Using IM-ADAPT to Implement CREST in Spanish-speaking Rural Communities for Hoarding Disorder.

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Background

- Hoarding Disorder (HD) is a chronic, progressive, and debilitating psychiatric condition that leads to devastating personal and community consequences
- Cognitive Rehabilitation and Exposure/Sorting Therapy (CREST) provides training in compensatory cognitive strategies to address the executive dysfunction typical of individuals with HD, then uses exposure therapy to reduce the distress associated with discarding items.
- There has been little focus on the implementation and dissemination of evidence-based treatment for hoarding in community settings.
- IM-Adapt, a step-by-step process that helps identify effective interventions and modify said interventions to specific populations needs, will be used to adapt CREST for rural communities
- The purpose and focus of this pilot project is to implement CREST in rural communities with Spanish speakers

Aims

- Aim 1: Use IM-Adapt to analyze:
  - Describe the needs and goals of stakeholders in the community
    - Describe environmental targets and determinants
    - Create a logic model of change
- Aim 2: Use IM-Adapt to adapt the implementation of CREST for East San Diego and Imperial Counties:
  - Compare CREST with the logic model
  - Make adaptation decisions
- Aim 3: Use IM-Adapt to develop a practice plan:
  - Decide where to implement CREST
  - Implementation plan to scale-out CREST into these communities

Evidence Based Treatment

- CREST combines compensatory cognitive training and exposure therapy (ET) to treat both the cognitive and emotional substrates of HD
- An open trial of CREST in older adults with HD evidenced significant improvement in HD severity from baseline to post-treatment, with large effect sizes on the primary outcome measures
- Those in CREST conditions showed significant improvement in cognitive switching ability, inhibition, and self-reported executive functioning
- CREST produced statistically significant reductions in anxiety, depression, and the overall global severity from baseline to post-treatment

Figure 1. CREST Clinical Vignette


Session 1   Session 26

Over 75% of Elizabeth's home was cluttered with objects, making most rooms unusable. She slept in a reclining chair and showered once a week at a senior center. Through CREST, she developed problem solving techniques and was able to target barriers to treatment (heavy objects in path for sorting. After 26 sessions of CREST, she was able to reduce the clutter in her home by 50%; she was able to sleep in her bed, move about the house, and use her bathroom sink. Her activities of daily living, functional impairment, and HD symptoms improved by about 40%.

Methods

- Multi-step, qualitative participatory action research design using the IM-Adapt Model (Intervention Mapping – Analyze, Discover, Adapt, Practice, Test)
- Work with East San Diego and Imperial County community partners to recruit a broad base of community stakeholders and Spanish speaking consumers with HD
- For Aims 1 and 2, we will use qualitative data from focus groups and interviews to inform a logic model of change and subsequently adapt the CREST delivery model to focus on delivery of CREST to Spanish speakers in these rural communities
- For Aim 3, we will present the logic model and adapted delivery model and again use qualitative data from focus groups and interviews to develop a plan to put CREST into practice
- Will be using a Rapid Qualitative Analysis for data analysis
- Identified community agencies willing to participate:
  - Imperial County Behavioral Health Services
  - Catholic Charities
  - American Legion Organization
  - Calexico Code Enforcement
- Identified 12 Spanish-speaking consumers with HD from these communities who are willing to participate
- Engaging with Clinica de Salud del Pueblo to identify promotores de salud (lay health workers who work in Spanish-speaking communities)

IM-Adapt Model
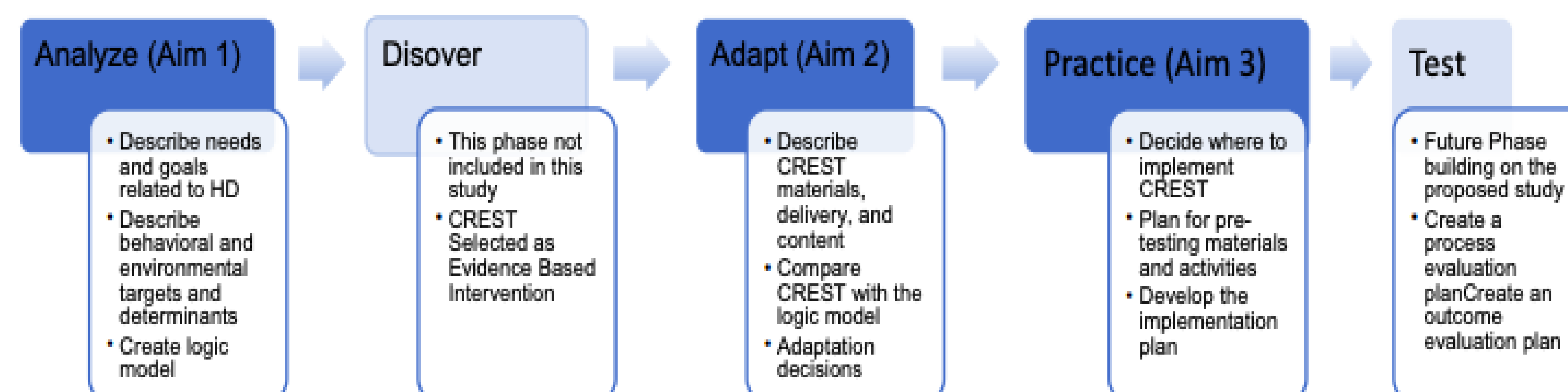
Implications

- Addressing the needs of rural communities and obtaining feedback can help us increase hoarding-specific needs outcomes and access to care in these communities
- Addressing implementation and mental health barriers and challenges via focus groups may help tailor an implementation strategy for CREST in these communities
- Adapting CREST to rural communities can potentially give rural communities access to an evidence-based treatment for HD
- Adapting CREST may increase reach and effectiveness for Spanish-speaking individuals with HD

Discussion

- Preliminary results demonstrate the feasibility of using the Practical Robust Implementation and Sustainability Model (PRISM) to implement the CREST intervention in a community setting to effectively treat HD in low-income older adults
- The current project will generate additional knowledge and innovations to inform larger implementation efforts
- The goal of this project is to reduce mental healthcare disparities related to HD in these regions

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