



Women's Therapy Group for African-American Female PACE Participants as an Intervention for Depression

Lisa Eible, D.S.W., M.S.W., L.C.S.W.

Pamela Z. Cacchione, Ph.D., APRN, GNP, BC, FAAN
University of Pennsylvania



WHAT IS PACE?

PACE = Program of All-Inclusive Care for the Elderly

PACE programs provide health, social, community, and day health center services to nursing home eligible adults age 55 and over. Typically, care is centered around a day health center, where PACE enrollees receive health, recreational, therapeutic, and social services. The vast majority of PACE participants are Medicaid eligible.

Care in PACE programs is provided by an interdisciplinary care team which includes primary care providers, social workers, nurses, recreation therapists, physical and occupational therapists, and behavioral health experts. Care is coordinated and managed by the PACE program.

DEPRESSION IN OLDER ADULTS

It is estimated that up to 10% of older adults have a diagnosis of depression (Lyness, Caine, and King, 1999; Mojtabai and Olfson, 2004; Blazer, 2003; and Byers, Yaffe and Covinsky, 2010). It is noted that African Americans are among the ethnic groups who may be less likely to receive quality treatment and to face issues of cultural competence in seeking treatment for depression. (Hoeft, Hinton, Liu, & Unützer, 2016). These same authors note that among older adults, older, frail, those with disabilities and those with limited incomes are particularly at risk for inadequate treatment.

PROJECT BACKGROUND AND PURPOSE

The women's therapy group project was a quality initiative designed to respond to the prevalence of depression and anxiety noted in PACE participants. It was intended to provide a non-pharmacological intervention for PACE female participants, as part of the social work quality improvement plan.

The project used the "Plan, Do, Study, Act" model of quality improvement, where data was gathered in each group phase and the learnings were applied to subsequent group phases.

THEORETICAL APPROACH

RCT was the overarching theoretical construct used in the group. Relational-Cultural Theory is a feminist, multi-cultural perspective which proposes that humans grow through and toward relationships throughout the lifespan, and that culture powerfully impacts relationship. The focus, in an RCT lens, is the development of growth-producing, connected relationships.

The social workers who led the meetings had 6-12 hours of training in Relational-Cultural Theory. Some had additional training in other modalities, including Cognitive Behavioral Therapy and Motivational Interviewing.

METHODS

Leadership

- The groups were led by master's level social workers.
- Master of Social Work clinicians led groups with doctoral nurse practitioner and social work students.

Group Structure

- Each group met for 6-8 sessions, 45 minutes in length.
- Group was psychosocioeducational in nature.

Pre and Post Testing

- The PHQ-9 was used for pre and post testing.
- A satisfaction survey was completed at the conclusion of the group.

SAMPLE

Nineteen (19) women enrolled in the LIFE program participated in three cycles of the group: Spring 2013 and Summer 2013 and Fall 2013. Groups were managed by different social workers and students.

All group participants were over age 55, enrolled in the PACE program, and were Medicaid eligible. All were African American. Group participants were referred to the project by their care teams.

"It was a wonderful group; I wanted it to keep going. I loved being a part of it."
(Satisfaction Survey Response, July 2013)

"I just want more. More sessions and more talking."
(Satisfaction Survey Response, July 2013)

"I loved the group; I wanted it to last for longer. To have more groups in the future would be wonderful."
(Satisfaction Survey Response, July 2013)



ACKNOWLEDGEMENTS

Special thanks to Jamie Powers, MSW, LSW and Tala LaManna, MSW LCSW for their leadership with the women's group!
Statistics completed by Minseop Kim, Ph.D. in February 2014

PROJECT COORDINATORS AND POSTER AUTHORS

Lisa Eible, DSW MSW LCSW
Living Independently for Elders
Philadelphia, PA
meible@yahoo.com,
www.lisaeible.com

Pamela Z Cacchione, PhD, APRN, GNP, BC, FAAN
University of Pennsylvania School of Nursing
Philadelphia, Pennsylvania
pamelaca@nursing.upenn.edu

FINDINGS

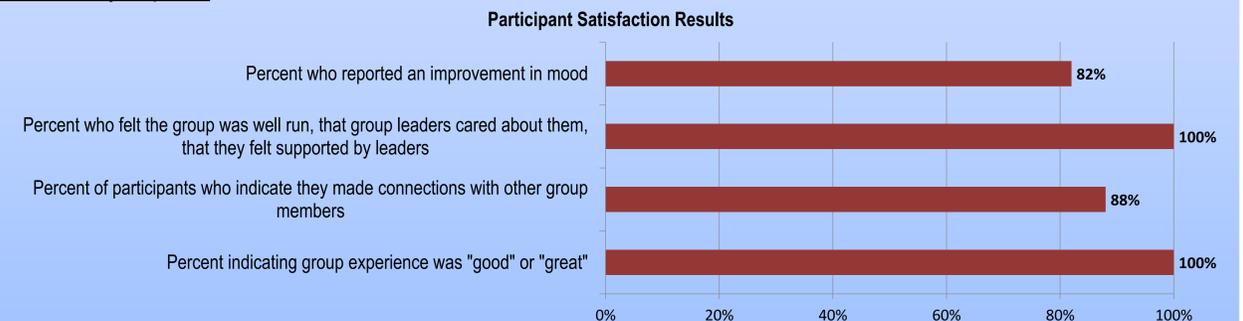
Statistical Analysis

A paired-samples t-test was conducted to compare pre- and post-PHQ-9 scores for each round. For round 1, there was a marginally significant difference between pre-test (Mean=8.86, SD=2.24) and post-test (Mean=6.57, SD=1.67); $t(6)=2.03$, $p = 0.089$. For round 2 and 3, no significant difference was found. However, it is questionable that these marginally significant or insignificant effects are reliable findings because of the small sample size of each round. It is problematic to run the t-test for a single round with small sample size because the small sample leads to low statistical power (i.e., inability to detect a (true) significant difference).

To address this sample size issue, another paired-samples t-test was conducted for a pooled sample of round 1, 2 and 3 ($n=19$; 7 participants of round 1, 8 participants of round 2, and 4 participants of round 3). Pooling in this manner not only helps us attain a large sample size, but it makes sense in that it pools participants who received the same treatment in round 1, 2, and 3. The t-test indicated that there was a significant difference between the pre-test (Mean=9.11, SD=1.29) and the post-test (Mean=6.89, SD=.94); $t(18)=2.40$, $p = 0.027$. This result suggests that the depression severity of participants significantly decreased after receiving the depression group therapy. In addition, given that this study consists of multiple rounds, a regression (Table 2) was conducted to see if there is a significant difference in the treatment effect across rounds (e.g., is the effect of the depression group at round 1 significantly different from that of round 2?). The regression results indicated that there was no significant difference in the effect of the depression group on depression level across round 1, 2, and 3. This result suggests that participants at all 3 rounds experienced a reduction in depression.

However, it should be noted that the significant findings above does not necessarily mean that the depression group caused the decrease in depression severity. This study utilized one group pre- and post-test design, and there was no control group of participants who did not receive the depression group therapy. Thus, it is possible that something else happened to participants between pre-test and post-test, and reduced the level of depression.

Satisfaction Survey Responses



CONCLUSION/IMPLICATION

- The project is an exploratory, quality improvement effort to respond to the depression and anxiety seen in older adults enrolled in a PACE program.
- Quality improvement projects in PACE programs have not traditionally measured the impact of psychological interventions with groups of participants.
- There is a need for projects and research in understanding effective treatment modalities for geriatric depression, particularly those of ethnic and racial minority groups.
- This project offers an exploratory look at a possible intervention for depression in a group of African American PACE participants. Results from this project, while limited due to population size, offer a beginning look at an effective intervention.
- There is limited research of RCT application in older adults, especially older adults of color. This project is a beginning step to further theoretical development of RCT.
- The PACE program is a unique setting ideally suited for group therapy, as it offers the opportunity for ongoing relationships, beyond the group experience, and the care team is in a unique position to respond to issues noted in the group.

REFERENCES

- Blazer DG: Depression in late life: review and commentary. *J Gerontology A Biol Sci Med Sci* 2003; 58:249e265
- Byers AL, Yaffe K, Covinsky KE, et al: High occurrence of mood and anxiety disorders among older adults: the National Comorbidity Survey Replication. *Arch Gen Psychiatry* 2010; 67:489e496
- CMS (date unknown) PDSA Template. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/PDSACycledebedits.pdf>
- Hoeft, T. J., Hinton, L., Liu, J., & Unützer, J. (2016). Directions for effectiveness research to improve health services for late-life depression in the United States. *The American Journal of Geriatric Psychiatry*, 24(1), 18-30. Lyness JM, Caine ED, King DA, et al: Psychiatric disorders in older primary care patients. *J Gen Intern Med* 1999; 14:249e254
- Jordan, J. V., Hartling, L. M., & Walker, M. (Eds.). (2004). *The complexity of connection: Writings from the Stone Center's Jean Baker Miller Training Institute*. Guilford Press.
- <http://www.ibmli.org>
- Jordan, J. V. (1997). Women's Growth in Diversity.
- Jordan, J., Kaplan, A. G., Miller, J. B., Stiver, I. P., & Surrey, J. L. (1991). Women's growth in connection.
- Jordan, J. V. (2009). *Relational-cultural therapy*. American Psychological Association.
- McGoldrick, M., Giordano, J., & Garcia-Preto, N. (Eds.). (2005). *Ethnicity and family therapy*. Guilford Press.
- Miller, J. B. (2012). *Toward a new psychology of women*. Beacon Press.
- Miller, J. B. (2015). *The healing connection: How women form relationships in therapy and in life*. Beacon Press.
- Miller, J. B., & Stiver, I. P. (1997). *The healing connection*.
- Mojtabai R, Olfson M: Major depression in community-dwelling middle-aged and older adults: prevalence and 2- and 4-year follow-up symptoms. *Psychol Med* 2004; 34:623e634
- National PACE Association. <http://www.npaonline.org/pace-you#Philosophy>
- University of Pennsylvania LIFE, Quality Improvement Committee. Meeting Minutes. March 2014.
- Photo credit for top image: digitalskill / 123RF Stock Photo