

Interventions for Caregivers and Care Delivery Interventions

Richard Schulz

Distinguished Professor of Psychiatry

University of Pittsburgh

Vast Intervention Literature

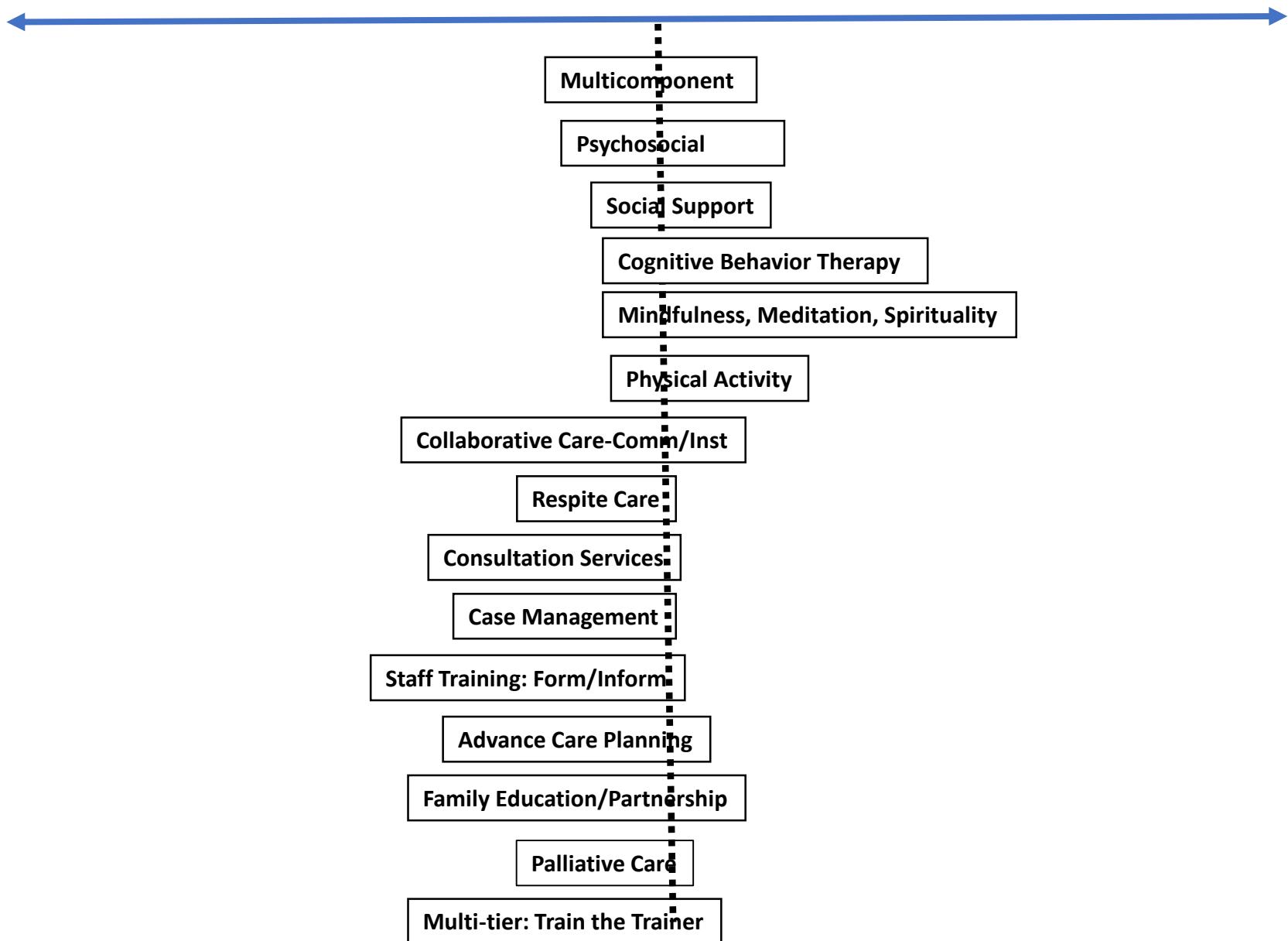
- More than 50 systematic reviews/
meta-analysis since 2000
- 5 systematic reviews of systematic reviews
(Schulz e al., 2020, Annual Review of Psychology)
- AHRQ systematic review: 8409 references, 595
unique studies, 37 intervention categories

Interventions need to address:

- Pragmatics of providing care
 - Knowledge about illness, symptoms and progression, available support service
 - Skills to address needs of care recipient, assisting with functional disabilities, managing behaviors, accessing professional services
- Coping with emotional toll of caregiving—
 - Living with, watching loved one suffer and decline, with little or no ability to mitigate conditions

Pragmatics Challenges

Emotional Toll



Advancing Science of Complex Intervention Studies

- Meet higher standards of intervention descriptions
 - Craig et al., 2008, BMJ, Developing and evaluating complex interventions.
 - Schulz et al., 2010, A J of Health Behavior, Describing Essential Features of Interventions
 - Identify mechanisms of action for intervention components—how and why should an intervention work
 - Clearly link mechanisms to outcome
 - Need more research on early stage strategies—focus on preparation and prevention
-
- Do we need more “larger, longer-term, more rigorous efficacy trials”?

Moving Forward with Dissemination and Implementation

- Are “larger, longer-term, more rigorous studies” the answer given the vast body of inconclusive research they would have to be overcome?
- What would such a study look like?
 - Complexity of caregiving precludes definitive, silver bullet solutions
 - Should it be multi-component; what would components be?
- Can we afford to wait for this research to be completed?

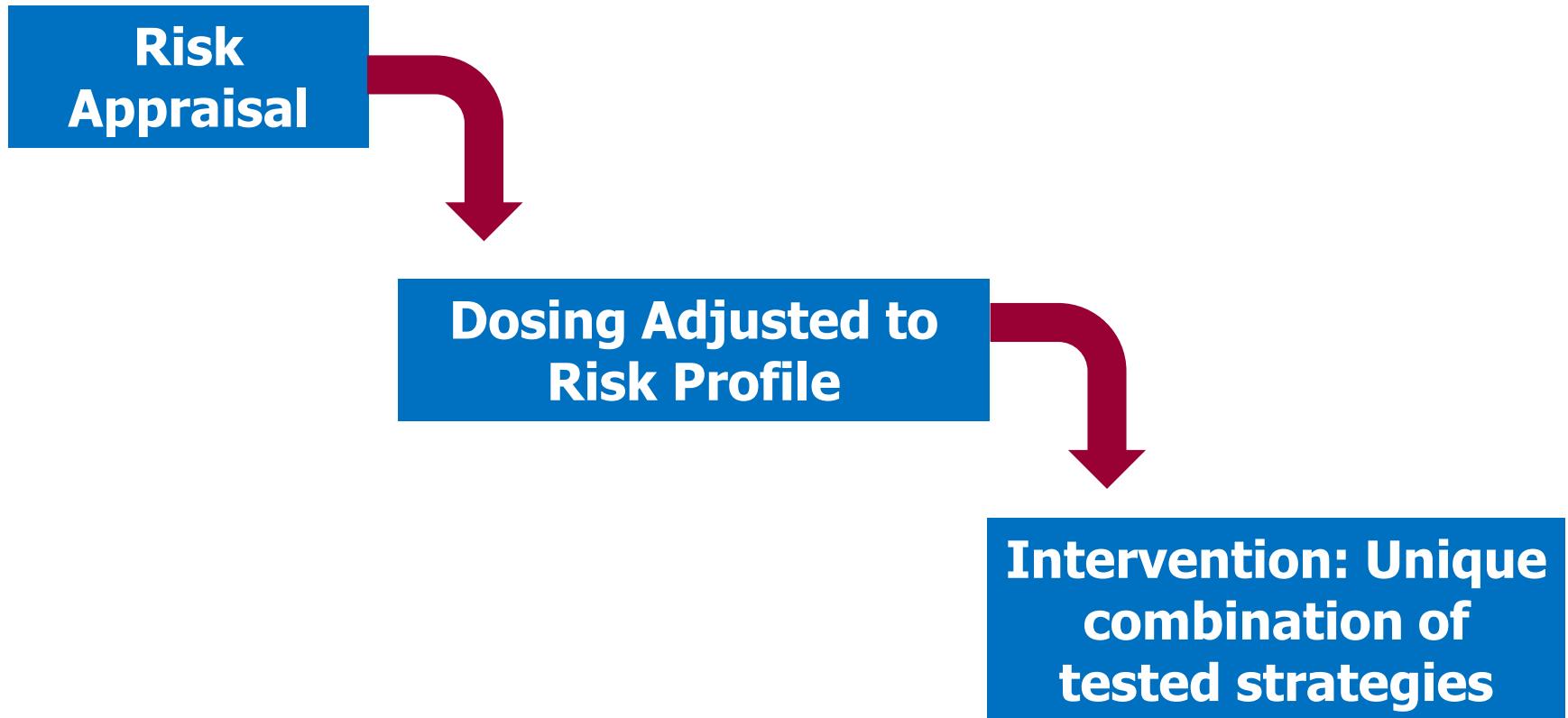
Moving Forward ...What we know..

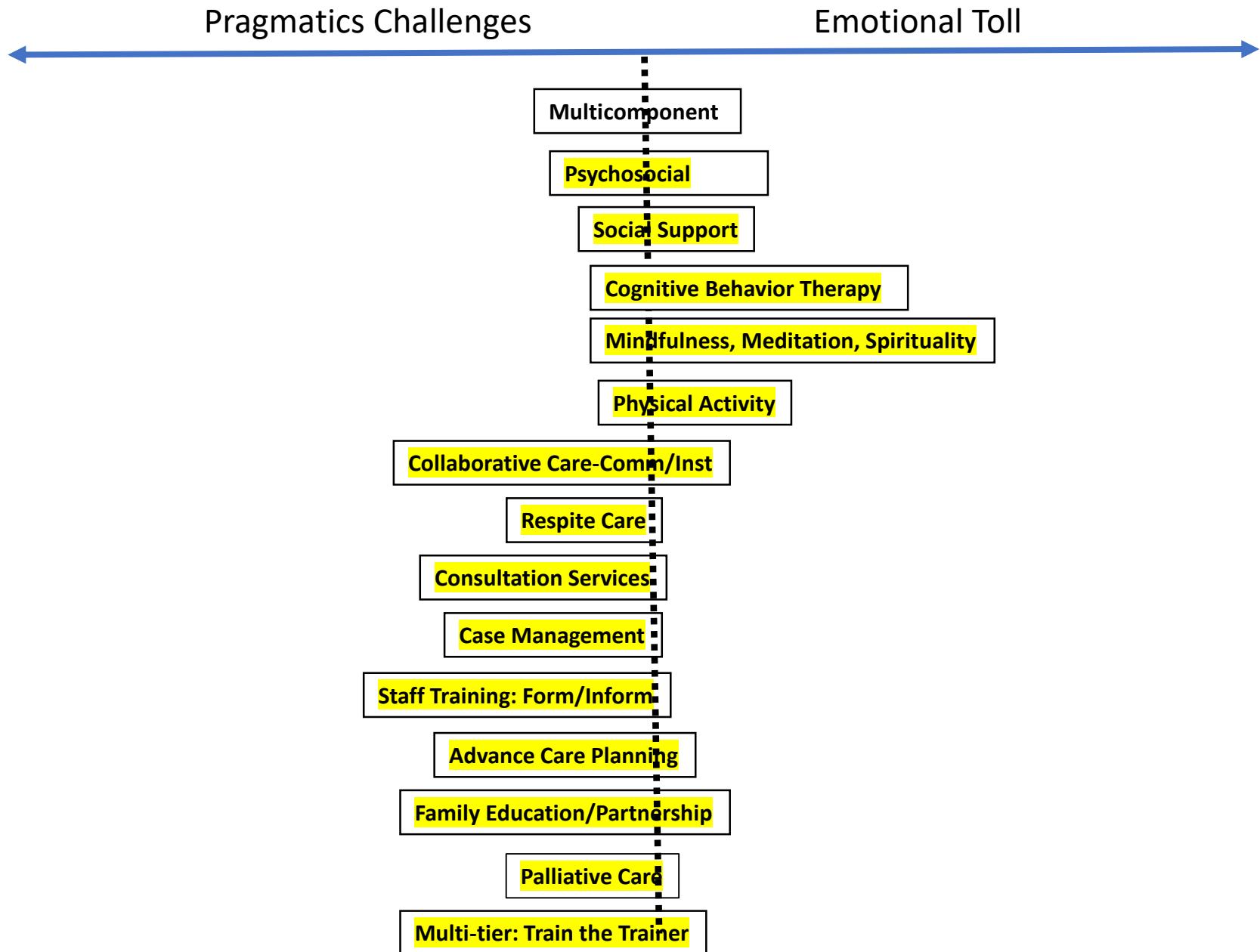
- We understand and can measure CG needs and challenges
- We can identify high need/high risk CG/PWD dyads?
- Risk/need profiles have multiple interrelated elements and are highly variable
 - Addressing discrete needs (respite, case management, social support) not optimal; scientific literature has evolved in this direction with poor results
 - Logic dictates multi-component interventions adjusted for individual needs (e.g., REACH I to REACH II)

Moving Forward...

- Need nimble highly tailored intervention approaches
 - Broad array of options
 - Available options defined by existing intervention strategies
- Key is using multiple strategies and putting them together in ways that address unique needs

Intervention Strategy





Two Roads Forward ...

- Conduct large, long-term efficacy trial using strategy outlined
 - Highly tailored with broad array of options (multicomponent) (e.g., REACH II on steroids)
- Skip trial—go to implementation
 - Optimize capacity of service providers to deliver diverse components (intervention strategies) of a multicomponent intervention
 - Use risk appraisal tools to identify unique caregiver needs
 - Tailor dosing to needs