

Screening and Change Analysis: How do we assess client change in diverse settings?

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Overview

Assessment of:

- Depression
- Anxiety
- Behavior Change
- Therapeutic Alliance

Depression

- *Depressed Mood
- Sleep (insomnia/hypersomnia)
- *Interest, lack of enjoyment (anhedonia)
- Guilt
- Energy
- Concentration
- Appetite
- Psychomotor (agitation/retardation)
- Suicidal Ideation/Intent/Plan

MDD: Symptoms last 2 weeks, cause functional impairment

Geriatric Depression in Primary Care (PC) vs. Community

- More in PC than community samples:
 - somatic complaints
 - fatigue, sleep disturbance, anhedonia
 - depression-related disability than community
- Fewer affective symptoms in PC than community
- Lower screening scores in PC than community or specialty clinics

Prevalence

- Rates of major depression *or* clinically significant depressive symptoms:
 - 10-15% community (including primary care)
 - 25-30% medical centers (inpatient)
 - 35% of nursing home residents¹
 - 24% of home care patients²

¹Thakur & Blazer, 2008; ²Brown et al, 2003

Geriatric Depression Risks

- High levels of depression at baseline predict 2.87 (men) - 4.27 (women) higher odds of future functional disability in activities of daily living¹
- Nurses 68% accurate without screening tool²

¹Bruce et al, 1994; ²Brown et al, 2003

Screening Measures

- Geriatric Depression Scale -15 (GDS-15)
 - 15 items [not 30¹], Yes/No, score 0-15
- Patient Health Questionnaire – 9 (PHQ-9)
 - 9 items, Likert (frequency), score 0-27
 - PHQ -2 (mood, anhedonia)
 - PHQ-4 (+2 anxiety items)
- Center for Epidemiologic Studies—Depression Scale (CES-D)
 - 20 items , Likert (frequency), score 0-60

¹ Mitchell et al, 2010

Screening for Depression in PC

Measure	Best Cut	Sensitivity	Specificity	AUC
PHQ-9 ¹	≥ 9	88%	80%	.87 MDD .85 Mj/Mn
PHQ-2 ¹	≥ 2	75%	67%	.81 MDD .80 Mj/Mn
GDS-15	≥ 7	75% ¹ - 92% ²	77% ¹ - 81% ²	.81 MDD ¹ .71 Mj/Mn ¹
CES-D ²	≥ 21	92%	87%	

¹Phelan, et al 2010; ²Lyness et al., 1997

Screening for depression in dementia

- Cornell Scale for Depression in Dementia¹
 - 19 items
 - Semi-structured interview with caregiver + patient
 - 90% sensitivity; 75% specificity²
- PHQ-9 Observational Version^{3,4}
 - Strong correlation with Cornell scale; far superior to MDS
 - 9 items of PHQ-9 plus irritability item

¹Alexopolous et al, 2008; ²Vida et al, 1994; ³Phillips, 2012; ⁴Saliba et al, 2012

Screening vs. Change Measure

- Consider what elements of the construct the measure is tapping into
- Physiological symptoms vs. thoughts, behaviors

Patient Health Questionnaire-9

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at All	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thinking that you would be better off dead or that you want to hurt yourself in some way	0	1	2	3

Geriatric Depression Scale

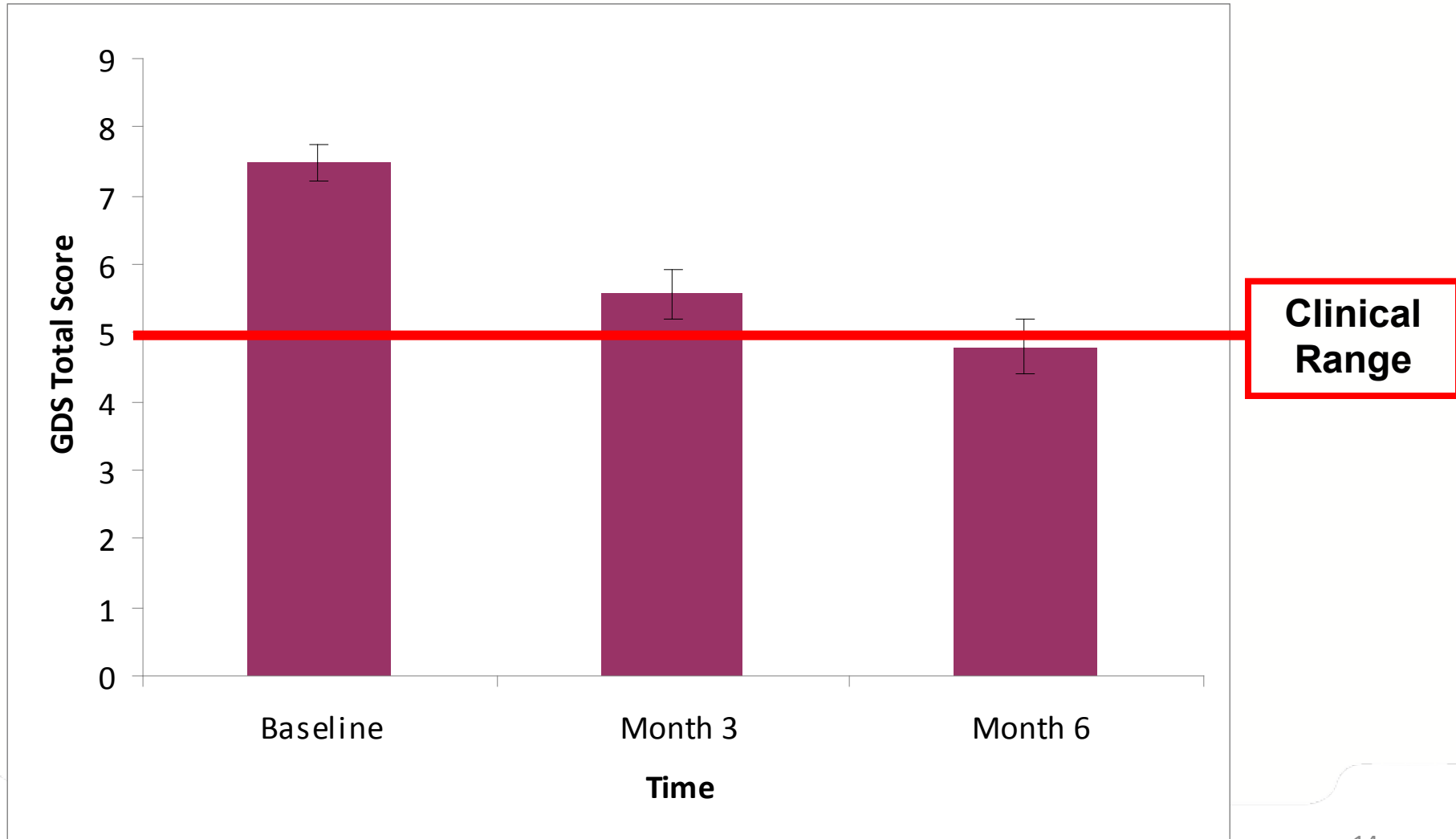
Are you basically satisfied with your life ?	Yes	No
Have you dropped many of your activities and interests?	Yes	No
Do you feel that your life is empty ?	Yes	No
Do you often get bored?	Yes	No
Are you in good spirits most of the time?	Yes	No
Are you afraid that something is going to happen to you?	Yes	No
Do you feel happy most of the time?	Yes	No
Do you often feel helpless ?	Yes	No
Do you prefer to stay at home, rather than going out and doing new things?	Yes	No
Do you feel you have more problems with your memory than most people?	Yes	No
Do you think it is wonderful to be alive ?	Yes	No
Do you feel worthless the way you are now?	Yes	No
Do you feel full of energy?	Yes	No
Do you feel that your situation is hopeless ?	Yes	No
Do you think that most people are better off than you are ?	Yes	No



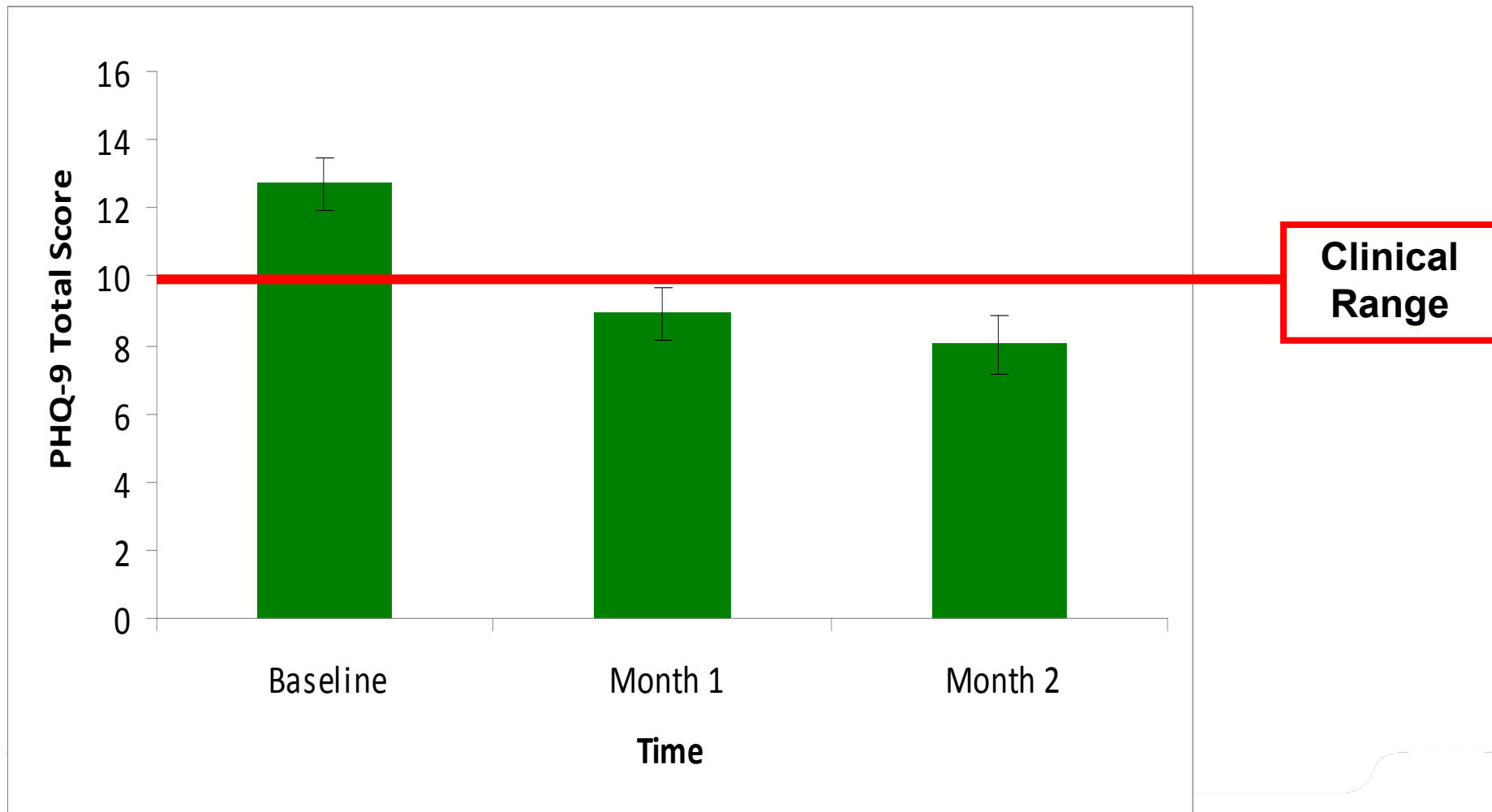
Bridging Resources of an Interdisciplinary Geriatric Health Team via Electronic Networking

- Screening, assessment and treatment program for older adults in primary care
- BRIGHTEN Heart: African American and Latino older adults with cardiometabolic syndrome

BRIGHTEN N=84



BRIGHTEN Psychotherapy N=44



Generalized Anxiety Disorders

- Excessive anxiety, worry, fear
- Difficult to control the anxiety
- Worry associated with
 - Feeling restless, on edge
 - Easily fatigued
 - Difficulty concentrating
 - Irritability
 - Muscle tension
 - Sleep disturbance
- Gets in the way of daily living

Anxiety Disorders

- 10% community dwelling older adults¹
- More prevalent in context of chronic medical problems, and even more so in inpatient settings²
- Anxiety in dementia prevalence 5-21%³
- Associated with increased disability³

¹ Gum et al., 2009; ²Kim, et al., 2001; ³Wolitsky-Taylor et al, 2010

Anxiety Measures

- Beck Anxiety Inventory (BAI)
 - 21 items, Likert scale, score 0-60
 - Older adults score higher than younger adults
- Geriatric Anxiety Inventory (GAI)
 - 20 items, Agree/Disagree, score 0-20
- GAD-7 (from PRIME-MD)
 - 7 items, Likert scale, score 0-21
 - Validated in primary , specialty, and home care

Screening vs. Change Measure

- Consider what elements of the construct the measure is tapping into
- Physiological symptoms vs. thoughts, behaviors
- Frame of the symptom
- Which symptoms do you expect to change faster?

Beck Anxiety Inventory

(sample items)

	Not At All	Mildly but it didn't bother me much.	Moderately - it wasn't pleasant at times	Severely – it bothered me a lot
Numbness or tingling	0	1	2	3
Feeling hot	0	1	2	3
Wobbliness in legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of worst happening	0	1	2	3
Dizzy or lightheaded	0	1	2	3
Heart pounding/racing	0	1	2	3
Indigestion	0	1	2	3

Geriatric Anxiety Inventory

(sample items)

	Agree	Disagree
I worry a lot of the time.	<input type="checkbox"/>	<input type="checkbox"/>
I find it difficult to make a decision.	<input type="checkbox"/>	<input type="checkbox"/>
I often feel jumpy.	<input type="checkbox"/>	<input type="checkbox"/>
I find it hard to relax.	<input type="checkbox"/>	<input type="checkbox"/>
I often cannot enjoy things because of my worries.	<input type="checkbox"/>	<input type="checkbox"/>
Little things bother me a lot.	<input type="checkbox"/>	<input type="checkbox"/>
I often feel like I have butterflies in my stomach.	<input type="checkbox"/>	<input type="checkbox"/>
I think of myself as a worrier.	<input type="checkbox"/>	<input type="checkbox"/>
I can't help worrying about even trivial things.	<input type="checkbox"/>	<input type="checkbox"/>
I often feel nervous.	<input type="checkbox"/>	<input type="checkbox"/>

GAD-7

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems?

Not at all

Several days

More than half the days

Nearly every day

(Use "✓" to indicate your answer)

1. Feeling nervous, anxious or on edge

0

1

2

3

2. Not being able to stop or control worrying

0

1

2

3

3. Worrying too much about different things

0

1

2

3

4. Trouble relaxing

0

1

2

3

5. Being so restless that it is hard to sit still

0

1

2

3

6. Becoming easily annoyed or irritable

0

1

2

3

7. Feeling afraid as if something awful might happen

0

1

2

3

Behavior Change

- Behavioral Activation for Depression Scale¹
 - Measures changes in avoidance and activation in the context of behavioral activation intervention
 - 27 items, 7-point Likert scale, score 0-150
- Four factors:
 - Activation
 - Avoidance/Rumination
 - Work/School Impairment
 - Social Impairment

¹Kanter et al, 2009; Manos et al., 2011

Evidenced-based practice (EBP)

- Evidence-based practice is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences¹

¹ APA Presidential Task Force., 2006

Implications of EBP

- Collaborative decision-making with the client
- Use the best clinically relevant evidence
- Consider costs, benefits, available resources and options
- *Ongoing monitoring or client progress and adjustment of treatment as needed are essential.*

Client involvement

- All treatment approaches work equally well with some clients at some times
- Client engagement is the strongest determinant of outcome
- Alliance mediates client engagement
- Client's subjective experience of change early in process is best predictor of success

Relationship Factors

The Therapeutic Alliance: 60%

- Agreement on goals
- Agreement on tasks
- Rogerian “core conditions”
 - Empathy
 - Unconditional positive regard
 - Genuineness
- Client participation

Client's Theory of Change

Pre-existing, pre-treatment beliefs about the problem and the change process.

Therapeutic Relationship Research Findings

- Quality of relationship more potent predictor of outcome than theoretical orientation, experience level, or professional discipline.
- Client perception of the relationship a better predictor of outcome than therapist's perception.
- No correlation between the length of time spent in therapy and strength of the alliance.
- Clients rarely report negative reactions before deciding to terminate.

Alliance: Establishing “FIT”

Providers need to be sensitive to the risk that their own estimate of the status of the relationship...can be at odds with the client's ...thus it seems prudent to actively solicit from the clients their perspective.¹

¹Horvath, 2001

Session Rating

	Listening	
Professional did not listen to me well	-----	Professional listened to me
	How Important	
What we did and talked about was not really that important to me	-----	What we did and talked about were important to me
	What We Did	
I did not like what we did today	-----	I liked what we did today
	Overall	
I wish we could do something different	-----	I hope we do the same kind of things next time

Three steps to becoming FIT

- Create a culture of feedback
- Integrate alliance and outcome feedback into clinical care
- Learn to fail successfully

Re-Cap

Assessment of:

- Depression
- Anxiety
- Behavior Change
- Therapeutic Alliance

Questions?

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