PREVENTING ELDER MISTREATMENT THROUGH A CAREGIVER-FOCUSED INTERVENTION:

THE COACH PROGRAM

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Acknowledgements

Topics

Background

Phase 1: Planning grant

Phase 2: Implementing the Pilot

- The evaluation design
- The intervention

Findings

Implications

Discussion
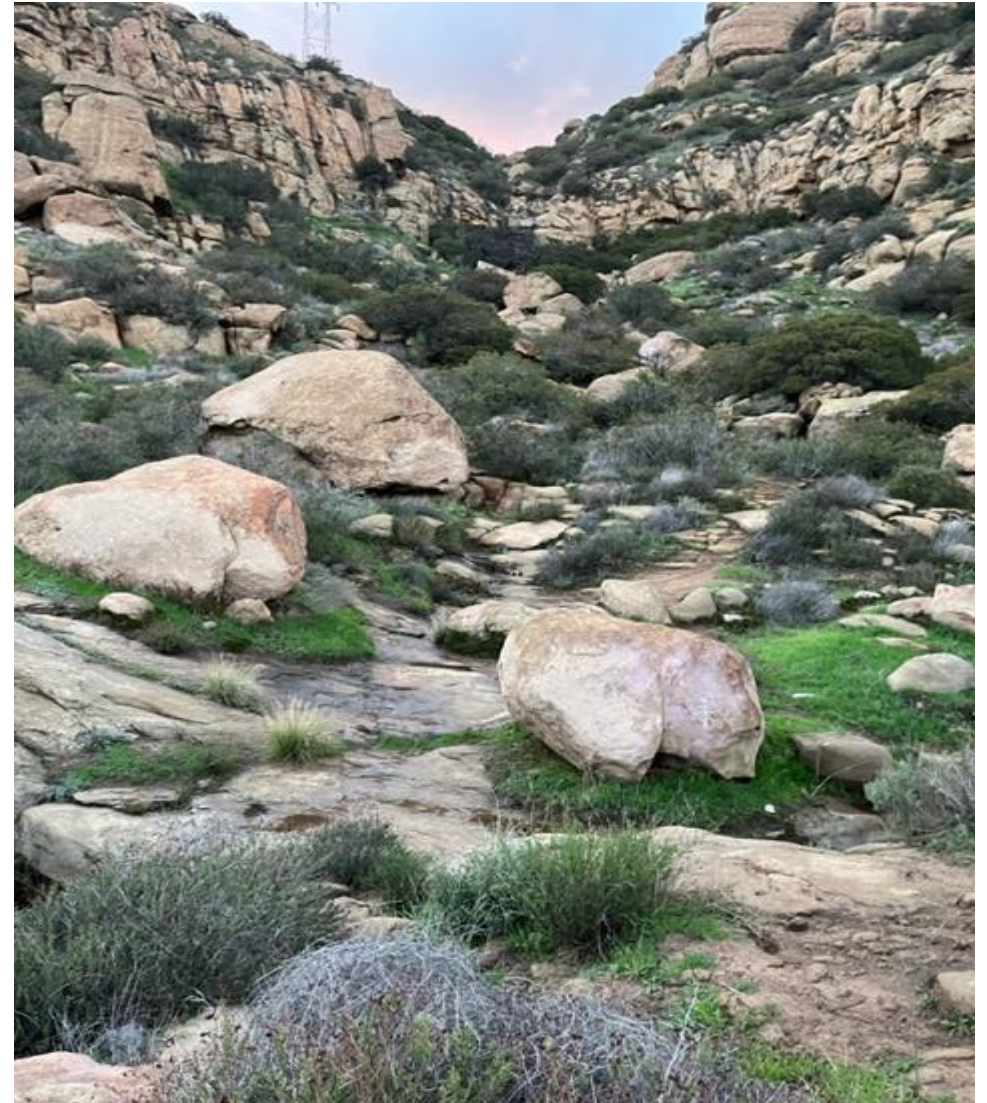
The COACH Study: Background

- **Purpose**: Prevent Elder Mistreatment (abuse, neglect, and financial exploitation) by designing and pilot testing a strengths-based caregiver support intervention
- **Approach:**
  - Partner with a health plan – Kaiser Permanente (KP)
  - Theory-driven—Transtheoretical Model
  - Apply evidence from child maltreatment and IPV programs
- Cooperative Agreement: NIJ
- Evaluation: double-blind, RCT

Phase One: 18-Month Planning Grant

- Identify promising practices: CM & IPV
- Listening sessions with KP providers (e.g., MDs, nursing staff, social work, palliative care, rehab)
- Review items, scales, and measurement
- Pilot surveys with older adults and caregivers
- Plan recruitment with KP research staff
- Develop products: toolkit
- Launched in-home intervention: Feb 2020

Phase 2: Implementing the Study
Referral and Screening

Inclusion criteria

- Patient at KP LAMC
- Care receiver is 65+
- Requires long-term caregiving
- Caregiver lives within 25 miles
- Caregiver and care receiver English or Spanish speaking

Exclusion criteria

- Long-term facility placement
- Homeless
- No family caregiver

- Abuse Detection
  - **Geriatric Mistreatment Scale***
- Anxiety
- Depression
- Burden
- Strain
- Isolation
- Positive Aspects of Caregiving
- Caregiver Responsibilities
- Work and Family Conflict
- Chronic Conditions
- Wellbeing

- Coping Approaches
- Cognition
- Nutrition
- Exercise
- Sleep
- Functional Ability (ADL & IADL)
- Health
- Quality of Life
- Utilization Services
- Social Support
- Substance Abuse
- Past Trauma

*Giraldo-Rodríguez & Rosas-Carrasco, 2013

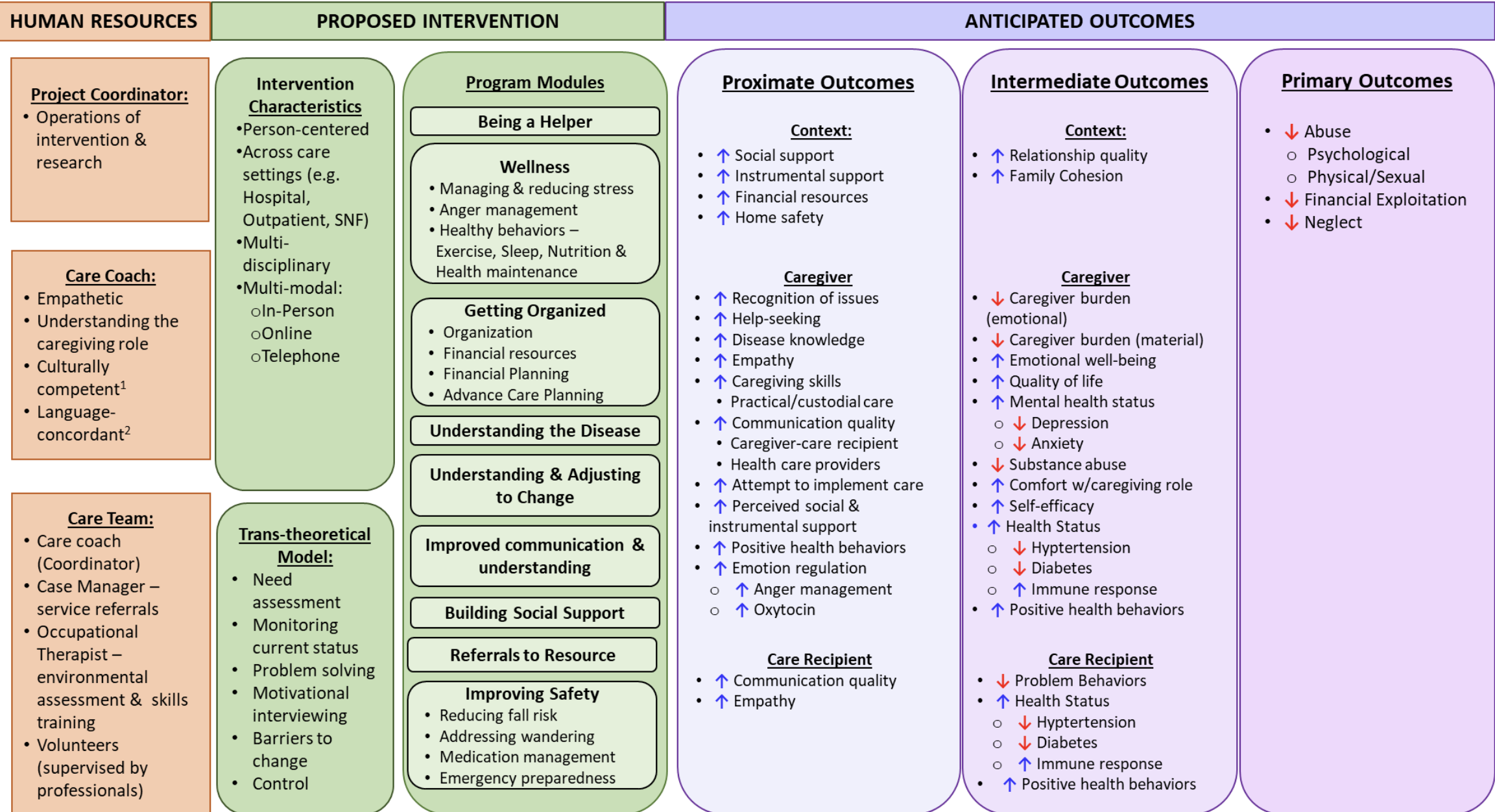# Step 3: Random Assignment to Intervention or Control

Design

Treatment and control assessed at:

1) baseline

2) end of the intervention (paired)

3) 3 months post intervention.

Logic Model

HUMAN RESOURCES	PROPOSED INTERVENTION	ANTICIPATED OUTCOMES

HUMAN RESOURCES

Project Coordinator:
- Operations of intervention & research

Care Coach:
- Empathetic
- Understanding the caregiving role
- Culturally competent[1]
- Language-concordant[2]

Care Team:
- Care coach (Coordinator)
- Case Manager – service referrals
- Occupational Therapist – environmental assessment & skills training
- Volunteers (supervised by professionals)

PROPOSED INTERVENTION

Intervention Characteristics
- Person-centered
- Across care settings (e.g. Hospital, Outpatient, SNF)
- Multi-disciplinary
- Multi-modal:
  - In-Person
  - Online
  - Telephone

Trans-theoretical Model:
- Need assessment
- Monitoring current status
- Problem solving
- Motivational interviewing
- Barriers to change
- Control

Program Modules

Being a Helper

Wellness
- Managing & reducing stress
- Anger management
- Healthy behaviors – Exercise, Sleep, Nutrition & Health maintenance

Getting Organized
- Organization
- Financial resources
- Financial Planning
- Advance Care Planning

Understanding the Disease

Understanding & Adjusting to Change

Improved communication & understanding

Building Social Support

Referrals to Resource

Improving Safety
- Reducing fall risk
- Addressing wandering
- Medication management
- Emergency preparedness

ANTICIPATED OUTCOMES

Proximate Outcomes

Context:
- ↑ Social support
- ↑ Instrumental support
- ↑ Financial resources
- ↑ Home safety

Caregiver
- ↑ Recognition of issues
- ↑ Help-seeking
- ↑ Disease knowledge
- ↑ Empathy
- ↑ Caregiving skills
  - Practical/custodial care
- ↑ Communication quality
  - Caregiver-care recipient
  - Health care providers
- ↑ Attempt to implement care
- ↑ Perceived social & instrumental support
- ↑ Positive health behaviors
- ↑ Emotion regulation
  - ↑ Anger management
  - ↑ Oxytocin

Care Recipient
- ↑ Communication quality
- ↑ Empathy

Intermediate Outcomes

Context:
- ↑ Relationship quality
- ↑ Family Cohesion

Caregiver
- ↓ Caregiver burden (emotional)
- ↓ Caregiver burden (material)
- ↑ Emotional well-being
- ↑ Quality of life
- ↑ Mental health status
  - ↓ Depression
  - ↓ Anxiety
- ↓ Substance abuse
- ↑ Comfort w/caregiving role
- ↑ Self-efficacy
- ↑ Health Status
  - ↓ Hyptertension
  - ↓ Diabetes
  - ↑ Immune response
- ↑ Positive health behaviors

Care Recipient
- ↓ Problem Behaviors
- ↑ Health Status
  - ↓ Hyptertension
  - ↓ Diabetes
  - ↑ Immune response
- ↑ Positive health behaviors

Primary Outcomes

- ↓ Abuse
  - Psychological
  - Physical/Sexual
- ↓ Financial Exploitation
- ↓ Neglect

The Sample: Characteristics of Caregivers

Caregiver Characteristics	Full Sample (N=80)	Control (n=40)	Treatment (n=40)	P value
Age	61.3 (14.0)	59.8 (14.4)	62.7 (13.7)	0.127
<55	28.8	37.5	20.0	0.392
55-64	32.5	30.0	35.0	
65-74	21.3	17.5	25.0	
75+	17.5	15.0	20.0	
Female (Gender)	76.3	80.0	72.5	0.600
Race/Ethnicity				0.597
White	28.2	22.5	34.2	
Hispanic/Latine	37.2	45.0	29.0	
Black/African American	18.0	15.0	21.1	
Asian/Pacific Islander	14.1	15.0	13.2	
Other	2.6	2.5	2.6	

	Full Sample (N=80)	Control (N=40)	Treatment N=40)	P value
Education				0.16
Less than High School	7.5	2.5	12.5	
High School Graduate	8.8	7.5	10.0	
Some College or AA	37.5	42.5	32.5	
Bachelor's Degree	25.0	32.5	17.5	
Graduate Degree	21.3	15.0	27.5	
Screened in Spanish	12.5	12.5	12.5	1.000
Relationship to CR				0.924
Spouse/Partner	33.8	30.0	37.5	
Child/Grandchild	51.3	55.0	47.5	
Other Family	10.0	10.0	10.0	
Other	5.0	5.0	5.0	
CG Lives with CR	73.8	75.0	72.5	1.000
ACEs				0.172
0 ACEs	40.0	50.0	30.0	
1 ACE	30.0	20.0	40.0	
2-3 ACEs	11.3	12.5	10.0	
4+ ACEs	18.8	17.5	20.0	

Baseline Risk Factors: Elder Mistreatment and non-EM

		Elder Abuse/Mistreatment		
		No (n=57)	Yes (n=23)	
		median or %	median or %	*p*
Depression		2.5	5	0.046
Anxiety		2	4	0.020
Burden		14	19	0.019
Emotional mgt		8	10	0.006
Substance Use		18%	39%	0.040
Problems with Relationships		33%	65%	0.009
Hrs CG/week		29	18	0.077
Others rely on CG:	Seldom	54%	35%	0.041
	Often	40%	65%	
Role overload		8	11	0.027

Socio-demographic (age, education, race/ethnicity)

Adverse Childhood Experiences

Quality of Life

Anger management

Positive Caregiving

Self-rated health

Self efficacy

Focus →

Stressed Family Caregivers (e.g., burden, anxiety, depression)

Pathologies of Dependency (e.g., mental disorders, substance abuse)

COACH was a community sample of care receivers enrolled in KP

Among a sample reported to APS

- *Caregivers* (38%), least harmful, often motivated by sense of duty or obligation to provide care
- *Temperamental abusers* (28%), motivated by anger or frustration; may have a history of violence or aggression
- **Dependent caregivers** (11%), often financially or emotionally dependent on the victim and may abuse them to maintain control or get what they want
- *Dangerous abusers* (24%). most likely to cause serious harm and may have a history of criminal activity or mental illness.
- Differed significantly in terms of their sociodemographic characteristics, harmful behaviors, and supportive behaviors.

- DeLiema, M., Yonashiro-Cho, J., Gassoumis, Z. D., Yon, Y., & Conrad, K. (2017). Using latent class analysis to identify elder abuse perpetrators. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*. 73(5), e49–e58. PMID: 28329841

The Intervention = The Coach

Strength-based caregiver support & education program
- Central intervention = The Coach

Up to 12 weekly sessions (3 months) – delivered by phone
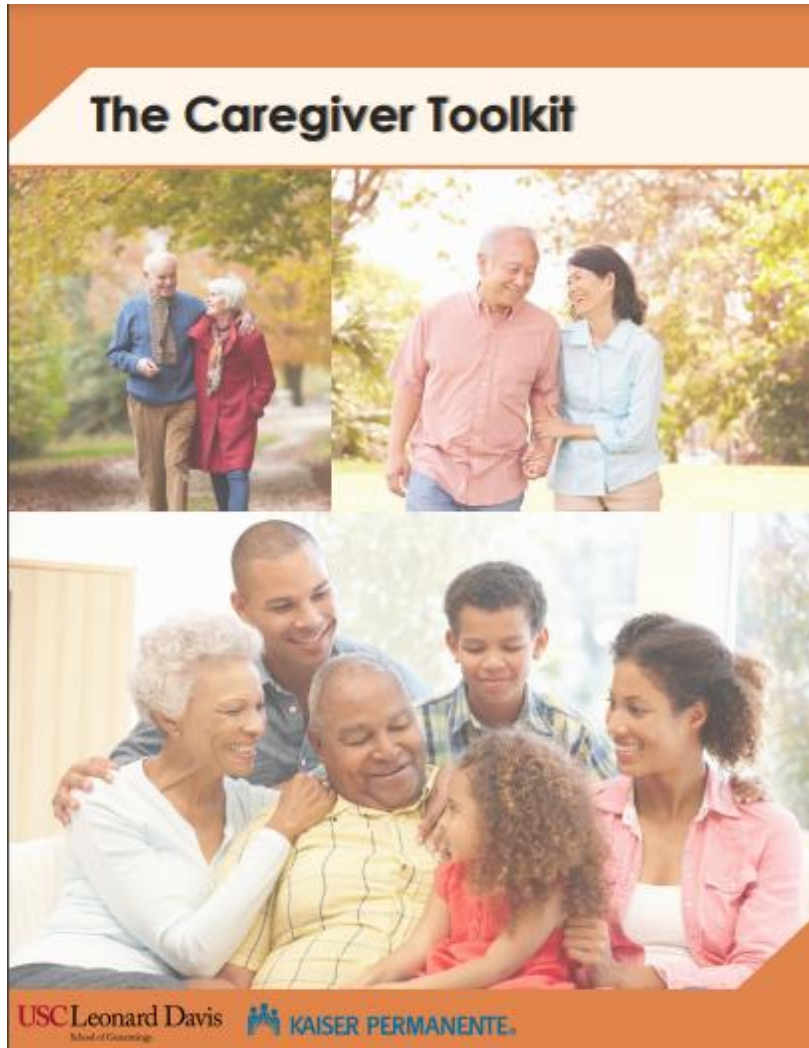
Person-centered, flexible sessions

Caregivers received workbook (treatment only) & toolkit (both groups)

The Toolkit (both treatment and control)

The Caregiver Toolkit

USC Leonard Davis School of Gerontology   KAISER PERMANENTE.

- Content
  - The helping relationship
  - Wellness
  - Planning/managing
  - Understanding the disease
  - Formal Services and Supports
  - Improving the relationship
  - Building social support
  - Improving safety

https://gero.usc.edu/secure-old-age/resources/#coach-program

Components of each session

1) Check in with the caregiver on how their week has been.
2) Topics they want to report or discuss.
3) Coach summarize the plan for session and confirms with caregiver
4) Use Toolkit as workbook to guide the week's content
5) Summarize what was accomplished, new goals/action plan identified, and what the caregiver is planning to accomplish during the coming week.
6) (Final session only) Re-visit topics covered during the intervention, set long-term goals, and empower the caregiver to continue implementing learned information and behavior following the conclusion of coaching visits.

COACH Training components

Effective Communication, including: • Active Listening • Motivational Interviewing • "I" versus "You" statements	Understanding the 3 D's: Depression, Delirium, Dementia
Multicultural Sensitivity	Death & Dying
Home Visit Etiquette	Home Safety Evaluation
Suicide Prevention	Stress Management
Elder Abuse & APS Reporting	Self-Care, Positive Aspects of Caregiving
Home Visit Safety Protocol	Communication and Dementia
Who's a Caregiver	Challenging Behaviors Related to Dementia
	Fall Prevention

CONSORT

ENROLLMENT

Assessed for eligibility by Kaiser research division (n = 636)

Excluded (n = 526)
- Did not meet inclusion criteria (n = 258)
- Unable to contact (n = 198)
- Refused (n = 70)

Referred to USC research team (n = 110)

Excluded (n = 30)
- No longer met inclusion criteria (n = 10)
  - CR died (n = 4)
  - CR hospitalized (n = 1)
  - Other criteria (n = 5)
- Unable to contact (n = 8)
- Refused (n = 12)

Baseline (n = 80)

Treatment (n = 40)

Lost after baseline survey (n = 8)
- No longer met inclusion criteria
  - CR death (n = 1)
  - Other criteria (n = 1)
- Unable to contact (n = 5)
- Refused (n = 1)

Control (n = 40)

Lost after baseline survey (n = 8)
- No longer met inclusion criteria
  - CR death (n = 3)
  - Other criteria (n = 2)
- Unable to contact (n = 2)
- Refused (n = 1)

Did not complete post-test survey (n = 16):
- No longer met inclusion criteria
  - CR death (n = 4)
  - Other criteria (n = 3)
- Unable to contact (n = 7)
- Refused (n = 2)

ANALYSIS

Post-test (n = 64)

Completed post-test (n = 32)

Lost after post-test survey (n = 5)
- No longer met inclusion criteria
  - CR death (n = 2)
- Unable to contact (n = 3)

Completed post-test (n = 32)

Lost after post-test survey (n = 4)
- No longer met inclusion criteria
  - Other criteria (n = 1)
- Unable to contact (n = 3)

Did not complete 3-month follow-up survey (n = 9):
- No longer met inclusion criteria
  - CR death (n = 2)
  - Other criteria (n = 1)
- Unable to contact (n = 6)

3-month follow-up (n = 55)

Completed follow-up (n = 27)

Completed follow-up (n = 28)

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Measure	Baseline	Post-Test	3-month follow-up
Burden			
Depression			
Anxiety			
QoL Physical			
QoL Psych			
QoL Social		Increased (treatment) **	
QoL Environment			

Elder Abuse Outcome

- Control: 15% to 23%

- Treatment: 23% to 0%
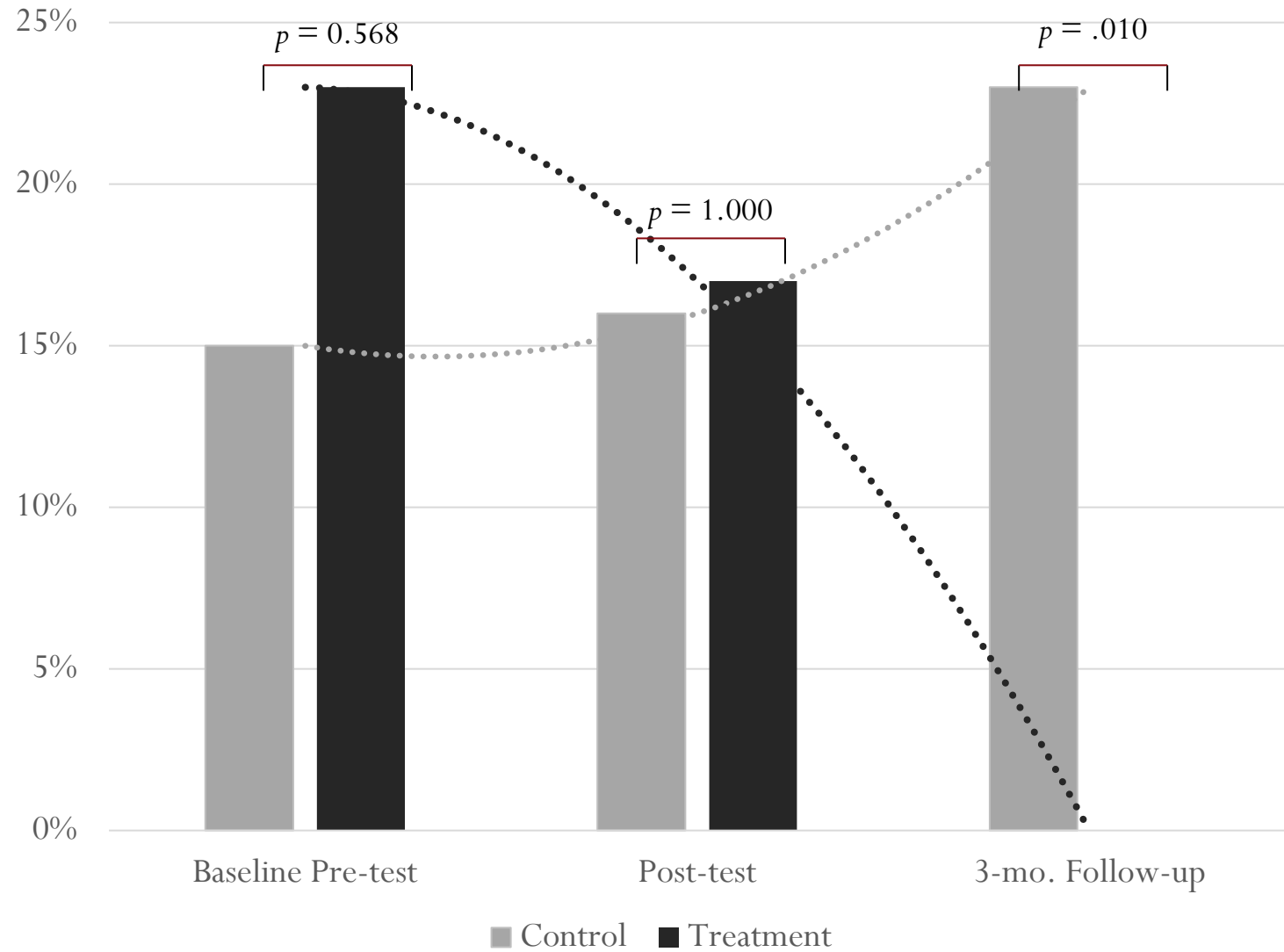
How Can I Learn More?

- Published in the Journal of the American Geriatrics Society

- https://doi.org/10.1111/jgs.18597

Comprehensive Older Adult and Caregiver Help (COACH): A person-centered caregiver intervention prevents elder mistreatment

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Abstract

Background: Elder mistreatment (EM) harms individuals, families, communities, and society as a whole. Yet research on interventions is lagging, and no rigorous studies demonstrating effective prevention have been published. This pilot study examines whether a first-of-its-kind coaching intervention reduced the experience of EM among older adults with chronic health conditions, including dementia.

Methods: We used a double-blind, randomized controlled trial to test a strengths-based person-centered caregiver support intervention, developed from evidence-based approaches used in other types of family violence. Participants ($n = 80$), family caregivers of older adults who were members of Kaiser Permanente, completed surveys at baseline, post-test, and 3-month follow-up. The primary outcome was caregiver-reported EM; additional proximal outcomes were caregiver burden, quality-of-life, anxiety, and depression. Nonparametric tests (Mann–Whitney U, Fisher's Exact, Wilcoxon Signed Rank, and McNemar's) were used to make comparisons between treatment and control groups and across time points.

Results: The treatment group had no EM after intervention completion (assessed at 3-month follow-up), a significantly lower rate than the control group (treatment = 0%, control = 23.1%, $p = 0.010$).

Conclusions: In this pilot study, we found that the COACH caregiver support intervention successfully reduced EM of persons living with chronic illness, including dementia. Next steps will include: (1) testing the intervention's

THANK YOU

QUESTIONS

"who was first?"