusers
Sample Questions: The good & bad

Bad Questions

• Does Cognitive Behavioral Therapy (CBT) work?

• Should older adults receive a mental health screening?

Good Questions

• Is CBT more effective than other psychosocial interventions after a significant late life loss?

• Does screening for geriatric depression when entering LTC lead to higher rates of accurate diagnosis?
Step 2: Get Best Evidence

- Published materials
  - Journals vs. books
  - Books on EBP
Internet Resources

• Cochrane Collaborative
  — www.cochrane.org

• Campbell Collaborative
  — www.campbellcollaboration.org

• New York Academy of Medicine
  — www.socialworkleadership.org/nsw/index.php
Exercise for improving balance in older people

Howe TE, Rochester L, Jackson A, Banks PMH, Blair VA

Summary

Exercise for improving balance in older people

A decrease in ability to maintain balance may be associated with an increased risk of falling. In older adults, falls often lead to injury, loss of independence, associated illness and early death. The objective of this review is to present the best evidence for the effectiveness of exercise interventions designed to improve balance in older people living in the community or in institutional care.

The review included 34 studies, with a total of 2833 participants, the majority of whom were women and on average over 75 years old. The review found that exercise has statistically significant positive effects on balance as opposed to usual activity for older people. This review investigated a variety of interventions. Those that appeared to have the greatest impact were walking, balance, co-ordination and functional exercises, muscle strengthening, and multiple exercise types. Improvements were seen in the ability to stand on one leg, reach forward without destabilising and walking. There was trend towards an improvement in balance with cycling on a stationary cycle. In general, this review agrees with other systematic reviews covering related areas in older people, such as resistance training for physical disability and falls prevention.

Quality of evidence on the effectiveness of interventions was mixed, with many studies demonstrating a range of methodological weaknesses. In particular, there was a lack of a core set of standardised measures to determine balance ability across the 34 studies, which limits the interpretation of results. Thus, it was difficult to compare studies or to group the results of different studies. There was also a lack of follow-up of participants that makes it hard to determine any long term effects of interventions.

Future studies should be well designed and provide detailed and accurate reporting. Ideally, trials should follow up participants one year after taking part to record long term effects, rather than just focussing on results immediately after the intervention.

This is a Cochrane review abstract and plain language summary, prepared and maintained by The Cochrane Collaboration, currently published in The Cochrane Database of Systematic Reviews 2011 Issue 1. Copyright © 2011 The Cochrane Collaboration. Published by John Wiley and Sons, Ltd. The full text of the review is available in The Cochrane Library (ISSN 1469-479X).

This record should be cited as: Howe TE, Rochester L, Jackson A, Banks PMH, Blair VA. Exercise for improving balance in older people. Cochrane Database of Systematic Reviews 2007, Issue 4. Art. No.: CD004963. DOI: 10.1002/14651858.CD004963.pub2

Editorial Group: Bone, Joint and Muscle Trauma Group

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Abstract

Background

Diminished ability to maintain balance may be associated with an increased risk of falling. In older adults, falls commonly lead to injury, loss of independence, associated illness and early death. Although some exercise interventions with balance and muscle strengthening components have been shown to reduce falls it is not known which elements, or combination of elements, of exercise interventions are most effective for improving balance in older people.

Objectives
Evidence Database

Search Results

Press the "back button" on your browser to alter your search terms.

Print and export buttons are located at the end of the search results. Remember to "check" the boxes next to studies you would like to print or export.

Keyword: Substance abuse

11 results

- Author(s): Adorno, Ronald; Donohue, Brad; Kogan, Evan
  Title: Psychological interventions for drug abuse: A critique and summation of controlled studies
  Journal: Clinical Psychology Review
  Publication date: 1994, Vol. 14, Iss. 1, p. 417
  [more details]

- Author(s): Arana, J. D.; Hastings, B.; Harron, E.
  Title: Continuous-Care Teams in Intensive Outpatient Treatment of Chronic Mentality Ill Patients
  Journal: Hospital and Community Psychiatry
  Publication date: May 1991, Vol. 42, Iss. 5, p. 503
  [more details]

- Author(s): Barlow, D.; Dums, A. R.; Osmon, T. E.; et al
  Title: Evidence-based practices in geriatric mental health care
  Journal: Psychiatric Services
  Publication date: 2002, Vol. 53, Iss. 1, p. 1419
  [more details]

- Author(s): Botvin, Gilbert J.; Schinke, Steven P.; Epstein, Jennifer A.; et al
  Title: Effectiveness of culturally focused and generic skills training approaches to alcohol and drug abuse prevention among minority adolescents: Two-year follow-up results
  Journal: Psychology of Addictive Behaviors
  Publication date: 1995, Vol. 9, Iss. 3, p. 11
  [more details]

- Author(s): Botvin, Gilbert J.; Schinke, Steven P.; Epstein, Jennifer A.; et al
  Title: Effectiveness of culturally focused and generic skills training approaches to alcohol and drug abuse prevention among minority youth
  Journal: Psychology of Addictive Behaviors
  Publication date: 6, 1994, Vol. 8, Iss. 2, p. 115
  [more details]

- Author(s): Brekke, John E.; Long, Jeffrey O.; Neshill, Noel; et al
  Title: The impact of service characteristics on functional outcomes from community support programs for persons with schizophrenia: A growth curve analysis
  Journal: Journal of Consulting and Clinical Psychology
  Publication date: 1997, Vol. 65, Iss. 3, p. 484
  [more details]

- Author(s): Catalano, Richard F.; Gaffney, Randy R.; Fleming, Charles B.; et al
  Title: An experimental intervention with families of substance abusers: one-year follow-up of the focus on families project
  Journal: Addiction
  Publication date: 1996, Vol. 91, Iss. 3, p. 311
  [more details]
Step 3: Evaluate Evidence

Level 1
- Meta Analysis of Randomized Control Trials (RCTs) or
- Systematic Reviews of RCTs

Level 2
- At least one properly designed RCT

Level 3
- Controlled studies – no randomization (e.g. multiple groups)

Level 4
- Non controlled studies
- Case study evidence
Step 4: Research+Clinical Expertise+Client Values

• Sort out level of evidence for various approaches
• If equivalent:
  – Training/expertise of practitioner
  – Cost factors
  – Treatment preferences (e.g., drugs/therapy)
Step 5: Evaluate Your Practice

• What context does intervention work? Not work?

• Sub population differences?

• Expected amount of change? Sustainability? Costs?
EVIDENCE BASED PSYCHOSOCIAL INTERVENTIONS IN LATER LIFE
# Health Conditions

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Case Management</th>
<th>Education/Training</th>
<th>CBT Protocols</th>
<th>Support Group</th>
<th>Technological Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cancer</strong></td>
<td></td>
<td>Journaling increased emotional expression and decreased risk of PTSD, exercise group had improved body image and fitness, lowered depression when paired with peer counselor, audio tapes increased self efficacy, meditation/wellness increased relaxation and decreased stress</td>
<td>Group decreased depression and increased optimism, improved family functioning</td>
<td>Partners had less stress, enhanced marital quality, patients had decreased negative affect, enhanced social support network</td>
<td>Phone group had positive experience with care providers, phone education intervention lead to greater knowledge of disease,</td>
</tr>
<tr>
<td><strong>Cardiac Conditions</strong></td>
<td>Increased independence, ADLs, knowledge of condition, overall functioning</td>
<td>Increased sexual functioning, lowered health care costs, increased quality of life, decreased chest pain.</td>
<td>Decreased re-hospitalization, decreased additional cardiac events, decreased depression and isolation</td>
<td>Especially for me, increased quality of life</td>
<td></td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
<td>Increased self efficacy, self care behaviors, diet adherence, exercise, weight management</td>
<td>Decreased experience of pain and physician visits, improved self efficacy behaviors</td>
<td>Enhanced functioning, pain tolerance, self efficacy for patient and family members, decreased depression</td>
<td>Increased self care behaviors, social support network, weight maintenance and adherence to diet</td>
<td>Increased diet knowledge, diet adherence, independence</td>
</tr>
<tr>
<td><strong>Pain</strong></td>
<td>Decreased experience of pain and physician visits, improved self efficacy behaviors</td>
<td>Enhanced functioning, pain tolerance, self efficacy for patient and family members, decreased depression</td>
<td>Improved self efficacy behaviors, enhanced coping behaviors</td>
<td>Improves pain and disability status, reduced doctor visits</td>
<td></td>
</tr>
<tr>
<td><strong>HIV/AIDS</strong></td>
<td></td>
<td>Increased social support, coping, well being, quality of life</td>
<td>Increased support and health-related knowledge</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Cognitive & Mental Health Conditions

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Social Support/Psycho-Educational Groups</th>
<th>Psychotherapy or Wellness Groups</th>
<th>Individual / Family Psychotherapy</th>
<th>CBT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dementia</td>
<td></td>
<td>Decreased anxiety and depression, improved reminiscence, decreased depression and agitation enhanced communication</td>
<td>Memory training improved recognition and recall, improved well being, improved quality of life, life review enhanced social interaction and decreased isolation</td>
<td>Improved relaxation and social participation</td>
</tr>
<tr>
<td>Depression &amp; Anxiety</td>
<td>Social support interventions decreased depression</td>
<td>Reminiscence decreased depression, relaxation decreases anxiety</td>
<td>Behavioral, reminiscence, life review, bibliotherapy, problem solving approaches and psychodynamic therapies decreased depressive symptoms</td>
<td>Individual and group interventions decreased depression and anxiety</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>Age specific groups enhanced treatment completion</td>
<td>Problem solving increased abstinence, enhanced community adjustment, elder specific treatment enhanced abstinence and increased overall health status.</td>
<td>Increases abstinence, increased treatment adherence</td>
<td></td>
</tr>
</tbody>
</table>
## Late Life Social Roles

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Social Support/Psycho-Educational Grps</th>
<th>Psychotherapy or Wellness Grps</th>
<th>Individual / Family Psychotherapy</th>
<th>Case Management/Interdisciplinary Team</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>End of Life</strong></td>
<td>Enhanced social adjustment of bereaved spouses, reduced depression, helped with coping</td>
<td>Increased engagement of bereaved spouses, improved role function and mental health</td>
<td></td>
<td>Improved satisfaction and symptom management,</td>
</tr>
<tr>
<td><strong>Family Caregivers</strong></td>
<td>Decreased depression and anxiety for caregivers, decreased behavior problems for care recipients, improved caregiver affect, increased caregiver knowledge of resources</td>
<td>Increased general well being</td>
<td>Decreased / delayed institutionalization of care recipient</td>
<td></td>
</tr>
<tr>
<td><strong>Grandparent Caregivers</strong></td>
<td>Reduced loneliness and isolation, increased access to services, increased grandparent skills, enhanced technology proficiency</td>
<td></td>
<td></td>
<td>Improved grandparent functioning, mental health, access to resources, satisfaction with services</td>
</tr>
<tr>
<td><strong>People with DD and Caregivers</strong></td>
<td>Increased future planning, increased caregiver skills, increased knowledge for people with DD, increased leisure choices and life satisfaction</td>
<td></td>
<td>Increased family ability to plan for future care issues</td>
<td>Increased future planning efforts and access to services</td>
</tr>
</tbody>
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REMINISCENCE: A EBP INTERVENTION
Reminiscence

• Related to Erikson’s – “ego integrity vs. despair” stage of later life.

• Dr. Robert Butler – reminiscence can have positive impact on integration of history/present/future

• Naturally occurring process – integrated in multiple settings
Reminiscence: Holidays & Celebrations
Questions

• What was your reminiscence about?

• What was this experience like for you – positive?

• What experiences did you retrieve about yourself, your family, culture, community?

• How could this be effective with older adults?