



Capacity to Care: Building Competency in Geriatric Mental Health Care

Evidence Based Practices & Psychosocial Interventions

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- 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 (Sackett et al., 2000).

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

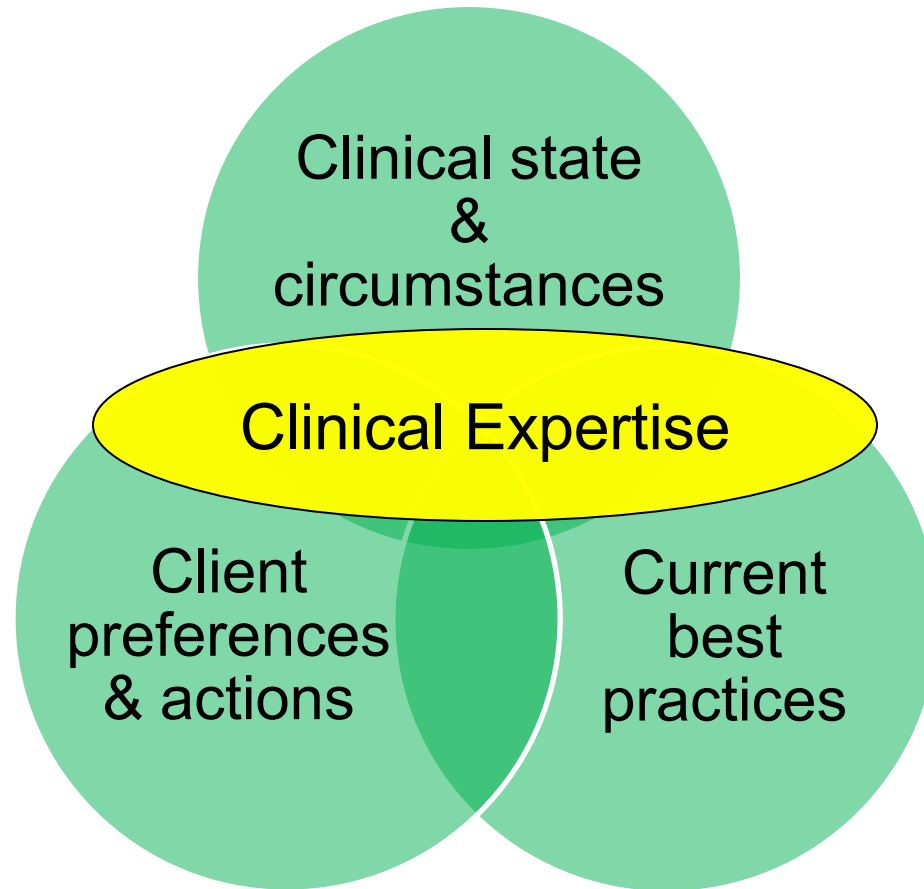


Common elements

- Using Existing Studies
- Combining Practice + Evidence
- Persuasive (not conclusive) Support



EBP Model





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?

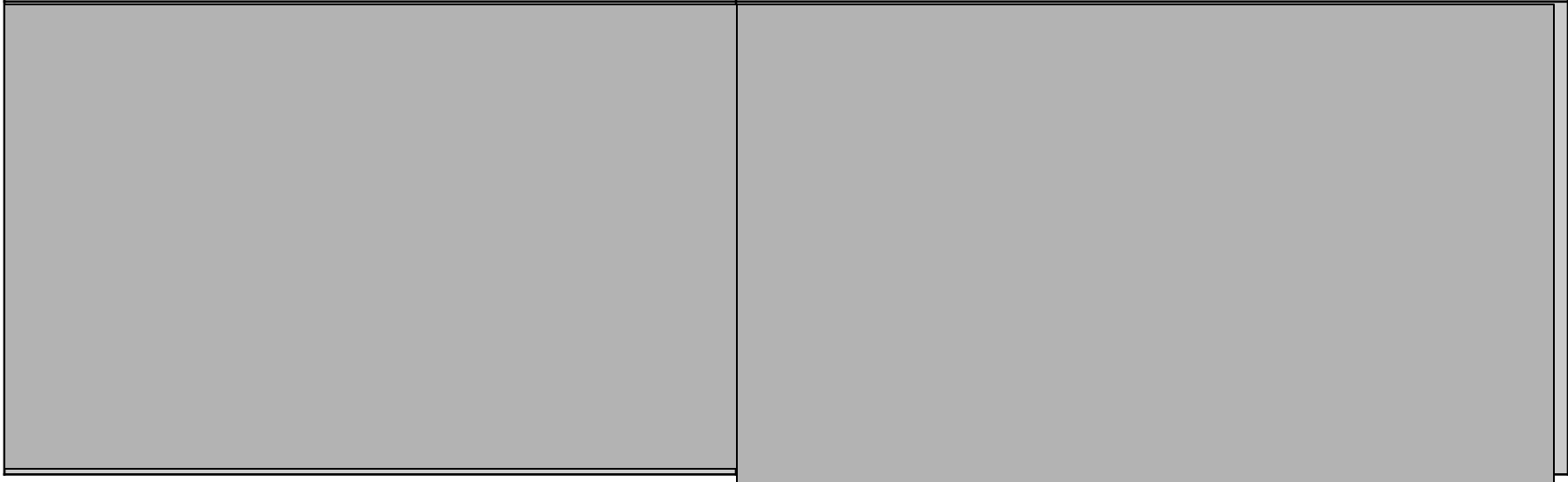


Elements of Good Questions

1. Client or problem of interest

Description of client or problem as specific as possible.

- 1. Geriatric anxiety disorder
- 2. Older homeless substance abusers





Sample Questions: The good & bad

Bad Questions

- Does Cognitive Behavioral Therapy (CBT) work?
- Should older adults receive a mental health screening?

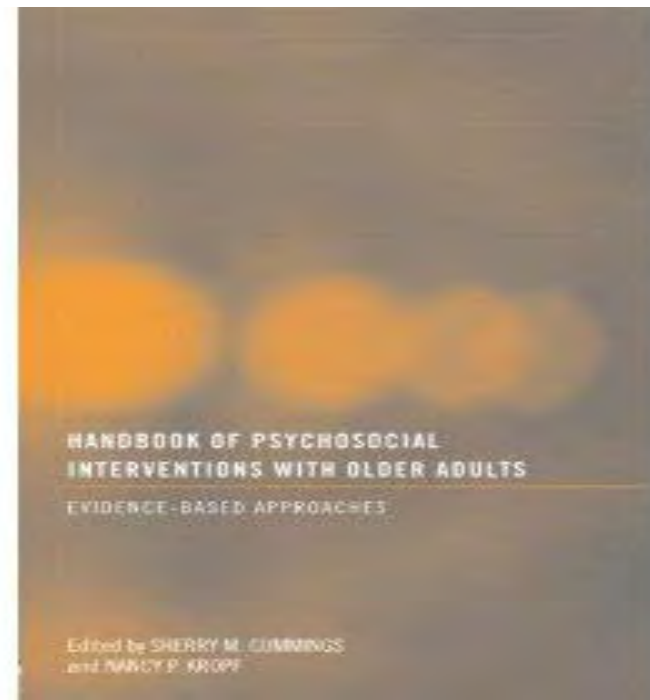
Good Questions

- 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

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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 2883 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 overbalancing and walking. There was trend towards an improvement in balance with cycling on a static 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 focusing 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 1464-780X).

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



The Campbell Collaboration Library of Systematic Reviews
The Campbell Library

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1.	<input type="button" value="Review"/> <input type="button" value="User abstract"/>	Title: Behavioural and cognitive behavioural training interventions for assisting foster carers in the management of difficult behaviour Authors: William Turner, Jane Dennis, Geraldine Macdonald Published: 19.07.2007 Group: Social Welfare	<input type="checkbox"/>
2.	<input type="button" value="Title proposal"/>	Title: Cognitive and behavioural interventions for substance abuse among members of the queer community Authors: Jim Cullen, Nick Doukas, Tim Guimond, Michael Saini Published: 30.11.2008 Group: Social Welfare	<input type="checkbox"/>
3.	<input type="button" value="Title proposal"/> <input type="button" value="Protocol"/> <input type="button" value="Review"/>	Title: Cognitive behavioural therapy for men who physically abuse their female partner Authors: Geir Smedslund, Jocelyne Clench-Aas, Therese K. Dalsbo, Asbjorn Steiro, Aina Winsvold Published: 19.07.2007 Group: Social Welfare	<input type="checkbox"/>
4.	<input type="button" value="Title proposal"/> <input type="button" value="Protocol"/>	Title: Cognitive-behavioral therapy for parents who have physically abused their children Authors: Mogens Nygaard Christoffersen, Jacqueline Corcoran, Claire Daining, Diane DePanflis Published: 14.05.2008 Group: Social Welfare	<input type="checkbox"/>
5.	<input type="button" value="Title proposal"/> <input type="button" value="Protocol"/> <input type="button" value="Review"/> <input type="button" value="User abstract"/>	Title: Cognitive-Behavioral treatment for antisocial behavior in youth in residential treatment Authors: Bengt-Ake Armelius, Tore Henning Andreassen Published: 01.10.2007 Group: Social Welfare	<input type="checkbox"/>
6.	<input type="button" value="Protocol"/> <input type="button" value="Review"/> <input type="button" value="User abstract"/>	Title: Cognitive-behavioural interventions for children who have been sexually abused Authors: Geraldine Macdonald, Julian Higgins, Paul Ramchandani Published: 06.11.2006 Group: Social Welfare	<input type="checkbox"/>

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Evidence Database

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Keyword: Substance abuse

11 results

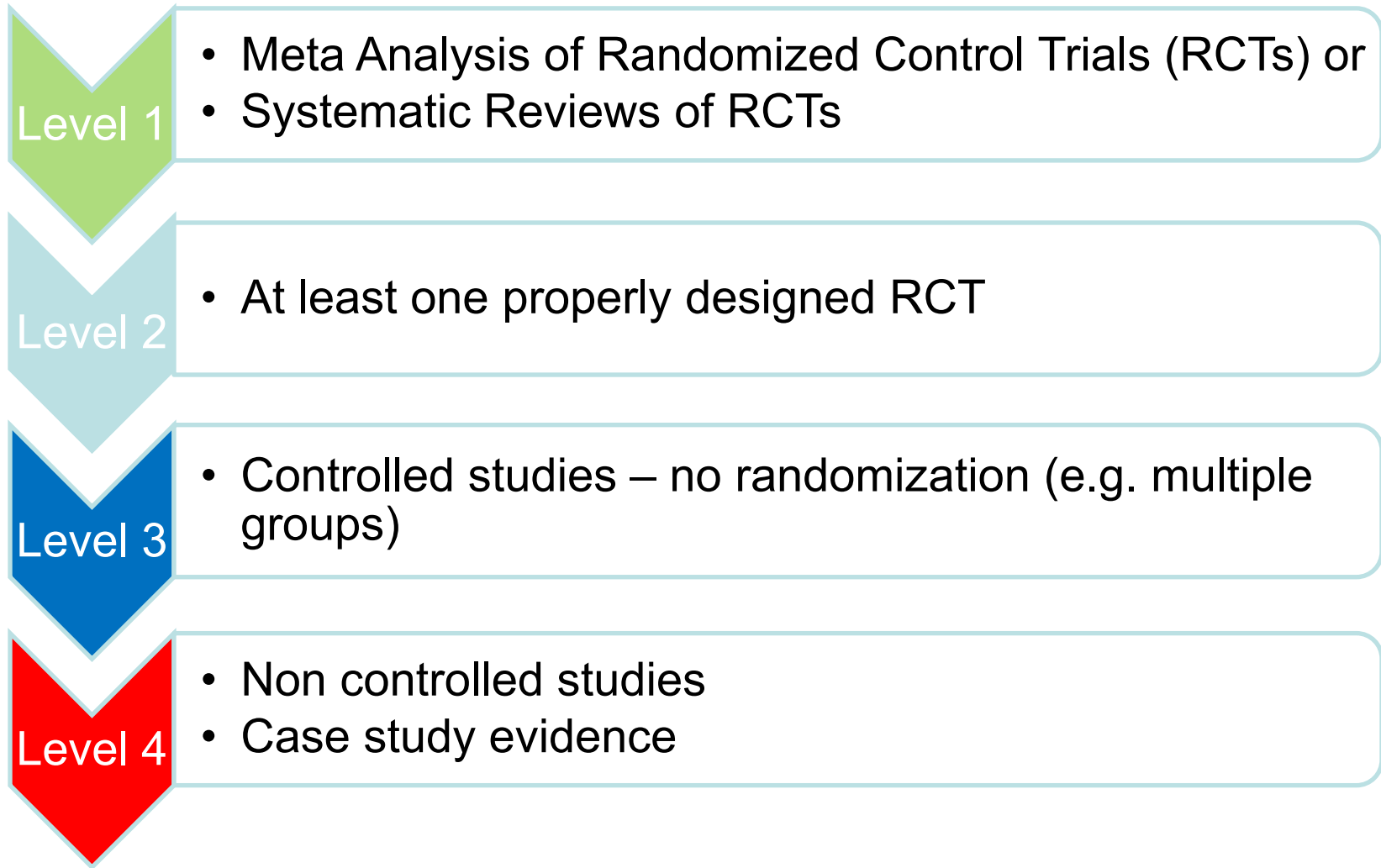
- Author(s):** Aciermo, Ronald; Donohue, Brad; Kogan, Evan
Title: Psychological interventions for drug abuse: A critique and summation of controlled studies
Journal: *Clinical Psychology Review*
Publication date: 1994, Vol. 14, Iss. , p. 417
[more details](#)
- Author(s):** Arana, J. D.; Hastings, B.; Herron, E.
Title: Continuous-Care Teams in Intensive Outpatient Treatment of Chronic Mentally-ill Patients
Journal: *Hospital and Community Psychiatry*
Publication date: MAY 1991, Vol. 42, Iss. 5, p. 503
[more details](#)
- Author(s):** Bartels, S.; Dums, A. R.; Oxman, T. E.; et al
Title: Evidence-based practices in geriatric mental health care
Journal: *Psychiatric Services*
Publication date: 2002, Vol. 53, Iss. , 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 youths
Journal: *Psychology of Addictive Behaviors*
Publication date: 6 1994, Vol. 8, Iss. 2, p. 116
[more details](#)
- Author(s):** Brekke, John S.; Long, Jeffrey D.; Nesbitt, 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. 464
[more details](#)
- Author(s):** Catalano, Richard F.; Gainey, 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: 1999, Vol. 94, Iss. 2, p. 241

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Step 3: Evaluate 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

Chapter	Case Management	Education/ Training	CBT Protocols	Support Group	Technological Interventions
Cancer		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	Group decreased depression and increased optimism, improved family functioning	Partners had less stress, enhanced marital quality, patients had decreased negative affect, enhanced social support network	Phone group had positive experience with care providers, phone education intervention lead to greater knowledge of disease,
Cardiac Conditions		Increased sexual functioning, lowered health care costs, increased quality of life, decreased chest pain.	Decreased re-hospitalization, decreased additional cardiac events, decreased depression and isolation	Especially for me, increased quality of life	
Diabetes	Increased independence, ADLs, knowledge of condition, overall functioning	Increased self efficacy, self care behaviors, diet adherence, exercise, weight management		Increased self care behaviors, social support network, weight maintenance and adherence to diet	Increased diet knowledge, diet adherence, independence
Pain		Decreased experience of pain and physician visits, improved self efficacy behaviors	Enhanced functioning, pain tolerance, self efficacy for patient and family members, decreased depression	Improved self efficacy behaviors, enhanced coping behaviors	Improves pain and disability status, reduced doctor visits
HIV/AIDS				Increased social support, coping, well being, quality of life	Increased support and health-related knowledge



Cognitive & Mental Health Conditions

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



Late Life Social Roles

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



REMINISCENCE: A EBP INTERVENTION



Reminiscence

- Related to Eriksons – “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?