UNIVERSITY of WASHINGTON
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PROMOTING MENTAL HEALTH AMONG OLDER ADULTS IN SENIOR CENTERS

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DISCLOSURES

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RESEARCH TEAM

- Bernardo Martinez, BA, Alex Dillabaugh, BA, and Isabell Griffith Fillipo, BA: Research Coordinators
- Lesley Steinman, LICSW: Intervention Trainer and Supervisor
- Brittany Blanchard, Ph.D.: Statistician
- Rou Rouvere, BA: Data analyst
- Partnering Senior Centers

LEARNING OBJECTIVES

- Describe the evidence base for lay mental health providers.
- Describe the components of the "Do More, Feel Better" intervention
- Describe methodologies to evaluate the feasibility and acceptability of evidence-based psychosocial interventions in aging care settings.

DEPRESSION AMONG SENIOR CENTER CLIENTS

- **10-25% of older adults connected with senior centers experience clinically significant depression**
- **Evidence-based interventions exist, including psychotherapy and psychotropic medication**
- **Unmet needs:**
  - Insufficient number of geriatric mental health providers
  - Many depressed older adults do not engage in mental health services following referral

SENIOR CENTERS

- Approximately 10,000 senior centers across the U.S.
- Part of an extensive national aging services network, funded by the Older Americans Act since 1965
- Serve many low-middle income, diverse older adults with social service needs, nutritional insecurity, and financial vulnerability

NEED TO DEVELOP THE MENTAL HEALTH WORKFORCE

- SAMHSA and NCOA: integration of MH services integrated into aging service settings; use of trained lay providers
- Lay providers have been successful delivering behavioral interventions to older adults with mental health needs
- Lay-delivered interventions may be more acceptable, accessible, at lower cost
- Engaging older adult volunteers from local communities could enhance racial and ethnic diversity of providers

LAY-DELIVERED INTERVENTIONS IN SENIOR CENTERS: WHAT IS NOT KNOWN

- Training and supervision needs
- Reliable methods to assure intervention fidelity
- Protocols to evaluate and ensure client safety
- Comparability of outcomes to clinician-delivered interventions

WHAT IS BEHAVIORAL ACTIVATION?

An evidence-based, best practice for treating depressive symptoms

BA helps people experiencing depression improve their mood by engaging in pleasurable and rewarding activities

BA targets patterns of avoidance, withdrawal, and inactivity

BA is structured - a weekly plan is created

BA is brief and easy to use

RATIONALE FOR BEHAVIORAL ACTIVATION

- **Straightforward, structured**
- **Conceptual model well-suited to older adults, those with low education, mild cognitive impairment**
- **Evidence-based**
  - Clinical outcomes
  - Increased activation as mechanism

INTERVENTION DEVELOPMENT: "DO MORE, FEEL BETTER"

- **Simplification of Behavioral Activation**
- **"Do More, Feel Better": a "depression self-management program" provided by supervised "coaches"**
- **Manual development**
  - structured agendas
  - in-session psychoeducation materials and worksheets

INTERVENTION DEVELOPMENT: "DO MORE, FEEL BETTER"

Coach Name: _____ Meeting # _____
Client Name: _____ Date: _____

"Do More, Feel Better"
Agenda for Meeting 1

1 Hello, my name is … I'm a coach for the program that we call "Do More, Feel Better". ☐

a. The program involves 9 weekly meetings (30-45 mins) to discuss ways to gradually increase pleasant and rewarding activities, as a way to self-manage depression.
b. Today's agenda is to review symptoms of depression, discuss what depression is, and discuss how "Do More, Feel Better" can help. Anything you would like to add to the agenda?
c. Everything we discuss is confidential, with the exception of my supervisor.

2 First, I would like to review the PHQ-9 form that you filled out with Center staff. ☐

a. Which symptoms have bothered you the most? Tell me about that.
b. How long have you been experiencing these symptoms? What do you think they are due to?

Form C **List of Pleasant and Rewarding Activities**

Instructions: List desired activities and rate the difficulty of each.

	ACTIVITY	DIFFICULTY: E = Easy M = Medium H = Hard
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Form D

Scheduling Activities
Pleasant – Social – Physical

Plan at least one activity each day. It is an important way to deal with stress and depression. Schedule out a week's worth of daily activities.

Each day should contain at least one activity. These can be pleasant, social, or physical activities. For example, a pleasant activity might be putting together a puzzle or some hobby, a social activity might be getting together with a friend, and a physical activity might be going for a walk.

Rate how satisfied you felt after doing the activity.

Daily Activities			How satisfied did you feel? Rate from 0 to 10: 0 = Not Satisfied At All 10 = Extremely Satisfied	Completed ✓
Day	**Date**	**Activity (What? Where? With Whom?)**		
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

LAY-VOLUNTEER SELECTION

- **Eligibility**
  - age ≥ 60
  - senior center participant
  - no current MH disorder
- **Assessment of key competencies**
  - experience, communication, planning and organizing, cognitive status, emotional stability

VOLUNTEER TRAINING AND SUPERVISION

- **Structure: Four 2-hour group sessions**
- **Content: didactic, manual review, role play**
- **Special issues: scope of practice, confidentiality, boundaries, handling client distress, procedures for detecting clinical deterioration**
- **Formal certification as "coach": role play to fidelity**
- **Supervision: weekly; audio spot checks**

STUDY AIM 1

Understand the needs of senior center *clients*

CLIENT SOCIODEMOGRAPHICS (N=140)

	Mean	SD
Age	73.4	6.9
Years of education	16.6	2.8
	N	**%**
Senior Center		
Site 1	41	29.3
Site 2	40	28.6
Site 3	34	24.3
Site 4	25	17.9
Gender		
Men	37	26.4
Women	102	72.9
Other	1	0.7
Race		
White	92	66.2
Black or African American	27	19.4
Asian or Pacific Islander	7	5.0
Native American	3	2.2
Other race	2	1.4
Multi-racial	8	5.8
Hispanic ethnicity	3	2.1
Married	35	25.0
Working	17	12.1
Medicaid	18	13.1
Elevated PHQ-9 score (≥10)	35	25.0

CLIENT SURVEY RESULTS

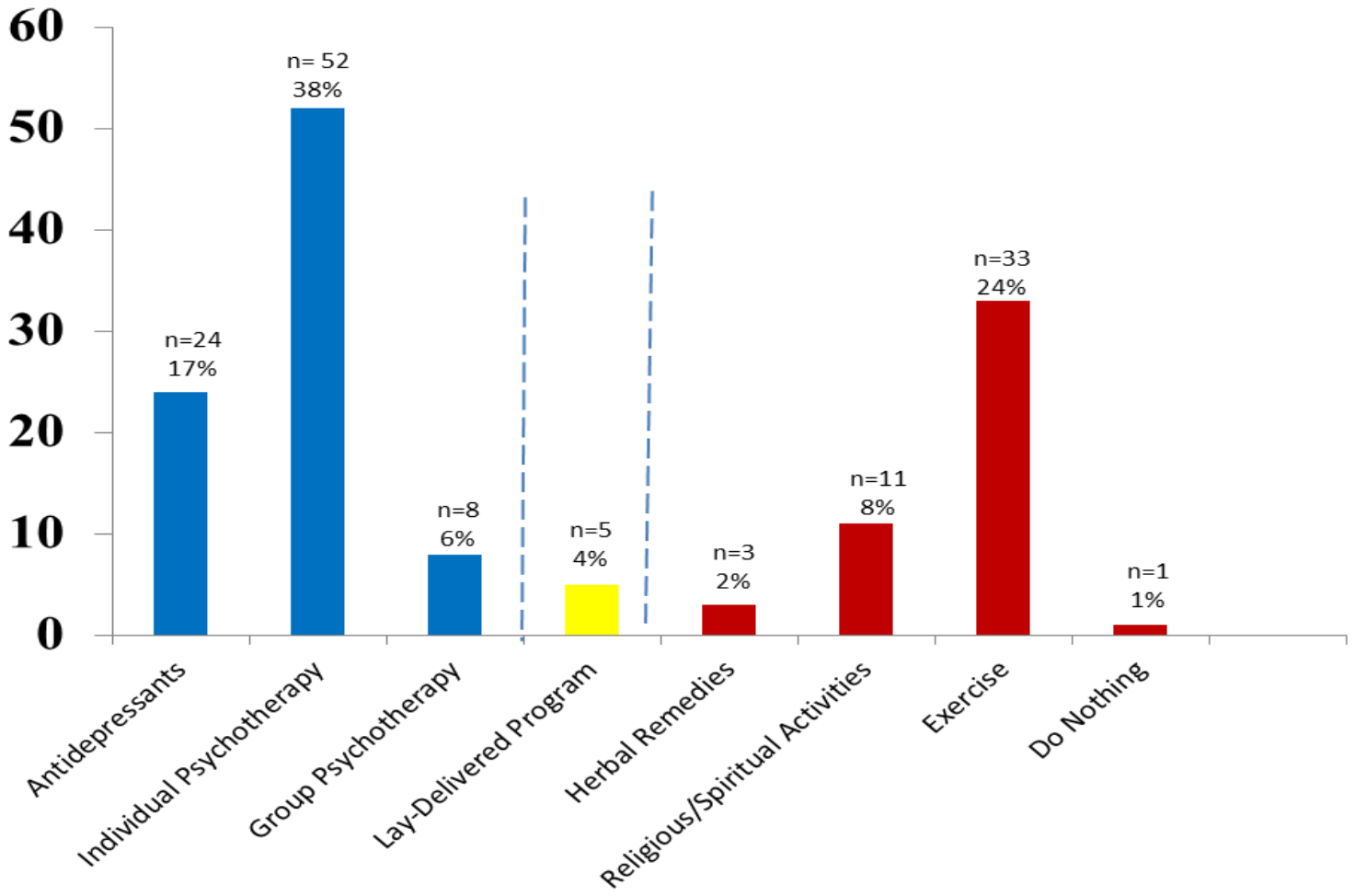
- **Almost all clients (98%) endorsed the importance of addressing emotional health and wellness in senior centers.**
- **Most (81%) reported that they would consider participating in a lay-delivered depression intervention if they were "suffering from depression or had other emotional concerns."**

Raue et al. Acceptability of a lay-delivered intervention for depression in senior centers. Aging and Mental Health 2021.

CLIENT SURVEY RESULTS (CONT)

- 88% of clients reported that they would want to pursue some type of mental health treatment if depressed
- 86% wanted to receive psychotherapy
- 42% wanted to receive antidepressant medication.

FIRST CHOICE TREATMENT OPTIONS (N=140)



STUDY AIM 2

Understand the interest and capacity of *volunteers* to lead a depression self-management intervention

VOLUNTEER SOCIODEMOGRAPHICS (N=124)

	Mean	SD
Age	72.8	10.1
Years of education	16.9	2.8
	N	**%**
Senior Center		
Site 1	26	21.0
Site 2	41	33.1
Site 3	38	30.6
Site 4	19	15.3
Gender		
Men	31	25
Women	91	73.4
Other	2	1.6
Race		
White	86	69.4
Black or African American	25	20.2
Asian or Pacific Islander	7	5.6
Native American	0	0
Other race	1	0.8
Multi-racial	5	4.0
Hispanic ethnicity	2	1.6
Married	44	35.5
Working	16	13.1
Medicaid	14	12.2

VOLUNTEER SURVEYS

- **63% of volunteers reported "high" comfort levels working with depressed individuals.**
- **59% of volunteers reported "high" interest levels in learning how to assist depressed clients using "Do More, Feel Better".**
- **Among those with high interest:**
  - 95% reported willingness to commit to administering the program to 2-3 depressed clients over a 1-year period.

Raue et al. Acceptability of a lay-delivered intervention for depression in senior centers. Aging and Mental Health 2021.

STUDY AIM 3

Understand the interest of senior center *administrator and staff* in a depression self-management intervention

STAFF SURVEYS: COMFORT IN INTERVENTION

Overall comfort level was high on all domains assessed, including:

- comfort with volunteers delivering the program (mean=4.4, SD=0.9),
- use of a structured interview guide to select appropriate volunteers (mean=4.2, SD=1.3), and
- our proposed training and supervision procedures (mean=4.7, SD=0.7).

STAFF SURVEYS: COMFORT IN TRAINING PROCEDURES

Need for volunteer training in:

- confidentiality,
- procedures for suicide risk,
- working with clients from different cultures,
- low literacy issues or cognitive decline,
- maintaining appropriate boundaries, and
- promoting use of formal mental health care.

STAFF SURVEYS: SUSTAINABILITY CONCERNS

Need for funding and staff:

- "If successful, I would like to continue program, but this may only be possible if grant funding is available from other resources."
- "We would have to prioritize this; often volunteer programs are not supervised that frequently."
- "We would need to train an existing staff member like myself, or we could hire new staff. But if this staff member leaves the center, we would need to have a written training manual."

RANDOMIZED CONTROLLED TRIAL (RCT)

- **Determine whether "Do More, Feel Better" (DMFB) as delivered by lay volunteers in four senior centers:**
  - could be delivered to fidelity;
  - was acceptable to depressed clients; and
  - led to comparable increases in target engagement (Behavioral Activation Scale) and decreases in depression (HAM-D) as clinician-delivered Behavioral Activation.

RCT DESIGN

- **Design: 12 clients per center randomized to DMFB (3 certified coaches) vs 12 clients per center randomized to Behavioral Activation (1 clinician) * 4 centers (N=48)**

MEASURES

Volunteer and clinician fidelity measures:

- ***Training certification*: *fidelity scores of role plays rated ≥3 by trainer (0=very poor; 5=very good)***
- ***Intervention fidelity*: *fidelity scores of audiotaped sessions rated ≥3 by external expert (0=very poor; 5=very good)***

Client Measures:

- ***Satisfaction*: *Client Satisfaction Questionnaire (CSQ; 3 items)***
- ***Activity level (mechanism)*: *Behavioral Activation Scale (BADS)***
- ***Depression severity*: *Hamilton Rating Scale for Depression (Ham-D) 24 items***

PARTICIPANT CHARACTERISTICS

Descriptor	Volunteers (*n*=21) *X (sd) or n (%)*	Clients (*n*=55) *X (sd) or n (%)*
Age	>60	70.9 (5.9)
Female	18 (86%)	44 (80%)
Black/African-American	7 (33%)	13 (24%)
Asian	1 (5%)	3 (5.4%)
Other non-white race	0	3 (5.4%)
Hispanic	0	1 (1.8%)
Major Depression (SCID)	NA	47 (86%)
HAM-D total score	NA	17.0 (4.4)
Mini Mental Exam	NA	28.0 (1.4)
CANE	NA	4.3 (3.7)

RESULTS: VOLUNTEER TRAINING FEASIBILITY

- **Training: 17/21 (81%) volunteers achieved certification (role play fidelity scores≥3)**
  - 3 dropouts due to competing time demands or family emergency
  - 1 dropout due to failure to certify
- **Ongoing fidelity: 36/36 randomly-selected audiotaped sessions rated as "satisfactory" (fidelity scores≥3)**

Raue et al. "Do More, Feel Better": pilot RCT of lay-delivered Behavioral Activation for depressed senior center clients. Behavior Therapy 2022.

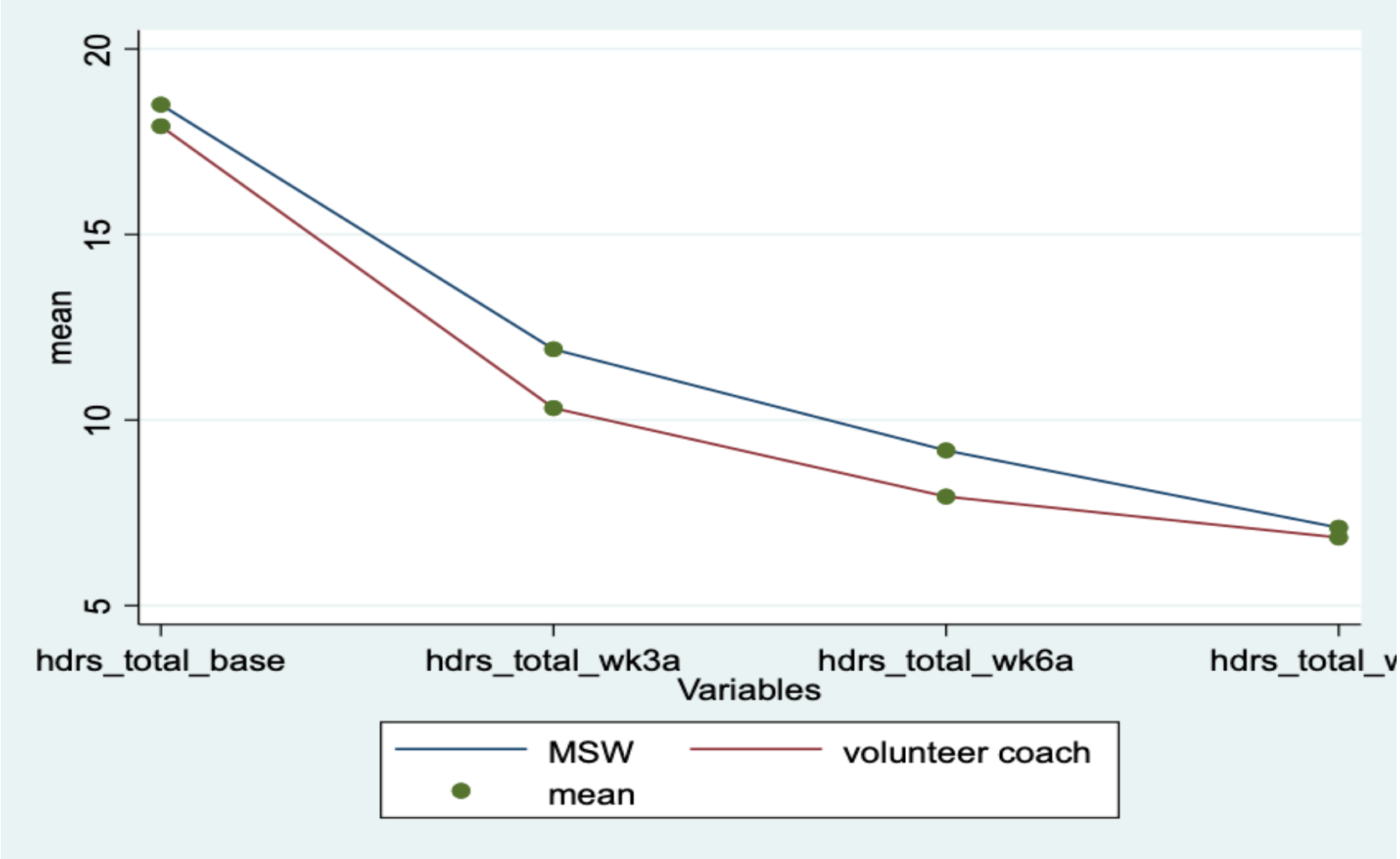
RESULTS: CLIENT ACCEPTABILITY AND SAFETY

Indicator of Acceptability	DMFB Clients (*n*=42) *X (sd) or n* (%)	BA Clients (*n*=13) *X (sd) or n* (%)
Drop outs	7 (16%)	1 (8%)
Development of Active Suicidal Ideation	1 (2%)	1 (8%)
Client Satisfaction Questionnaire (CSQ) 3 item (range: 3-12)	10.6 (2.2)	10.6 (1.7)

"WHAT DID YOU FIND MOST HELPFUL ABOUT MEETING WITH YOUR COACH?"

- "That we clarified the difference between pleasurable activities and just activities. Helped me think about what I enjoy doing and to focus on what is pleasing."
- "Reviewing past week activities. Making plans for the coming week. I've had seasonal depression since I was 14 years old and nothing has brought me relief quite like this program did. It has truly helped me so much. I have gained so many skills that I can use on my own, ways to manage my life going into retirement."
- Accountability. Brought organization to my life - the forms completely changed how I spend my day. I really connected with my coach, she kept me focused but was also warm and encouraging.
- It was really helpful to have someone there who could help me with negative thought patterns, to get out of this rut. I was realizing my patterns, realizing how much better I felt when I did things for fun. So great to have someone help me realize I am not doing things for myself. This course was the best thing that has ever happened to me!

RESULTS: HAMILTON DEPRESSION SCORES OVER TIME BY TREATMENT CONDITION



CONCLUSIONS

- **Our data provide support for the feasibility and acceptability of "Do More, Feel Better," given volunteer ability to deliver the intervention to fidelity and high client completion rates and satisfaction ratings.**
- **Preliminary findings indicate increased activity levels and reduction in depression, comparable to clinician-delivered Behavioral Activation.**
- **"Do More, Feel Better" has potential to address the dearth of mental health services available to community-dwelling older adults.**

LIMITATIONS

- **Small number of providers, clients, and senior centers limit conclusions and generalizability.**
- **While existing volunteer infrastructure at the national level supports the sustainability of "Do More, Feel Better," implementation challenges remain in the absence of research funding.**

CURRENT DIRECTIONS

1

Complete ongoing muti-site trial (DMFB vs Clinician BA): 18 centers, 36 coaches, 36 clinicians, 288 clients

2

Supplemental trial for Spanish speaker:
6 centers, 12 coaches, 12 clinicians, 96 clients

3

Refine training and intervention protocols and materials for future studies and dissemination

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Do **More**, Feel **Better** Program

What is it?

We're looking for people interested in a 9-week virtual program called "Do More, Feel Better" that is based on research showing that increasing participation in pleasurable and rewarding activities can lead to improvement in depressive symptoms.

If you are eligible to participate, you will receive up to $130 over the course of the program.

CREATIV LAB

For more information, contact dmfb@uw.edu or 206-616-2129

THANK YOU!

praue@uw.edu