Calmer Life: *Treating Anxiety in Low-income, Underserved, Minority Communities

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Overview of Talk

- Brief Look at Late-Life Anxiety and Worry
- Highlight Origins and Approach of Calmer Life Model
- Present PCORI project research program
- Reflect on relevance of project

Common Anxiety Disorders in Later Life

- Specific Phobias
- Social Phobia
- Post-traumatic Stress Disorder
- Generalized Anxiety Disorder

Prevalence and Impact of Anxiety in Later Life

**Prevalence**

- More common than depression
- 6-month rates: 3 to 10%
- Lifetime: 15%
- 20% - 38% of patients with chronic illness
- Most common disorders:
  - Generalized Anxiety Disorder (GAD)
  - Specific phobia

**Impact**

- Increased disability, poorer health-related QOL
- Reduced functional status
- Incontinence & falling
- Functional dependence (bathing)
- Service utilization and health care costs
- Increased mortality

Our Team’s Work: Late-life GAD

- Testing delivery of care in nontraditional MH settings
  - Primary care, community settings
- Examining outcomes in more heterogeneous populations
  - Individuals with dementia
  - Underserved, low-income, mostly minority adults
- Workforce expansion
  - Lay providers
  - Community providers
  - Leveraging Expertise of Clinical Providers
- Attention to religious-spiritual values

Generalized Anxiety Disorder

- Excessive, difficult-to-control worry
- Associated symptoms
  - Muscle tension
  - Fatigue, irritability
  - Sleep disturbance
  - Impaired concentration
  - Procrastination or safety checks
- Interference with life function or enjoyment

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Unique Characteristics of Anxiety in Later Life

- Different descriptors
- Topics of concern: Health, finances, loss of independence, fear of falling
- Less physical arousal
- More focus on somatic symptoms
- Less knowledge of anxiety symptoms
- Memory difficulties

Other Signs & Symptoms

- Repetitive questions
- Fidgeting, restlessness
- Pacing
- Irritability
- Reluctance to engage in some behavior

Symptom Descriptions

- Over the last 2 weeks, have you often been bothered by:
- Feeling nervous, anxious, or on edge?
- Not being able to stop or control worrying?

Screening Questions

Commonly Used Assessment Tools

- Penn State Worry Questionnaire
- Beck Anxiety Inventory
- GAD-7
- Geriatric Anxiety Inventory
- Rating Anxiety in Dementia

Treatment Options

- Medication
- Cognitive Behavioral Treatment (CBT)
Anxiety is rarely the only problem

Medical Illness → Anxiety → Cognitive Impairment → Depression → Social Stressors

Treating Late-Life Anxiety in Low-income, Underserved, Minority Communities

Step 1: Develop a community-academic partnership
- Identify geographic regions
- Proximity to academic setting
- Low income (35% below poverty)
- 98% minority; 87% African American
- 61% medically underserved; 65% mental health shortage areas

Partner organizations
- Churches and social service organizations with shared mission
- Build on existing relationships
- Develop Emma Cooper Community Leadership Council

Funded by Archstone Foundation, Retirement Research Foundation

Partner Perspective of Calmer Life

Partner Work: Step 2
Develop Calmer Life Intervention

- Culturally tailored intervention anchored in evidence-based CBT
- Skills training focus
- Community delivery (location, providers)
- Add resource counseling
- Integrate attention to religious-spiritual values

Integrating Religion-Spirituality (R/S)

Why?
- Important value for older adults, minority communities
- Church attendance and other forms of R/S coping impact health
- Survey data
- Clinical experience

How?
- Optional, not required
- Conduct R/S assessment
- Integrate into skills-training
  - Breathing - add R/S image or word
  - Calming statements - based on scripture, prayer, other
  - Behavioral activation - R/S activities
  - Gratitude
- Modular Treatment:
  - Core and elective modules
  - Integration of R/S
  - Resource Counseling
    - Address basic unmet needs (medical, financial, meals, etc.)
    - Facilitate communication with PCP
    - Urgent medical/psychiatric needs
    - Communication about anxiety symptoms and treatment

Calmer Life Treatment

Delivery Options
- In-person: Community or home
- Telephone delivery
- Number of sessions/contacts
- Training community providers (case managers, community health workers)
**Future Workshops**

- **Deep Breathing**
- **Thought Stopping**
- **Calming Statements**

**Future Workshops**

- **Deep Breathing**
  - Learn breathing exercises that can help you relax.
- **Thought Stopping**
  - Learn how to stop unwanted thoughts to reduce your worry and stress.
- **Calming Statements**
  - Learn helpful statements and create your own to manage stress and worry.

**Project Goals**

- Test the effectiveness of Calmer Life (CL):
  - Intervention for worry/stress designed to meet the needs of older adults (aged 50+) from underserved, mostly racial minority communities
  - Comparison treatment: Enhanced Community Care (ECC)
    - Standardized information and resource counseling
    - Resources offered to address basic and mental health needs
    - Telephone contact only
  - Project funded by the Patient-Centered Outcomes Research Institute 2014 - 2018

**Who is CL targeted at?**

**Inclusion Criteria**
- Age 50 and older
- Proficiency in English
- PSWQ-A score of ≥ 23
- Living, working or worshipping in target areas

**Exclusion Criteria**
- Cognitive impairment
- Active suicidal ideation
- Current mania or psychotic episodes
- PHQ-8 score of > 20

**Calmer Life Project**

- **Calmer Life**
  - Treatment content
    - Elective modules
    - Include R/S
  - Delivery options
    - In community, home or telephone
  - Connection with a primary care provider
  - Session numbers/length
  - Providers
    - Delivered over a 6-month period

- **Enhanced Community Care**
  - Community resource counseling
  - Resources range from talking to a doctor about medication, counseling, referral to community services or case management
  - Resources referral guided by participant report on LL-FDI measure

**Training non-mental health providers**

- Recruit community health workers and case managers working in target geographic areas.
- Provide didactic and experiential training on CBT principles, treatment manual and crisis intervention.
- Assist in recruitment and outreach efforts.
Study Design

- 173 Assessed for Eligibility (SCID) (70% of Consented/Screened)
- 25 Ineligible (14.45% of Assessed)
- 134 Completed Baseline & Randomized (91% Included)
- 70 Participants Assigned to CL (52.24% of Randomized)*
- 64 Participants Assigned to ECC (47.76% of Randomized)*
- 89 dropped (12.5%)

Sample Characteristics

- Age = 66.9 (SD = 9.24)
- Female = 109 (81.3%)
- Race/Ethnicity
  - Non-Hispanic Black = 103 (76.8%)
  - Non-Hispanic White = 23 (17.1%)
  - Other = 8 (6.1%)
- Years of Education = 13.61 (SD = 2.81)
- Marital Status
  - Married = 33 (24.6%)
  - Divorced = 49 (36.6%)
  - Widowed = 29 (21.6%)
  - Other = 23 (17.2%)
- Income
  - < 20,000 = 89 (65.5%)

Treatment Characteristics

- Average number of CL sessions = 6.1 (SD = 2.59)
- Average number of ECC calls = 3.02 (SD = 0.96)
- Average length of CL sessions = 48.5 (SD = 19.39) (Phone were 36.6 min)
- Average length of ECC sessions = 18.9 (SD = 7.40)

Implementation Indicators

- Initiation = 64 CL participants (91.4%) completed at least 1 session
- Engagement = 41 CL participants (58.6%) completed six or more sessions

CL Participants: Use of Religion and Spirituality (R/S)

- 95% of participants in CL incorporated R/S in some way
- 94% said adding R/S to the skills helped relieve worry/stress
- What parts of the program did you like or find most helpful?
  - Using spirituality
  - Was able to thought stop while using Bible scriptures
  - Substitute a bad thought and faith
  - Made me relaxed in both the physical and spiritual world
  - By getting real deep with the Lord to help me
  - When I felt down and out I would say prayers along with skills and would repeat it and it would go away.
  - More aware about turning worry about to God

Participant Perspective: Including R/S
Participant Satisfaction
- At 6-months, participants who completed CL reported greater satisfaction than those who completed ECC.
- CL participants reported:
  - It was absolutely wonderful. The kindness and professionalism and making sure the staff understood and took the time to see if I understood. The muscle relaxation was great! The certificate that said we had completed the course was great too.
  - Take time to breathe, focus on situation, and program is informative and had a patient counselor.
  - Being able to manage nervousness. Know how to breathe and think.

Preliminary Program Outcomes

Examples of Qualitative Feedback
- “I just needed some kind of confidentiality where I could be able to express myself, say something and not be told to nobody else.”
- “Well, (the program) taught be how to cope with situations and stress and gave me some breathing techniques, and different ways to deal with it because with a psychiatrist I would sit there and just talk...with Calmer life, they taught me how to deal with it and move forward with it.”
- “It was convenient because I am on a wheelchair and I could not have gotten out very well...It would have been hard because if I had to go somewhere. I am so glad that she came here.”

Qualitative Feedback
- “...she (the counselor) helped me put up those calming thoughts all over the house on the little index card....There is one particular one about how Jesus said He would cover us with his feather and He would protect us...I would read that and visualize it and I found comfort in it.”
- “I was having problems with my house....I needed some new things done to it. So she was able to steer me towards the (local community organization) which I had forgotten about. There are some resources in the community that could be used, to, you know, weatherize and different things that they have out there. All you have to do is call.”

Patient-Centered Outcome Research Institute (PCORI, 2014-2018)
- Next steps
  - Complete Outcome analyses
  - Dissemination
  - Advance Vida Calma, a Spanish-language version of CL

Observations
- Importance of community-based worry/anxiety screening in underserved populations
- Established potential value of assessment tools used in the study to identify older adults with worry/anxiety
- Attention to basic needs and resource support seems to be central in anxiety treatment as in case management for depression in older, low-income, underserved population
- Brief telephone and CBT-skills based interventions can be delivered with good adherence and competence by a range of non-traditional providers with adequate training and clinical support
Resources To Be Available:
www.mirecc.va.gov/VISN16/

- Calmer Life Intervention Counselor Manual:
  - Delivered to Individuals
  - Experience with cognitive behavioral treatment and/or supervision required

- Calmer Life Participant Workbook:
  - To accompany individual sessions with a counselor
  - Useful as self-help tool

- Calmer Life Community Workshop Curriculum
  - 4 sessions available for delivery to groups
  - Usually 20-30 minutes for each session
  - Education/awareness of worry/stress
  - Coping skills
  - Complete Bingo Game with 60 cards
  - Slides, presentation notes, and handouts