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Program Evaluation Study of CBT Interventions for Older Adults in Adult Day Health Care Center at Los Angeles, California

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Abstract

This study evaluated the effectiveness of CBT interventions including supportive presence and socialization for immigrant older participants who suffered from depression and anxiety and attended an Adult Health Care Center (ADHC) at Los Angeles, California. The evaluation strived to study patients at the ADHC who receive daytime health care service for at least a year consistently. The Patient Health Questionnaire-9 (PHQ-9) was utilized to measure and monitor the severity level of depressive symptoms. The Generalized Anxiety Disorder-7 (GAD-7) was also used to measure and monitor the severity level of anxiety symptoms. Of the eighty-five participants (N=85) were selected to be involved in this study, sixty-nine were women, and men account for sixteen. The findings support the hypothesis of this study which states that the CBT intervention of the Adult Day Health Care in L.A, CA will reduce symptoms of anxiety/depression among older immigrant clients. It appears that the comprehensive nature of the CBT intervention in the ADHC, which includes supportive presence and socialization, individual therapy, and case management, is effective at improving symptoms of anxiety and depression among the participants.

Keywords: service users, private healthcare expenditure, logistic regression, Nigeria

1. Introduction

This study evaluated the effectiveness of CBT interventions including supportive presence and socialization for immigrant older participants who suffered from depression and anxiety and attended an Adult Health Care Center (ADHC) at Los Angeles, California. It has been found that the long-term effects of untreated depression are significantly associated with a greater severity and a lower improvement percentage of depression at follow-up (Hung, Liu, & Yang,

2017). Depression has also been found to be a major cause of disability among individuals throughout the world, and depression does not discriminate based on age, sex, ethnicity, etc. (Ferrari, Charlson, Norman, Patten, Freedman, Murray, Vos, & Whiteford, 2013). Anxiety is a common emotion that many older adults experience. According to Baourda et al. (2021), anxiety disorders among older adults are commonly underdiagnosed and untreated since diagnosing anxiety disorders has been a challenge for clinicians as it is difficult to differentiate between typical fears and worries among older adults (Baourda et al., 2021).

CBT supportive presence can be conceptualized as providing encouragement counseling based on CBT with a focus on active listening and engagement, and socialization can be defined as the activity of mixing socially with others, which addresses feelings of detachment with peers. The CBT supportive presence can intervene at an in-person physical level and endeavors to support the emotional needs of patients to decrease negative feelings. The ADHC centers for immigrant older adults show lack of data and knowledge concerning mental health issues such as depression and anxiety, and for the worse social isolation and cultural differences make the issues among the population devastated. Irwin et al. (2008) acknowledge that depressive and anxiety symptoms are challenging to evaluate and generally not identified in the immigrant older adult participants. There must be an evaluation of whether the supportive presence and socialization interventions can reduce depressive and anxious feelings. Therefore, data will be collected from detailed questionnaires and will provide information about ADHC attendants' feelings of depression and anxiety while examining if current interventions are adequate or if there needs to be a change within the agency to address the negative emotions accurately.

1.1 Literature Review

The long-term effects of untreated depression include increased suicidality, heart disease, dementia and premature death (Ferrari et al., 2013). Based on this information, it is hypothesized that older adults who receive treatment for depression are less likely experiencing adverse effects of depression, which is why the need for effective treatment and interventions for older adults treatment is so critical.

Anxiety disorders are common among older adults, and it can impact their psychosocial functioning as well. Moreover, Creswell et al. (2020) state anxiety disorders are highly prevalent among older adults, and untreated anxiety disorders can lead to other mental health disorders as older individuals retire (Creswell et al., 2020). Baourda et al. (2021) found that CBT techniques such as psychoeducation and coping skills can help the adults reduce their depression and anxiety symptoms. Therefore, it is essential to further study psychoeducation's efficacy in treating anxiety.

1.2 Social Skills Training and Psychoeducation Among Anxious Children

Social skills training (SST) programs have been considered to positively affect adult's social skills. According to De Mooij et al. (2020), SST programs vary on the target population and can be based on multiple theories. Many of the SST program components focus on coaching and behavior modification to improve older adult's social competence (De Mooij et al., 2020). Psychoeducation is one of the major components in SST programs to help target specific

behaviors, such as social anxiety (De Mooij et al., 2020). The study hypothesized that specific SST program components are related to intervention effects among older adults (De Mooij et al., 2020). This study was funded by ZonMw, which is an organization that funds health research and well-being (De Mooij et al., 2020).

There were 60 SST programs that were evaluated using Cohen's d and approximately 70,000 participants responded the survey (De Mooij et al., 2020). Providing psychoeducation in SST programs effectively increased interpersonal and emotional skills among participants (De Mooij et al., 2020). The study was conducted nearly two years and found that psychoeducation positively affected participants who stayed longer through psychoeducational and skill-building components (De Mooij et al., 2020). Implementing psychoeducation can help to reduce symptoms of anxiety among older adults.

The study used a pre-test and post-test on the effects of SST programs. The Quality Assessment Tool for Quantitative Studies was utilized by the researchers to assess the quality of the study (De Mooij et al., 2020). Overall, the study found that SST programs that provided psychoeducation led to more effective outcomes than those that did not include psychoeducation. The study also found that programs that involve three to six psychoeducational exercises that target anxiety are more likely to increase older individual's emotional skills (De Mooij et al., 2020).

1.3 Alliance and Outcome in Cognitive-Behavioral Therapy for Older Adults with Depression

Shirk, Gudmundsen, Kaplinski, and McMakin (2008) hypothesize three things in their study: That there is a direct correlation between the alliance of the therapist and client and the outcome of therapy, that early alliances in therapy are a predictor of the client's completion of therapy, and that the more sessions of CBT a client completes have more positive their treatment outcomes will be.

This study took place over 2 years and participants received 12 weeks of CBT interventions. The CBT interventions included identification of automatic negative thoughts and cognitive restructuring, an action module focused on coping strategies and behavior activation, and an interpersonal module focused on social support and problem-solving. These interventions were performed on 54 adolescents who met diagnostic criteria for major depressive disorder, dysthymic disorder, depressive disorder not otherwise specified, or adjustment disorder with depressed mood.

This study utilized participant pre-test and post-test scores on the Beck Depression Inventory (BDI) and the Computerized Alliance Scale for Adolescents (C-DISC) and utilized correlation scores on the Therapeutic Alliance Scale for Adolescents (TASA). Overall, this study found that CBT was an effective intervention for depressive symptoms in older adults and that the higher number of sessions completed indicated more positive treatment outcomes. This study also found that the alliance between the therapist and client was an important factor in the client's completion of CBT sessions.

1.4 Brief Cognitive Behavioral Group Therapy

In Germany, a pilot program titled “Manualised Intervention to Cope with depressive symptoms, Help strengthen resources and Improve emotion regulation" (MICHI) was started to determine the effectiveness of brief group interventions using CBT with adults who had been diagnosed with depression (Straub, Sproeber, Plener, Fegert, Bonenberger, & Koelch, 2014). The study hypothesized that the alliance between the clinician and the individual is predictive of the outcomes of CBT for depressed adults, the more favorably individuals viewed the program the more sessions they would attend, and that suicidal ideation in depressed clients would be decreased after participating in the program. This study’s sample included 15 adults in Germany whose IQ scores were at least 80, whose scores on the Depression Rating Scale-Revised (DRS-R) were at least 36, and who met criteria for a major depressive episode.

Clinicians of outpatient facilities referred adolescent clients who met the criteria for this study. The quantitative measures used in this program study include the Beck Depression Inventory – Revision (BDI-II) questionnaire, the Depression Rating Scale (DRS-R), Present and Lifetime Version (K-SADS-PL), and intelligence tests (the Weschler Intelligence Scale for Children – Fourth Edition or the Weschler Adult Intelligence Scale). This study utilized pre- and post-test scores for participants and the analyses used to analyze the data of this study included an autoregressive covariance structure (AR1), the Mann-Whitney test, the PASW statistics 18, and ANOVA to analyze the treatment impact.

The program itself consisted of a total of 5 weekly sessions that lasted between 75 and 90 minutes where the clinicians utilized the MICHI CBT treatment manual. The program components included psychoeducation, cognitive restructuring, behavioral activation, resource activation, self-esteem enhancement, problem-solving skills, emotion regulation, acute crisis management, and preventing relapse. The results of this program study found that participants’ scores on the CDRS-R and the BDI-II were significantly decreased on their post-test scores and most of the participants no longer met the criteria for clinical depression. The client’s scores on question 13 of the CDRD-R which asks about suicidality were also greatly reduced (from 73.3% on the pre-test and 20% on the post-test). The post-test scores validate the effectiveness of group CBT on adolescent depression scores.

1.5 STAR CBT Program

The program at the Services for Teens at Risk Center (STAR) is a government-funded program for families in Pittsburgh, Pennsylvania to receive CBT from trained clinicians. The STAR program utilized CBT with depressed patients to answer their research question: “Can CBT, the research standard of care for the depressed patients, produce positive effects in the samples and settings of real-world clinical service?” (Weersing, Iyengar, Kolko, Birmaher, & Brent, 2006). Individuals were selected to participate in this study through a patient database and their records from the STAR center. Eighty participants were chosen based on meeting the criteria for major depressive disorder and a self-report of at least borderline clinical depression evidenced by a score of at least 13 on the BDI.

Participant scores were gathered on the BDI at intake and each subsequent session. Additionally, scores were calculated on the K-SADS-PL to identify participants with major depressive disorder and to evaluate suicidality. This quantitative study compared its scores to a 1997

benchmark randomized controlled trial done titled Brent RCT which also utilized CBT as a treatment for patients' depression through a pre-test post-test design. The data were analyzed using t-tests, chi-square, and hierarchical linear models (to estimate depression symptom pathology for participants who terminated from the clinic and whose treatment outcome scores were unavailable).

1.6 The STAR Program and the Brent RCT both Utilized the same CBT Treatment Manual

This study provided an outline of CBT skills and when to introduce them to participants but did not provide specific timelines for treatment. The STAR participants were not limited to a certain number of sessions like they had been in the benchmark Brent RCT study (some STAR participants received more than 12-16 sessions, and some received less). Components of the CBT treatment and activities included depression psychoeducation, identification and alteration of automatic negative thoughts and cognitions, challenging negative thoughts, identification of feelings, behavioral activation, problem-solving, and how to regulate their mood and impulsive behaviors relating to self-harm.

Overall, the outcomes for the STAR program's CBT model were promising. Participants did report significant decreases in their depressive symptoms because of receiving CBT. The STAR program reported that participants in this study's depression levels returned to "normal levels" within approximately 6 months of treatment (Weersing et al., 2006).

1.7 Research Questions and Hypothesis

Based on the thorough review of those literature, the research questions and hypotheses were redefined as:

Question 1:

Will weekly social services that the ADHC provides such as a supportive presence decrease the feelings of depression?

Hypothesis 1:

The weekly supportive presence will decrease patients' feelings of depression.

Question 2:

Will the intervention for socialization that the ADHC provides decrease anxiety among the patients?

Hypothesis 2:

The intervention for socialization will decrease anxiety among the patients.

2. Research Methods

2.1 Description of the Measuring Instruments

The Patient Health Questionnaire-9 (PHQ-9) will be utilized to measure and monitor the severity level of depressive symptoms. The PHQ-9 is a nine-item screening tool with 4-point

Likert scale questions (Delgadillo & Duhne, 2020). Each item ranges from 0 to 3, where 0 means not at all, 1 means several days, 2 means more than half the days, and 3 means nearly every day. The screening tool's total score ranges from 0 to 27, and scores that are 10 or greater indicate the client has clinically significant symptoms of depression (Delgadillo & Duhne, 2020). The PHQ-9 can be self-administered by the client, but they can also receive support from the researcher.

The results of the PHQ-9 will help the researcher identify the severity level of the client's depression. As previously mentioned, the scores range from 0 to 27, and the ranges specify the depression severity. A score of 0 to 4 indicates minimal depression and there are no proposed treatment actions. If the scores range from 5 to 9, then the depression level is considered mild and the PHQ-9 should be repeated at the follow-up session. A score of 10 to 14 indicates moderate depression and a treatment plan or counseling should be considered. Scores that range from 15 to 19 are considered moderately severe and psychotherapy should be implemented. Scores above 20 indicate severe depression and immediate action is needed, such as medication and mental health services. The increase in the PHQ-9 scores signifies the intensity of the depressive symptoms.

The Generalized Anxiety Disorder-7 (GAD-7) will be used to measure and monitor the severity level of anxiety symptoms. The GAD-7 is a seven-item scale that assesses anxiety using a 4-point Likert scale, and the responses are added (Sequeira et al., 2021). The GAD-7 and PHQ-9 are questionnaires that are structured similarly with the main difference being that the GAD-7 measures anxiety levels and the PHQ-9 measures depression levels. Like the PHQ-9, the GAD-7 is answered on a scale of 0 to 3 with the same meanings. The total score ranges also indicate the same severity meanings as the PHQ-9. The GAD-7 focuses on screening for anxiety symptoms and the intensity level. Moreover, as the GAD-7 scores increase, so do the intensity of the anxiety symptoms. The GAD-7 can be self-administered, but the clients can also receive support from the researcher.

2.2 Study Participants

The evaluation strived to study patients at the ADHC who receive daytime health care service for at least a year consistently and is assigned to the social work team of the center. This study was open to any patient on service for any condition unless the patient has psychological limitations, such as memory loss, dementia, Alzheimer's disease, or inability to communicate verbally. Of the eighty-five participants (N=85) were selected to be involved in this study, sixty-nine were women, and men account for sixteen. Members of the study range from ages 69-84 years old and presently live in Los Angeles. Twenty nine out of 85 live in residence with other family members and have help from a family member or an in-home support service (IHSS) worker. Forty three out of the 85 live alone and solely relies on the services for care. The final thirteen live in various board and cares around the city, having 24/7 care by the home employees. All study members were assigned a number (1-85) to prevent any HIPAA volitation and authorize some privacy to their identity.

Identifying information to follow was taken from patient electronic files from the center's database. All the patients involved during the testing have Medicare insurance. Four

participants were African American, seven were white, non-Hispanic, fourteen were Hispanic, and others were Koreans. Forty-seven of the participants were of the Christian religion, twelve were Catholic, and others did not practice or affiliated themselves with any religion. None of the participants in this study had been screened by the Geriatric Depression Scale form before coming onto the ADHC service.

2.3 Analysis

The SPSS software was used to conduct a paired samples t-test for pretest and posttest results. Administering the pretest-posttest helped to compare outcomes and determine whether there is a statistical significance. The hypothesis that was tested is if clients who receive the interventions experience a decrease in anxiety and depressive symptoms by increasing the use of coping skills. The data was collected from the initial and final PHQ-9 and GAD-7 scores of the clients. The results were analyzed through SPSS to determine the statistical significance.

3. Results

The data analyzed included a sample size of 85 older adult participants ($n = 85$). The minimum GAD-7 score for the pre- and post-intervention data sets were both 6. The maximum GAD-7 score for the pre- and post-intervention data sets were 18 and 17 respectively. The range of GAD-7 scores for the pre- and post-intervention data sets were 12 and 11 respectively. The minimum PHQ-9 score for the pre- and post-intervention data sets were both 7. The maximum PHQ-9 score for the pre- and post-intervention data sets were 20 and 21 respectively. The range of PHQ-9 scores for the pre- and post-intervention data sets were 13 and 14 respectively.

To determine if there is a statistically significant relationship between the pre- and post-intervention GAD-7/PHQ-9 scores of the participants of the ADHC, primary data was collected and then analyzed utilizing a paired samples *t*-test ($p < .001$, $t = 8.462$ & 9.216, $df = 84$). The significance value of this study was less than .05 and because $p < .05$, the data indicates that there is a statistical significance difference between pre- and post-test. This indicates the null hypothesis, that the CBT intervention of the ADHC has no impact on symptoms of anxiety/depression for clients, can be rejected and the that the original hypothesis was correct. Thus, we accept the original hypothesis of this study that the CBT intervention that the ADHC provided reduces symptoms of anxiety/depression for clients.

These findings support the hypothesis of this study which states that the CBT intervention of the Adult Day Health Care in L.A, CA will reduce symptoms of anxiety/depression among older immigrant clients. It appears that the comprehensive nature of the CBT intervention in the ADHC, which includes supportive presence and socialization, individual therapy, and case management, is effective at improving symptoms of anxiety and depression among the participants. This is evidenced by a reduction in the mean GAD-7 and PHQ-9 score before intervention (M = 13.25, 14.05) and after (M = 11.05, 10.85). This reduction in the mean GAD-7 and PHQ-9 score of participants highlights the positive impact on anxiety and depression related impairment for graduates of the SAMHSA Program.

Table 1. Data analysis of GAD-7 scores pre- and post-treatment

Sample (*n*)	Mean (pre)	Mean (post)	Std. Deviation	*t*	*df*	Significance *p*
85	13.25	11.05	1.576	12.202	84	<.001

Table 2. Data analysis of PHQ-9 scores pre- and post-treatment

Sample (*n*)	Mean (pre)	Mean (post)	Std. Deviation	*t*	*df*	Significance *p*
85	14.05	10.85	1.841	9.216	84	<.001

4. Limitations

There were some limitations to implementing this research study. For example, the researcher was located out of the city and was not able to technically monitor the CBT interventions in regular basis. Therefore, sometimes I had to receive the case progress notes that the center social worker provided and observe the CBT interventions while the sessions were ongoing and then collect data when each session was over.

Another limitation was, during this study, clients were not only receiving CBT interventions but also some clients related to other services outside of ADHC center. For example, some of the clients spent a lot of time with their primary doctors and nurses for their anxiety and depressive symptoms and many of them were taking medications to improve their symptoms. Still, many of the clients have only received CBT interventions from the center, but their symptoms might have kept them from receiving other services such as psychiatric counseling or case management. There were clients who were not medication compliant, and this was reflected in their higher PHQ-9/GAD-7 scores. Clients who were both receiving psychotherapy and pharmacotherapy were more likely to have lower scores on the post test of the PHQ-9/GAD-7.

Moreover, most of the clients enrolled in the ADHC center currently experience a financial hardship that can cause extra burden to increase their level of anxiety and depression. They typically were required to visit and receive a lot of other interventions and education sessions from multiple service providing places that can intervene as confound variables. In other words, it was almost impossible to have clients who were only receiving the center's CBT intervention because they had to go other agencies to receive other different but similar interventions that could be distracting the clients. The research realized that the clients are engaged in the services constantly and consistently and more frequently, their symptoms will be reduced more effectively.

5. Ethical Issues

Ethical issues were that although I could obtain informed consent from the clients to access their data, it was essential that they fully understood how their data would be used. I requested the social work department staffs to educate their clients that the purpose of the data collection would not be shared anywhere they would be affected.

The study was approved by CSUB IRB, and it was guaranteed that all the identities were protected while obtaining this data. Another ethical issue that came to mind when doing this culminating project is that I had to be mindful of potential biases in the selection of clients. Each client is unique, with their own set of health issues and cultural background.

I had to be aware that every client has an individual care plan for their needs, a different way of interpreting things, and language barriers. Therefore, the GAD 7 and PHQ-9 was also available in various languages to meet our client's needs. Research in the past has indicated that future research should explore cultural-based biases of the GAD-7 and PHQ-9 in clinical populations (Parkerson et al., 2015). As researchers, we must uphold ethical standards throughout the research process to protect the rights and well-being of the clients involved and ensure the integrity and validity of the research findings.

6. Implications

The GAD-7 and PHQ-9 has been commonly used to keep track of those older adult client's symptoms while in therapy and has also been used to keep track of whether the treatment plan for these clients has been working for them or if adjustments need to be made. Program evaluations, such as case management or CBT, should be tracked to see whether specific interventions or client characteristics have been positive in anxiety/depression reduction outcomes. A longitudinal follow-up would also be essential in following up with clients over time to assess the sustainability of anxiety and depression reduction outcomes and identify any potential relapse or reoccurrence of these symptoms. Using longitudinal studies can also help evaluate the long-term effectiveness of interventions and inform ongoing treatment planning. Another step toward evaluation is reflecting on ethical considerations raised during the project and identifying ways to strengthen ethical practices in future research.

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Informed Consent

Obtained.

Provenance and Peer Review

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Data Availability Statement

The data that support the findings of this study are available on request.

Competing Interests Statement

The authors declare that there are no competing or potential conflicts of interest.

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