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Aging and ACBS: A Scientist/Practitioner Journey

**ACBS Annual World Conference 14
Seattle, Washington
June 16, 2016**

**Susan M. McCurry, PhD
smccurry@uw.edu**

**Northwest Research Group on Aging
Department of Psychosocial and Community Health
University of Washington School of Nursing**

**SCHOOL
OF
NURSING**

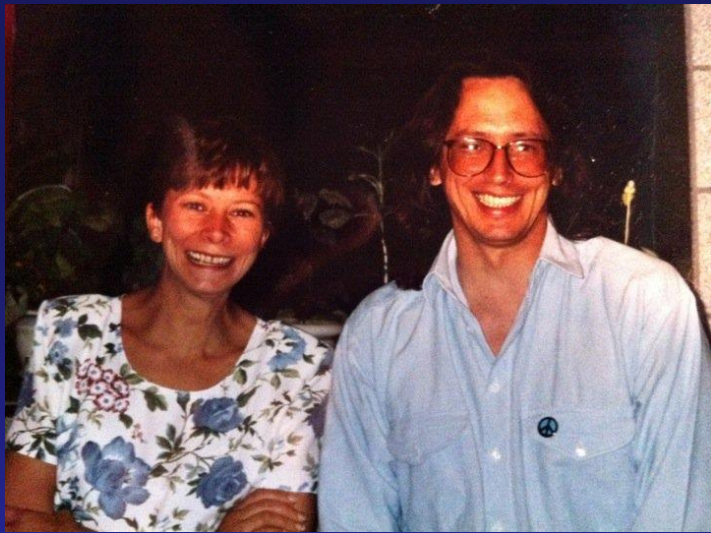


Disclosures (support):

Susan M. McCurry

Relevant Financial Relationships:

- **Employed at University of Washington**
- **Research partially funded by grants from the National Institutes of Health, Alzheimer's Association, the States of Washington and Oregon, and the University of Washington**
- **Receive royalties from Praeger Press and American Psychological Association Press for books written on topics similar to the subject of this presentation**



~1990

~2015

—♡—

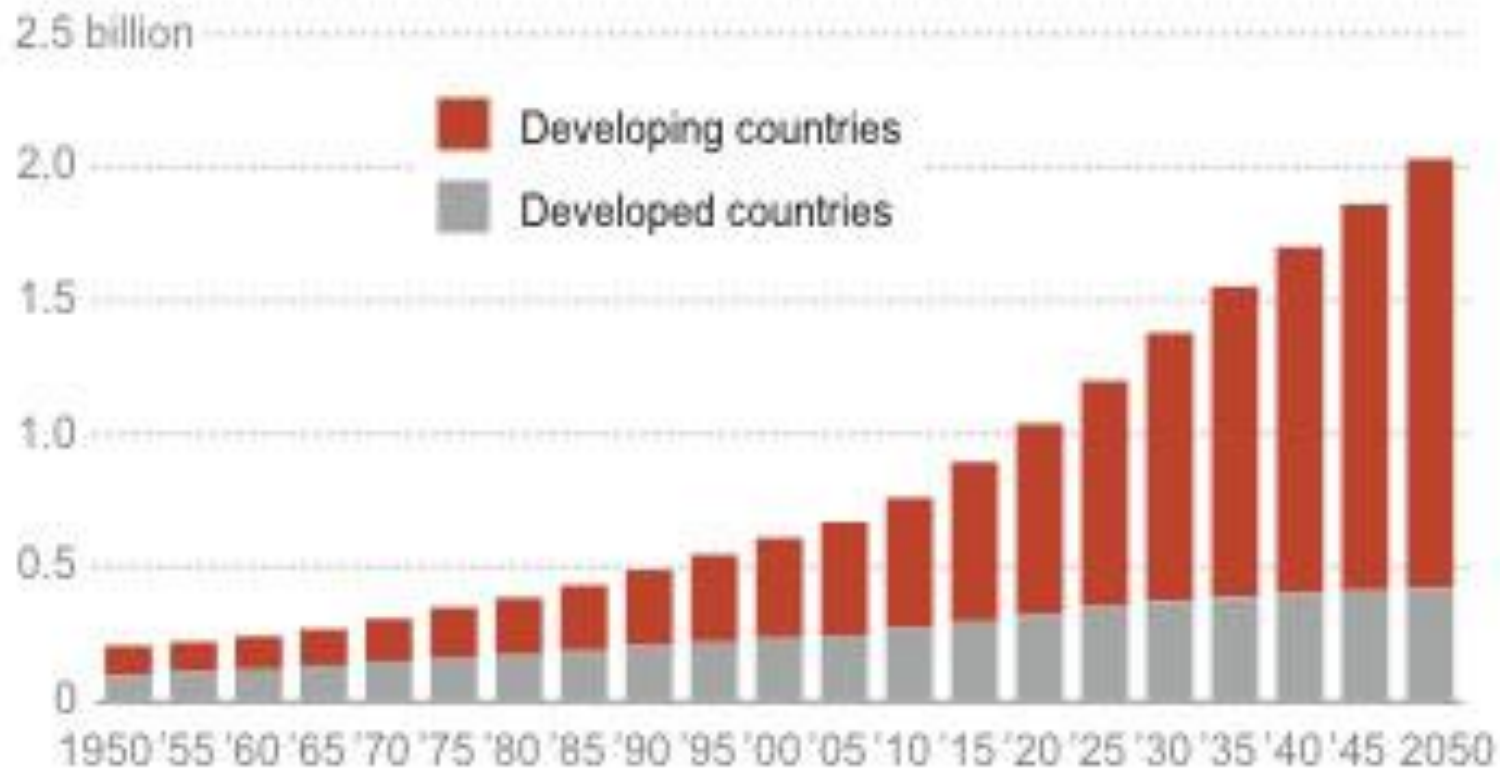
“Do not regret
growing older.
It’s a privilege
denied to
many.”
(Unknown)

—♡—



Global rise in aging population

The number of people in the world aged 60 and older is expected to grow past 2 billion by the year 2050.

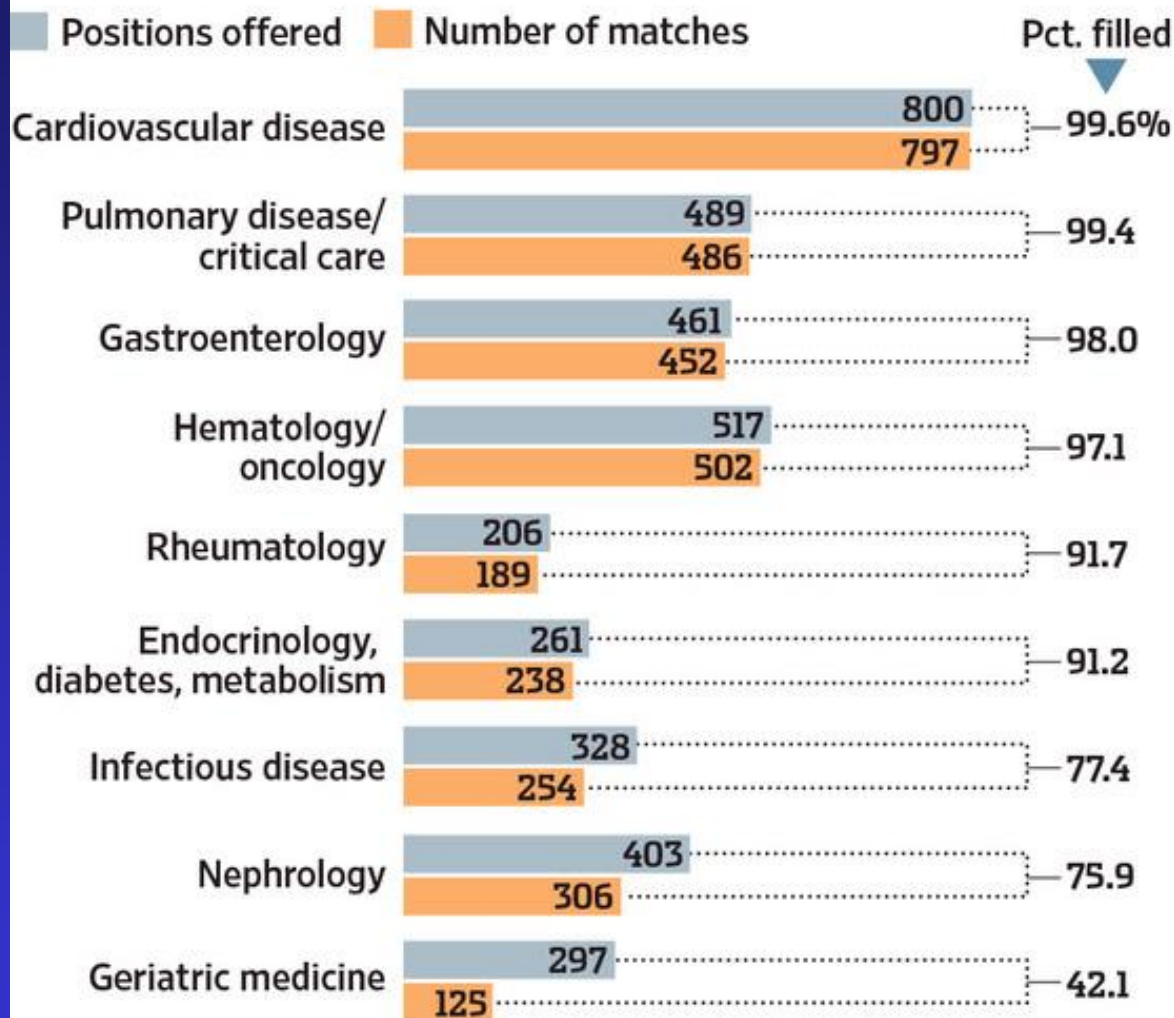


SOURCE: United Nations Population Fund.

AP

Overlooking the Elderly

Among these internal-medicine specialties, geriatric medicine has the lowest percentage of fellowships filled for positions starting in July

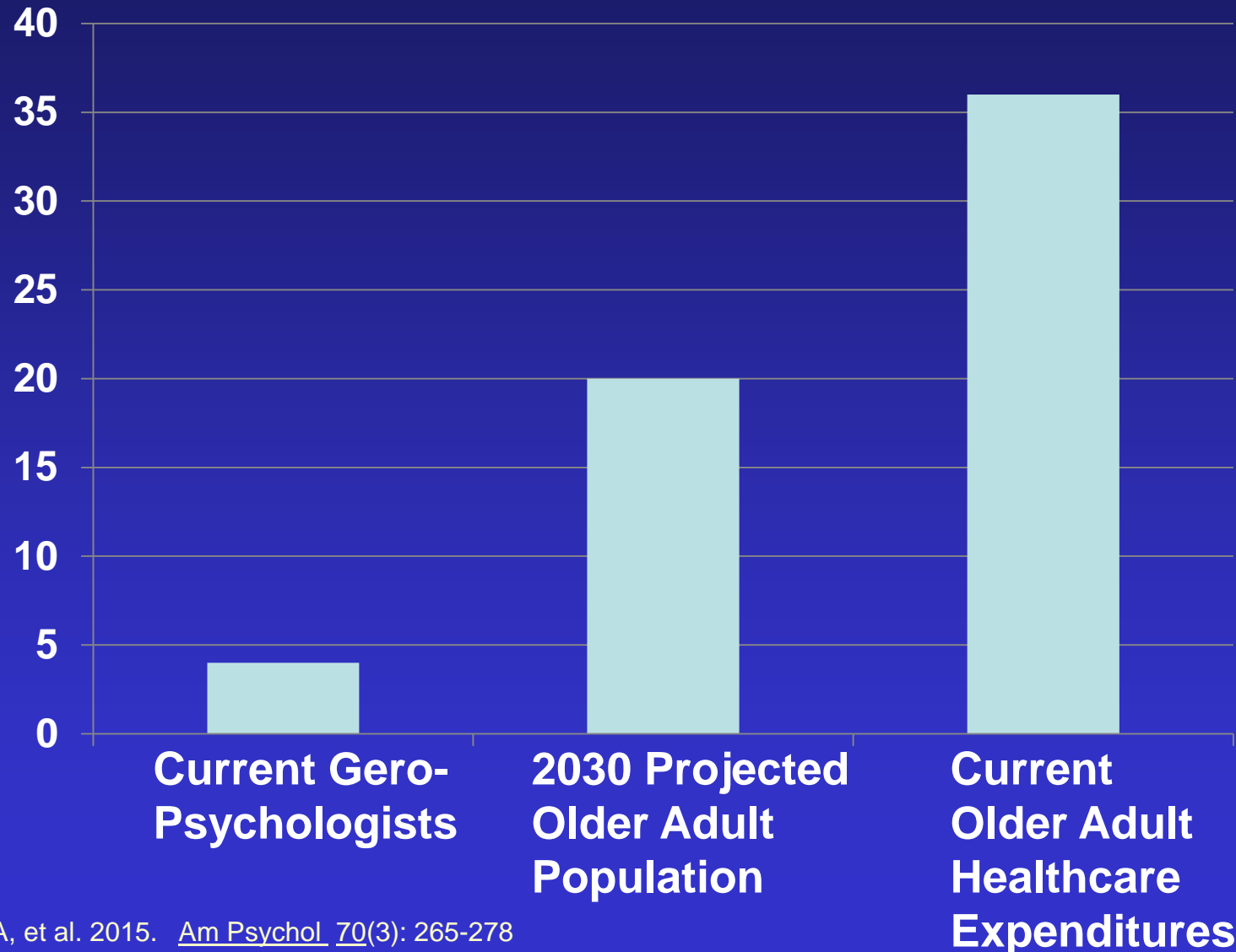


Source: National Resident Matching Program

June 8, 2014

The Wall Street Journal

Psychology Workforce Gap for Older Adults











Dementia is a Brain Disease



AND

*Dementia occurs in a unique historical, psychosocial,
and environmental context*







VA Sierra Nevada Health Care System



Depression in Dementia

Teri L, Logsdon RG, Uomoto J, McCurry SM. (1997) Behavioral treatment of depression in dementia patients: a controlled clinical trial. *J Gerontol Psycho Sci*, 52(4): P159-166.

Active treatment:

- Behavior Therapy – Pleasant Events
- Behavior Therapy – Problem Solving

Control:

- Typical Care
- Wait List Control

Therapists: MSW and PhD level geriatric trained clinicians

9 weekly individual treatment sessions

MMSE Mean = 16 (SD = 7)

Assessments at baseline, 9 weeks, and 6 months

N=72 dyads of persons with AD and family caregivers



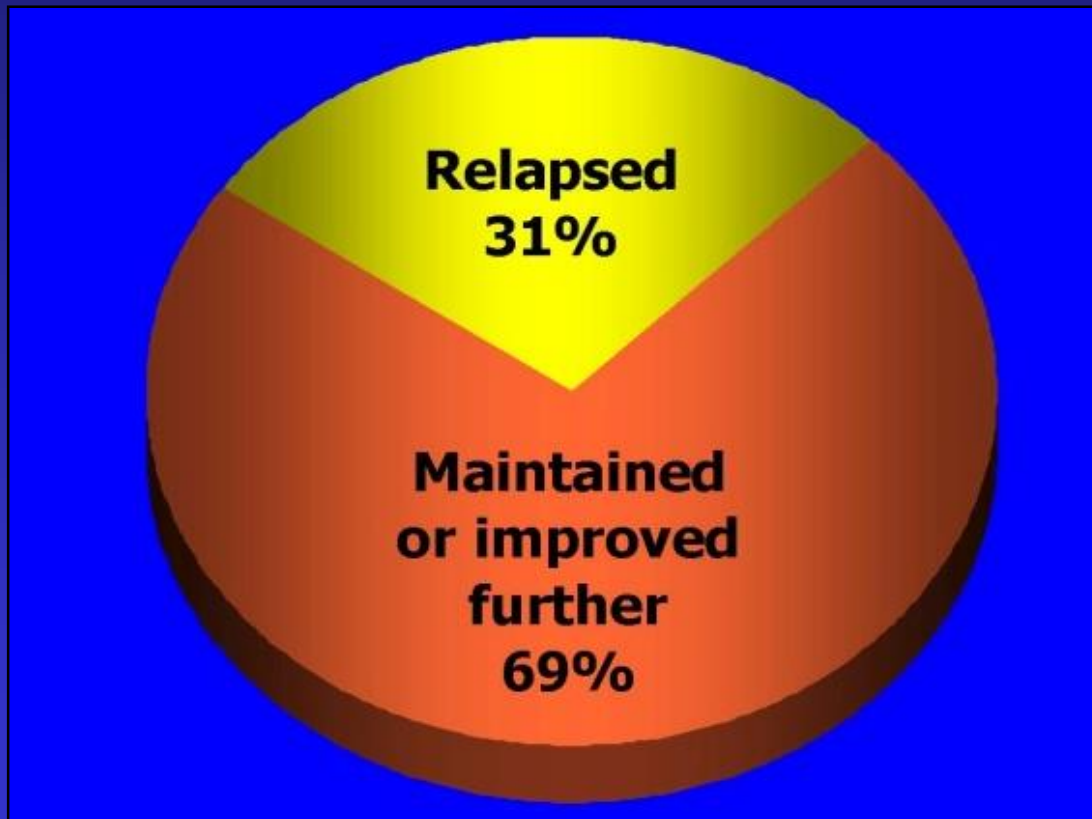
Novelty of Teri Depression RCT

- Careful depression diagnosis using clinical observation and proxy caregiver reports with valid assessment tools
- Caregivers trained to look for antecedents of depressive behaviors in care-receivers, and to modify their reactions to these behaviors
- Increasing pleasant events emphasized to improve mood

NEW!

Depression RCT Benefits

**Dementia Subjects in Behavioral
Treatment Gains Maintained
at 6-Month Follow-up**





Crying

Pacing

Depression

Sleeplessness

Resistance to care

Anxiety

Withdrawal

Irritability

Hallucinations

Agitation

Anger

Wandering

Seattle Protocol Intervention Components

Realistic Expectations/ Dementia Education

Communication Skills

ABC Problem Solving

Increased Pleasant Events

Caregiver Support



Seattle Protocols

Depression
(1988, 2005)

Agitation
(1993)

Physical activity
(1993, 2000,
2012)

STAR
(1999, 2004,
2009)

Sleep
(1992, 1999,
2005)

Quality of Life
(1995, 1997)

RALLI (2006)

STAR-C
(1999, 2009,
2011)

Sleep in AFH
(2006, 2009)

Early-stage
memory loss
(2006, 2011)



STAR-VA
(2010)

The Group Health-University of Washington Adult Changes in Thought Study: A living, learning laboratory for aging and multiple chronic conditions research

Authors, Eric B. Larson, Paul K. Crane, Erin J. Bowles, Rod Walker, Melissa L. Anderson, Darlene White, KatieRose Richmire, Andrea LaCroix, Susan M. McCurry, Linda Teri, Shubhabrata Mukherjee, Thomas J. Montine

Background

Increasing number of older people with multiple chronic conditions
Research on multiple chronic conditions benefits from practical, clinical evidence from everyday populations

1986 National Institute of Aging request for Alzheimer's Disease Patient Registries (ADPR)

- Partnership between Group Health (GH) and University of Washington (UW)
- Identify people with incident Alzheimer's disease (AD) at GH
- Evaluate candidate genetic markers and develop a biobank

Adult Changes in Thought (ACT) study—a living laboratory on aging

RECRUITMENT

- Cohort of randomly selected people over age 65 without dementia
- Established 1994
- Since 2004, maintain a constant cohort of approximately 2000 living persons
- Follow participants every 2 years
- Reproductive

DATA

- Biobank with extensive genome-wide single nucleotide polymorphism (SNP), exome sequence, and gene expression data
- Neuropathology biobank with neuroimaging data

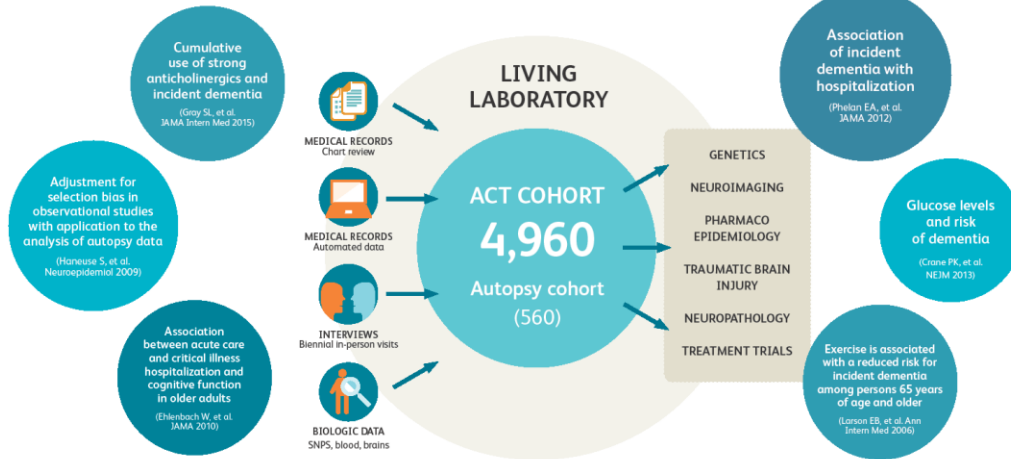
PART

- 1,02 (>70)
- 2,34 (-8)
- 973



Seattle Kame Project:

A Community-Based Study of Aging & Dementia in the Japanese American Community of Seattle and King County, Washington



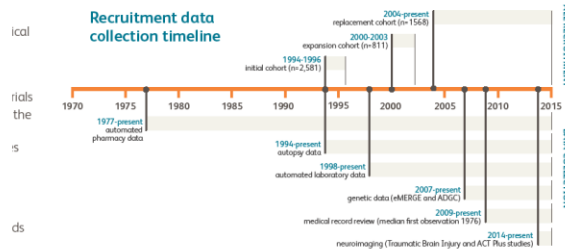
Y of
TON

I am having a little more back trouble of late but otherwise I seem to be escaping much of the ravages of aging. I still write a weekly column for my local paper, go dancing and to church once a week, swim twice a week at Arthritis Swim Class, still date my fellow that I met over four years ago, go on the comedy stage once a month, and am in line to be on America's Got Talent coming to Seattle this coming summer...Life is good.

—Quote from an ACT study participant who is >90 years old

Conclusions

- Studies of age-related conditions will provide valid research results if based on a representative population.
- The ACT study is a platform for a population-based living laboratory on aging.
- Effective partnerships, including widespread data and specimen sharing, are foundational and critical for optimal success.
- Number of people over age 85 allows us to study multiple chronic conditions in the very, very old.



Total life expectancy with and without dementia by age:

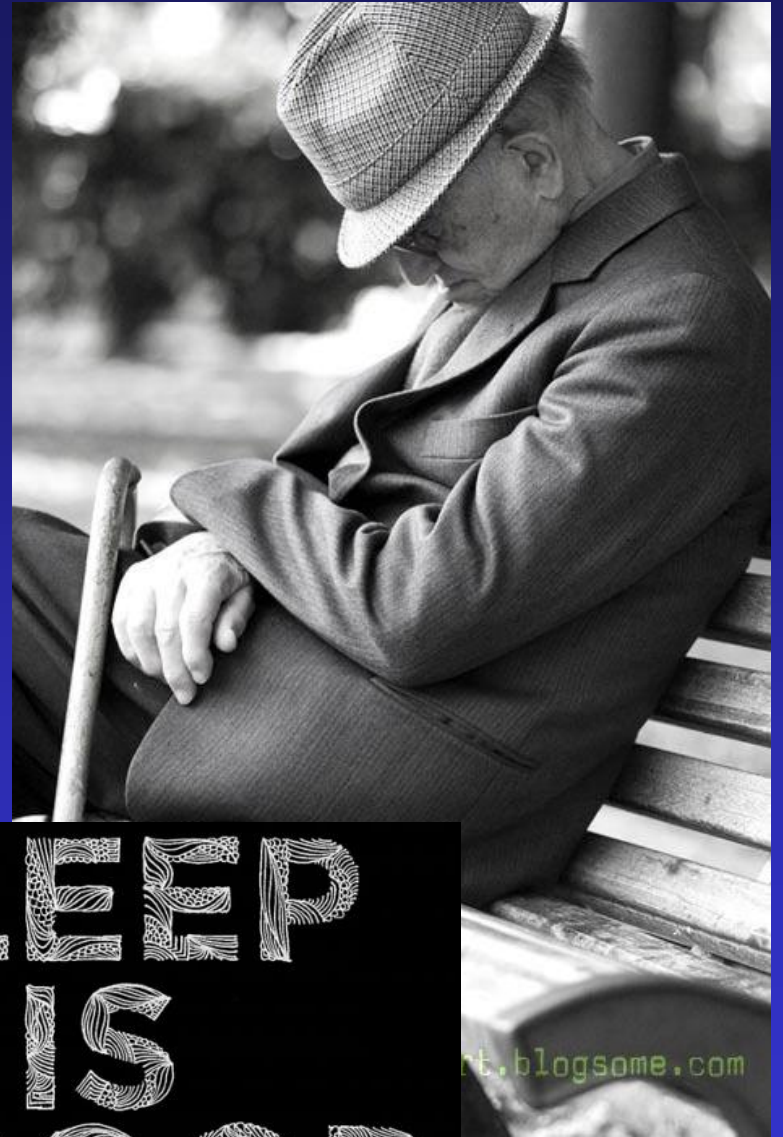
Age, years	Total life expectancy, rate	Life expectancy without dementia, rate	Life expectancy with dementia, rate	% of total life expectancy without dementia
70	17.1	15.1	2.0	88.4
75	13.4	11.4	2.0	85.5
80	10.1	8.2	1.9	79.5
85	7.2	5.6	1.6	76.8
90	5.5	4.2	1.3	77.4

From: Tom SE, et al. Characterization of dementia and AD in an older population: Updated incidence and life expectancy with and without dementia. Am J Public Health, 2014.

CONTACT FOR DATA REPOSITORY:
KatieRose Richmire (Richmire.kx@ghc.org)

Funding: National Institute of Aging, U01 AG 06781





SLEEP
IS
GOOD

rt.blogsome.com

Treating Sleep in Caregivers

McCurry SM, Logsdon RG, Vitiello MV, Teri L. (1998) Successful behavioral treatment for reported sleep problems in elderly caregivers of dementia patients: A controlled study. *J Gerontol: Psychol Sci*, 53B(2): P122-P129.



Intervention Arms:

- Behavioral treatment (sleep restriction/sleep hygiene, ABC problem solving, relaxation training, caregiver support)
- Wait list control

Therapist: PhD psychologist

6 weekly sessions

Assessments: Baseline, 6 week post-test, 3 month follow-up

N=36 caregivers (age 50+) of persons with AD

Funded by the Alzheimer's Association (PRG-92-021) and National Institute on Aging (P50-AG5136-12)
(S McCurry PI)

Sleep in Dementia Caregivers

Improvement of Specific Symptoms

Sleep latency (time to fall asleep) 50%

Sleep efficiency (ratio sleep:bed time) 40%

WASO (wake time after sleep onset) 30%

Sleep improvements were independent of changes in caregiver depression, burden, and nighttime behavior in care-receivers.

Sleep in Dementia

McCurry SM, Gibbons LE, Logsdon RG, Vitiello MV, Teri L. (2005) Nocturnal Insomnia Treatment and Education for Alzheimer's Disease (NITE-AD): A randomized controlled trial. J Am Geriatr Soc, 53, 793-802.

McCurry SM, Pike KC, Vitiello MV, Logsdon RG, Larson EG, Teri L. (2011) Increasing walking and bright light exposure to improve sleep in community-dwelling persons with Alzheimer's disease: Results of a randomized, controlled trial. J Am Geriatr Soc, 59(8):1393-1402.

Active treatments:

- Walking only (2011)
- Light exposure only (2011)
- Combination walking, light, sleep and behavior management education (NITE-AD)

Control:

- Educational Contact Control

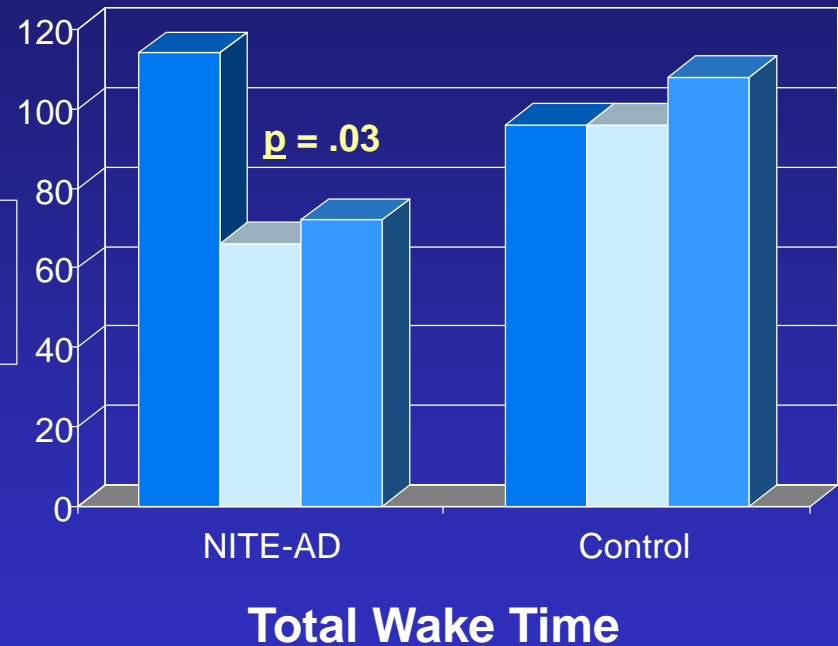
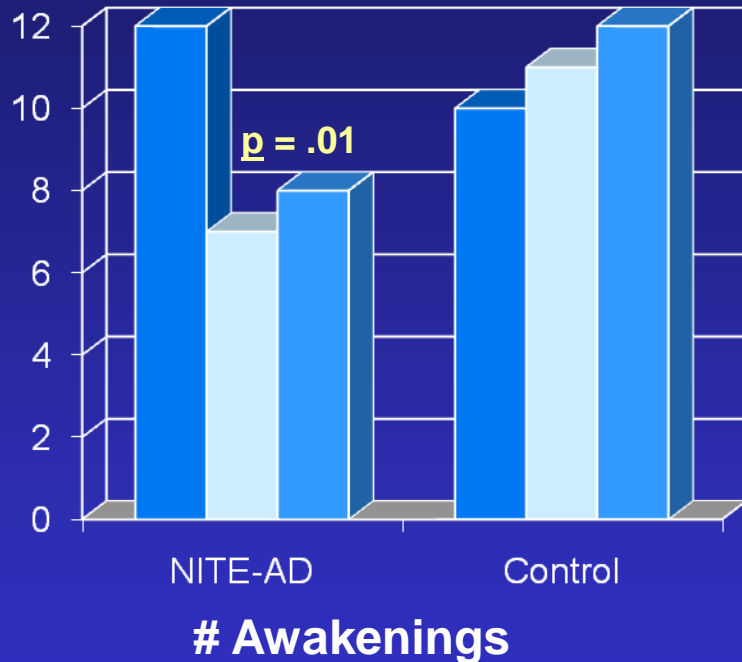
6 sessions over 8 weeks

MMSE 0-30; Mean = 12 (2005), 19 (2011)

Assessments at baseline, 2, and 6 months

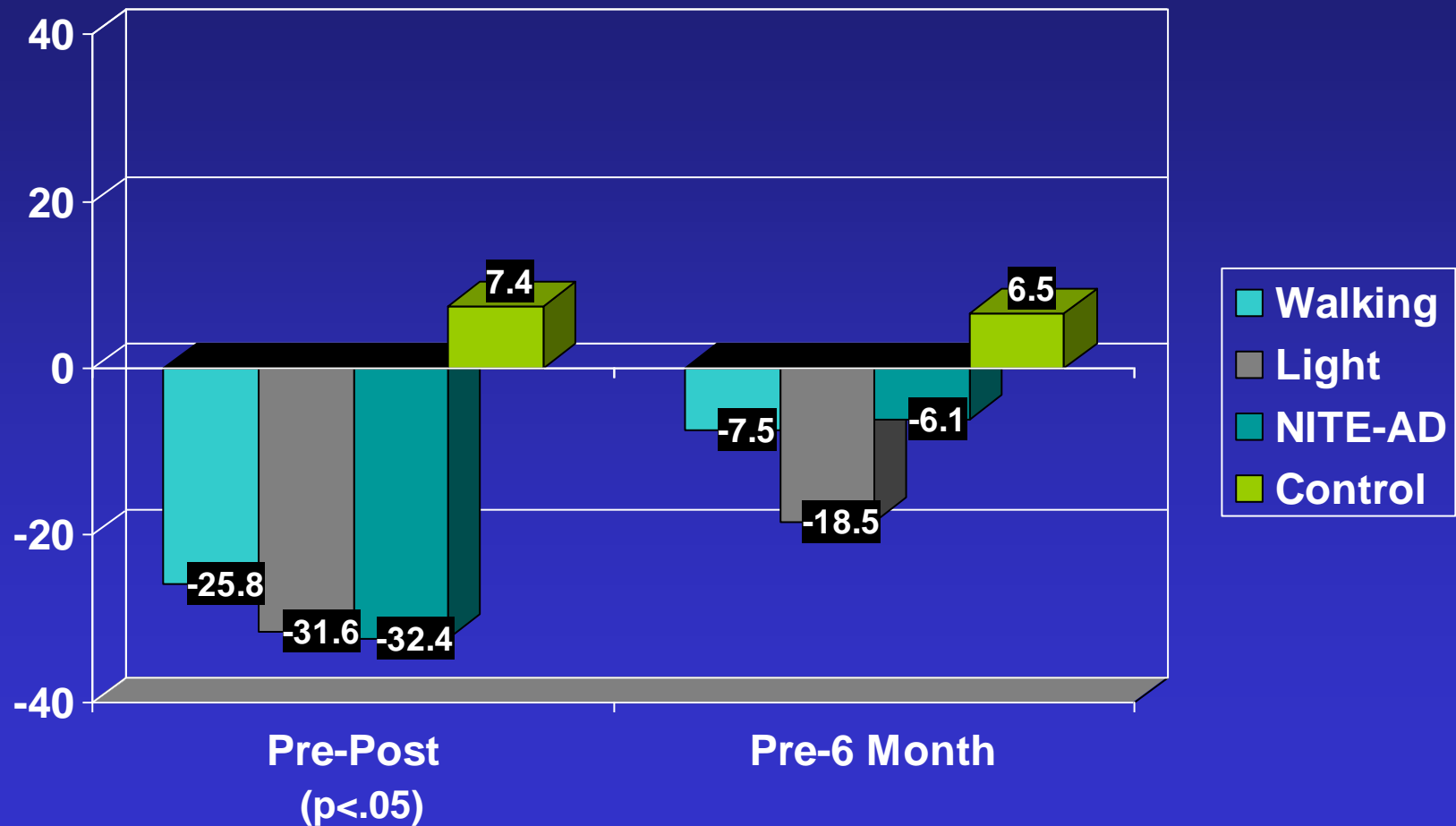
N=36 (2005), N=132 (2011) persons with Alzheimer's disease

NITE-AD Study: Sleep Changes in Persons with Dementia, 2005 (n=36)



Changes in community dwelling participant total wake time and # awakenings, combination treatment vs. contact control

Changes in Participant Total Wake Time at Night (mins), 2011 (n=132)



Lessons Learned from NITE-AD

- Interventions need to be personalized to unique sleep disturbance and dyadic situation
 - Intervention component preferences
 - Physical space, lighting, and walkability of environment
 - Nocturnal behaviors occur in a larger inter/intrapersonal context
- Caregiver proxy reports about sleep in persons with dementia are not always reliable
 - Impacted by caregiver characteristics
 - Improvements less than 1 hour not recognized
 - Sleeping area: shared or not

McCurry et al. 2006, Am J Geriatr Psychiatry, 14(2): 112-120

McCurry et al. 2010, Gerontologist, 50(Special Issue I): 313

McCurry et al. 2010, Am J Alzheimers Dis Other Demen, 25(6) 505-512

Insomnia Treatments for Aging Adults with Comorbid Conditions

McCurry SM, LaFazia DM, Pike KC, et al. (2012). Development and evaluation of a sleep education program for older adults with dementia living in adult family homes. Am J Geriatr Psychiatry, 20(6):494-504.

McCurry SM, Shortreed SM, Von Korff M, et al. (2013) Who benefits from CBT for insomnia in primary care? Important patient selection and trial design lessons from longitudinal results of the Lifestyles Trial. Sleep, 37(2): 299-308.

McCurry SM, Guthrie KA, Morin CM, et al. (2016). Telephone-based cognitive-behavioral therapy for insomnia in perimenopausal and postmenopausal women with vasomotor symptoms: A MsFLASH randomized clinical trial. JAMA Intern Med, May 23 [Epub ahead of print].

Funding: Alzheimer's Association #IIRG-05-13293 (SM McCurry PI); National Institute on Aging #R01-AG031126 (M V Vitiello, SM McCurry, M Von Korff, multiple Pis); #U01 AG032699 (SM McCurry subcontract PI, MsFLASH04),

STAR-C: Treating Mood and Behavior Challenges in Dementia

Teri L, McCurry SM, Logsdon RG, Gibbons LE. (2011) Training community consultants to help family members improve dementia care: A randomized controlled trial. Gerontologist, 45(6): 802-811.

Intervention arms:

- STAR-C: realistic expectations, communication, ABC problem-solving, pleasant events, caregiver support
- Routine medical care control

8 weekly sessions

Therapists: MS-level community mental health care providers

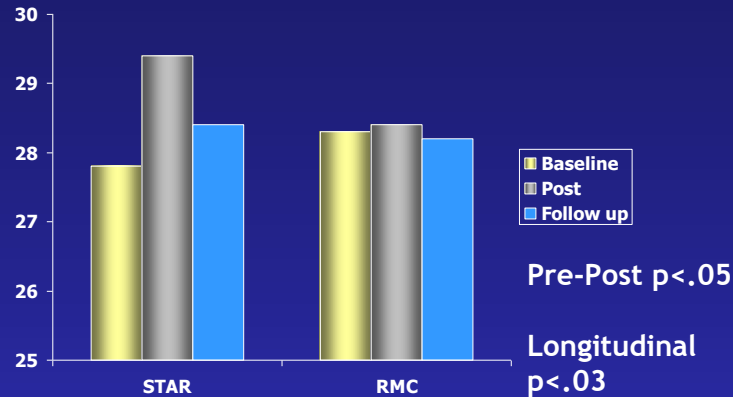
Assessments: Baseline, 8 weeks (post-test), 6 month follow-up

N=95 dyads (persons with Alzheimer's disease and their family caregiver)

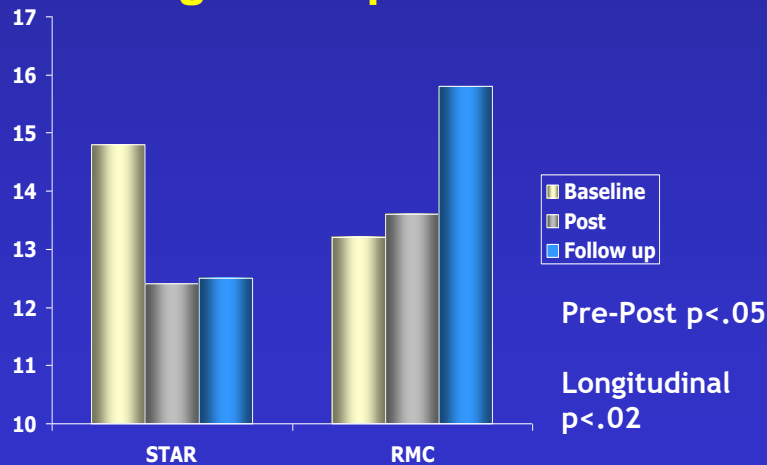
Funding: Alzheimer's Association Pioneer Grant P10-1999-1800 (L Teri PI)

STAR-Caregivers: RCT Results

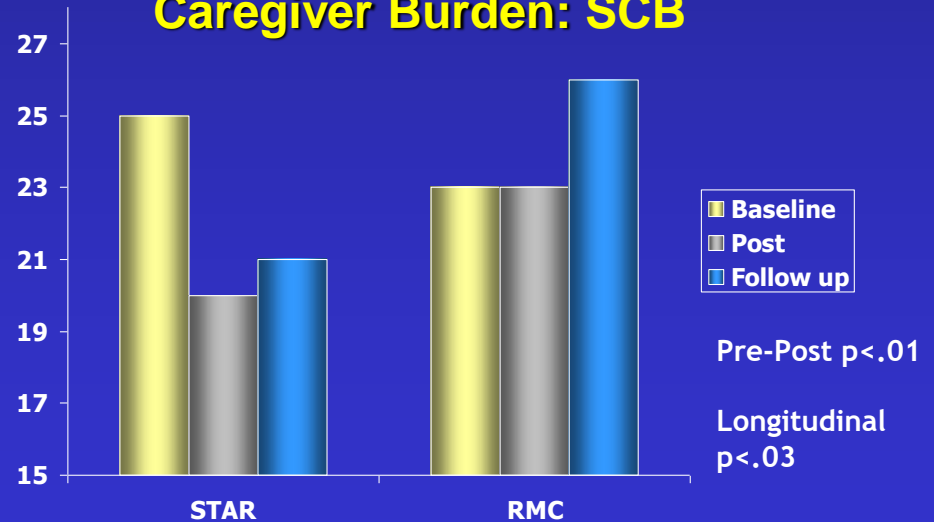
Care receiver Quality of Life (QOL-AD)



Caregiver Depression: CESD

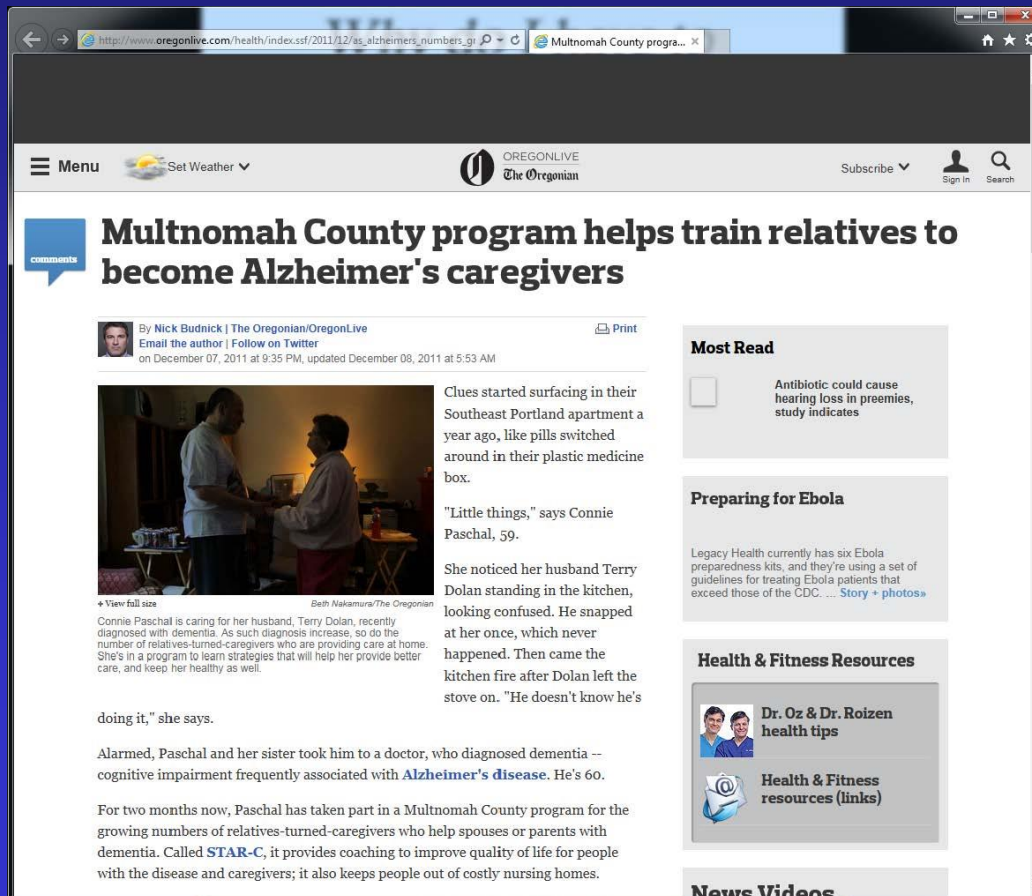


Caregiver Burden: SCB






Funding: AoA Alzheimer's Disease Supportive Services Program (#90AE0334, J Mead PI)



McCurry SM, Logsdon RG, Mead J, et al. (2015). Adopting evidence-based caregiver training programs in the real world: Outcomes and lessons learned from the STAR-C Oregon translation study. J Appl Gerontol, Apr 13 [Epub ahead of print]




The screenshot shows a web browser displaying a news article on the OregonLive.com website. The article is titled "Multnomah County program helps train relatives to become Alzheimer's caregivers" and is written by Nick Budnick. It features a photograph of a woman, Connie Paschal, caring for her husband, Terry Dolan, in their kitchen. The article discusses the challenges of dementia and the support provided by the STAR-C program. The website interface includes a navigation menu, weather information, and various sidebar sections like "Most Read" and "Health & Fitness Resources".

Menu Set Weather  **Subscribe**  

Multnomah County program helps train relatives to become Alzheimer's caregivers

By  **Nick Budnick** | The Oregonian/OregonLive
Email the author | Follow on Twitter
on December 07, 2011 at 9:35 PM, updated December 08, 2011 at 5:53 AM 



Clues started surfacing in their Southeast Portland apartment a year ago, like pills switched around in their plastic medicine box.


"Little things," says Connie Paschal, 59.

She noticed her husband Terry Dolan standing in the kitchen, looking confused. He snapped at her once, which never happened. Then came the kitchen fire after Dolan left the stove on. "He doesn't know he's doing it," she says.

Alarmed, Paschal and her sister took him to a doctor, who diagnosed dementia -- cognitive impairment frequently associated with **Alzheimer's disease**. He's 60.

For two months now, Paschal has taken part in a Multnomah County program for the growing numbers of relatives-turned-caregivers who help spouses or parents with dementia. Called **STAR-C**, it provides coaching to improve quality of life for people with the disease and caregivers; it also keeps people out of costly nursing homes.



Most Read

-  Antibiotic could cause hearing loss in preemies, study indicates

Preparing for Ebola

Legacy Health currently has six Ebola preparedness kits, and they're using a set of guidelines for treating Ebola patients that exceed those of the CDC. ... [Story + photos](#)

Health & Fitness Resources

-  Dr. Oz & Dr. Roizen health tips
-  Health & Fitness resources (links)

News Videos

STAR-C2

Treatment of Mood and Behavior Challenges in Persons with Dementia

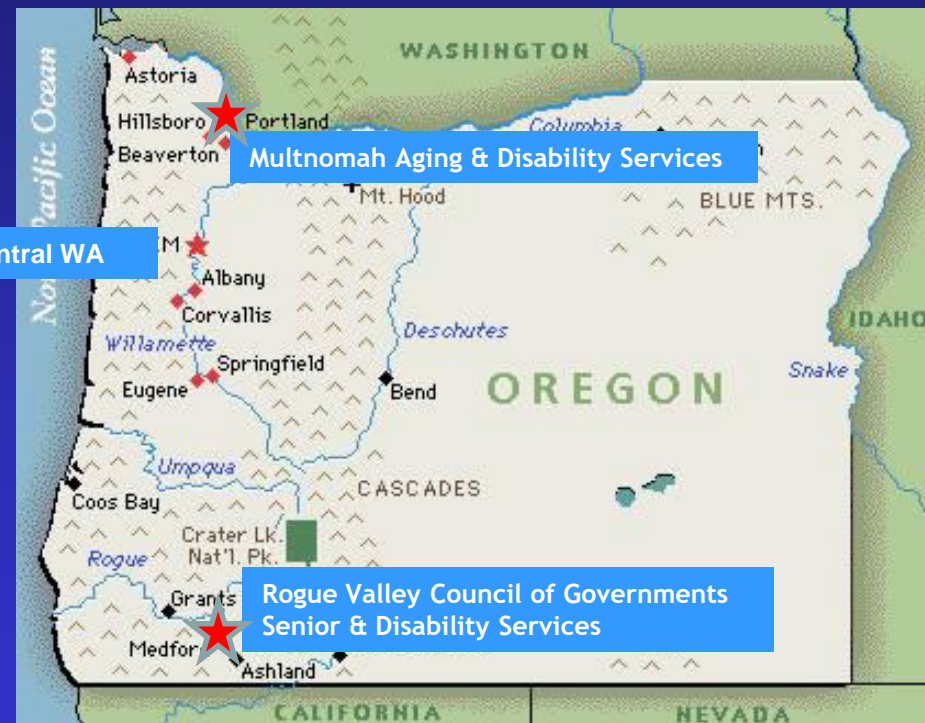
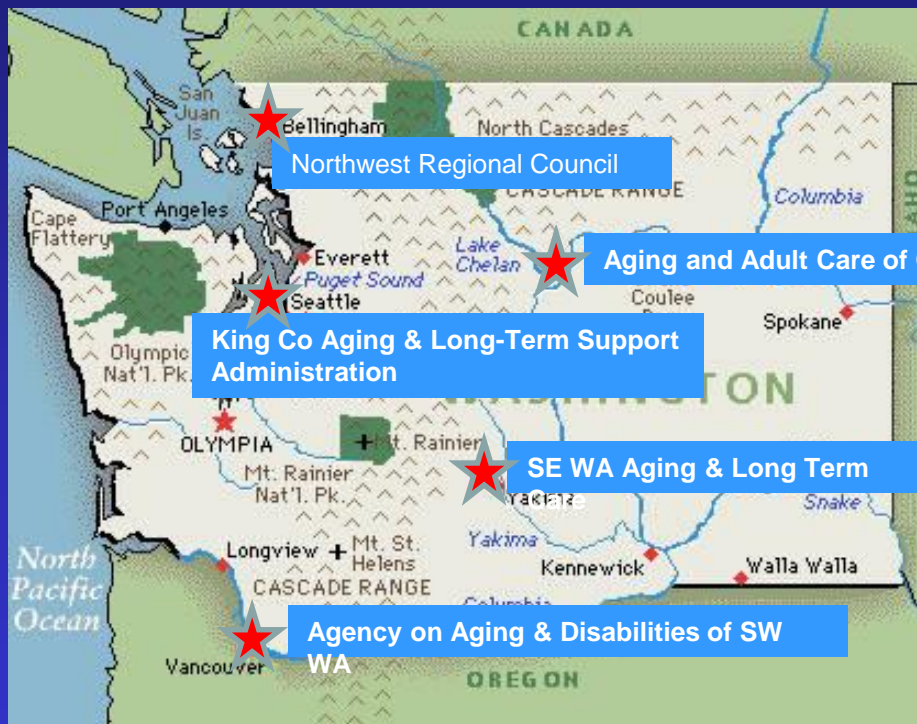
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### **Caregiving Consultant Manual**

**Linda Teri, Ph.D., Susan M. McCurry, Ph.D.,  
and Rebecca G. Logsdon, Ph.D.**

**University of Washington  
School of Nursing**

# STAR-C AAA Sites In Washington and Oregon



# Focus on Quality of Life

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The association for Contextual Behavioral Science (ACBS) is dedicated to the advancement of functional contextual cognitive and behavioral sciences and practice so as to alleviate human suffering and advance human well being.



**Realistic Expectations/ Dementia Education**

**Communication Skills**

**ABC Problem Solving**

**Increased Pleasant Events**

**Caregiver Support**

**Realistic Expectations/ Dementia Education**

Communication Skills

**Contextual Problem Solving**

Increased Pleasant Events

Caregiver Support



**Realistic Expectations/ Dementia Education**

**Communication Skills**

**Contextual Problem Solving**

**Increased Pleasant/Meaningful Activity**

**Caregiver Support**

# Don't argue

- ✓ Verbal and nonverbal communication

# Acceptance

- ✓ Realistic limitations

# Nurture yourself

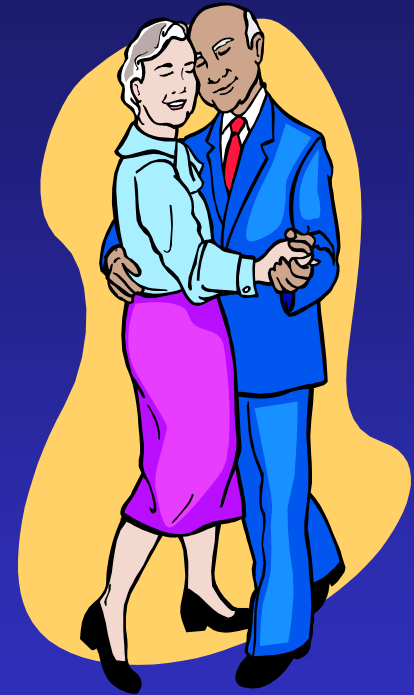
- ✓ Respite and asking for help

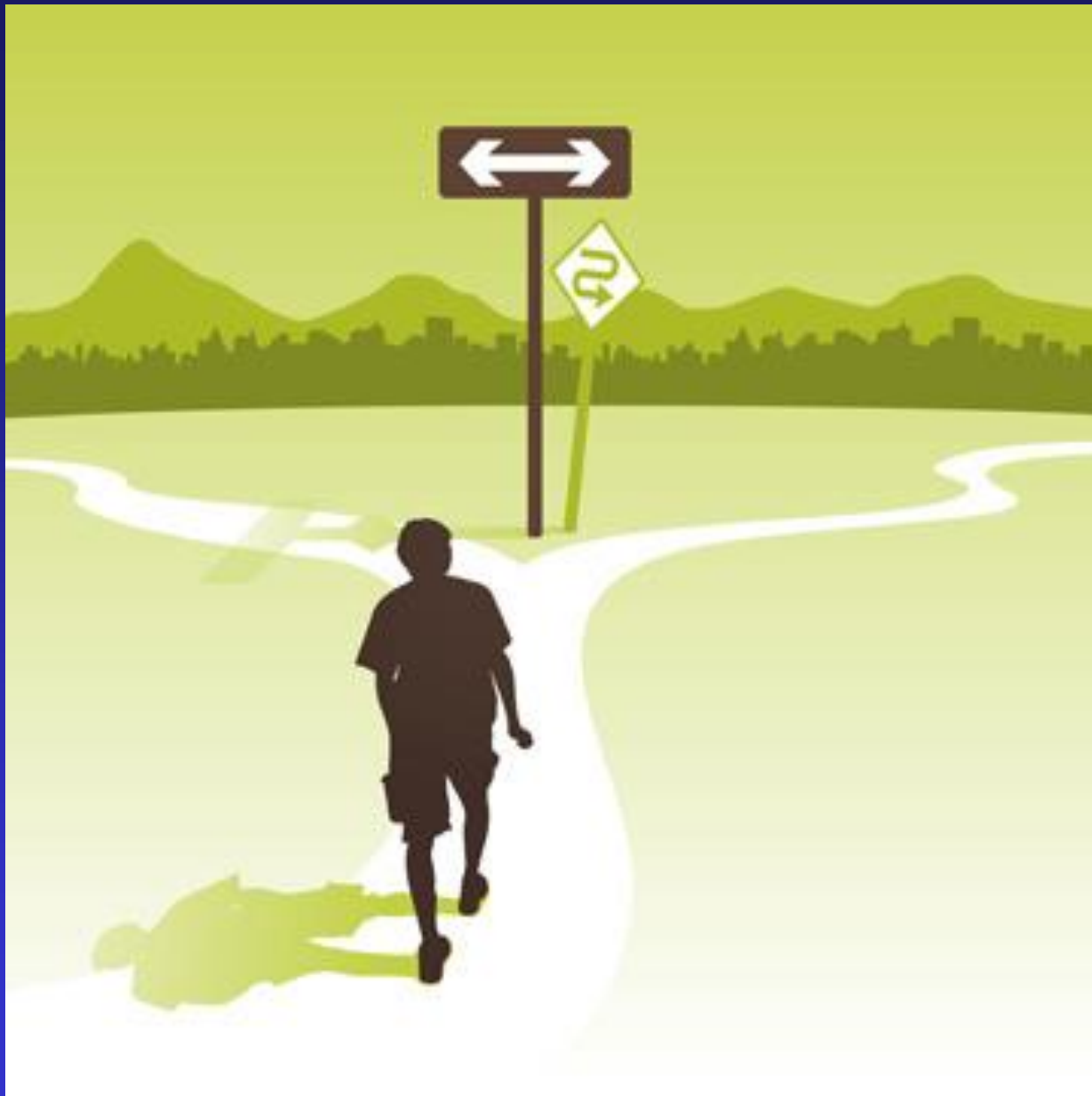
# Creative problem-solving

- ✓ ABCs of behavior change

# Enjoy the moment

- ✓ Pleasant/meaningful events, laughter & uplifts





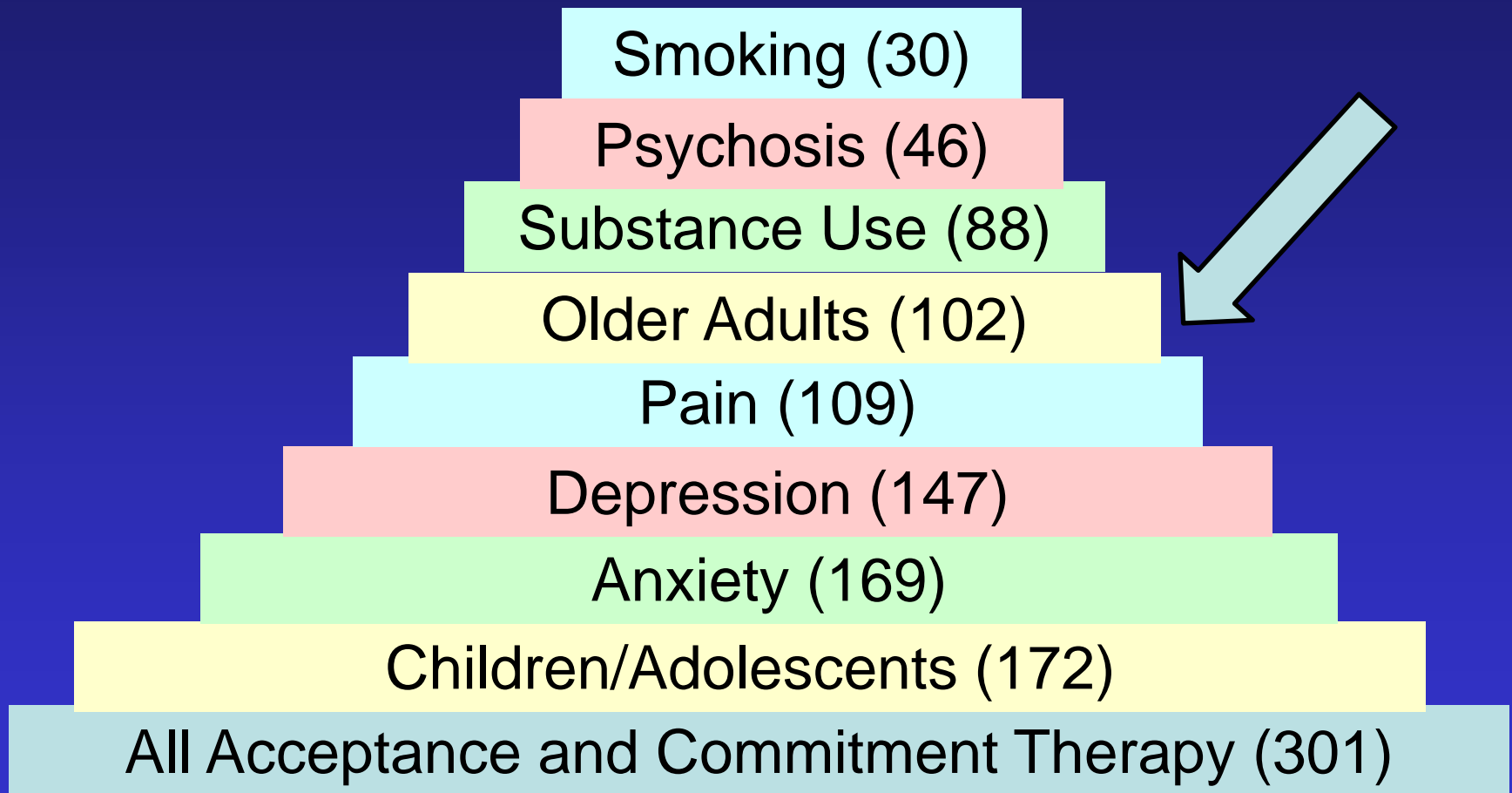


INFJ

Why am I being  
so quiet?  
If you must know,  
I'm busy looking  
into the dark secrets  
of your soul...  
and taking notes.

©2009 Aaron T. Coyce-Kimura

# PubMed Articles Citing ACT



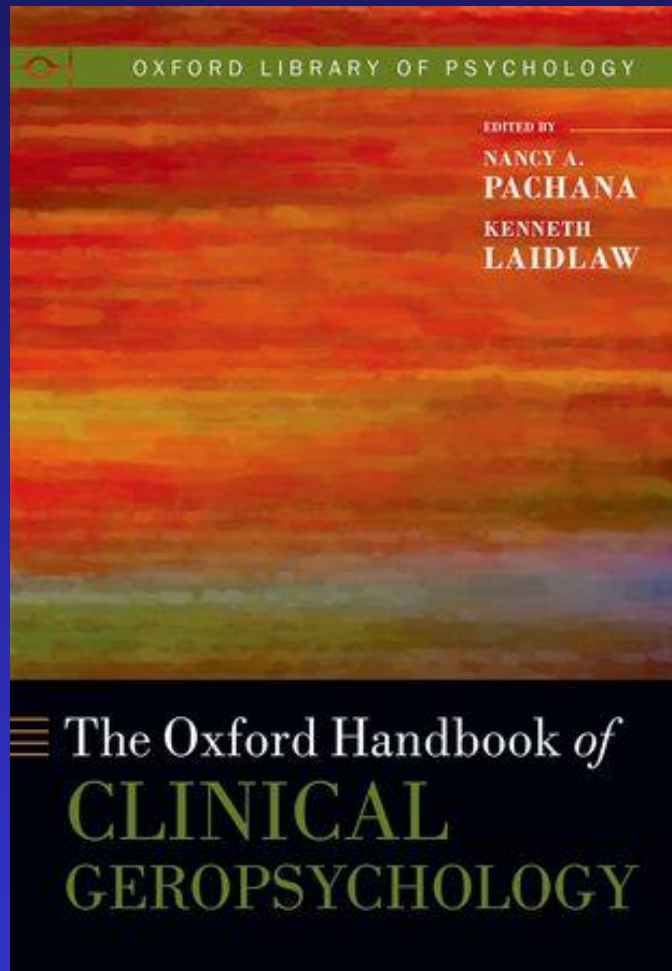
# PubMed Articles Citing ACT

Older Adults (102)



*However, only a few of these focus specifically on study populations with a mean age 60+ years*

- Wetherell JL, et al. Bahav Ther 2011; 42(10): 127-34 (*ACT for GAD*)
- Low et al.. J Pain Symptom Manage 2012; 43(10): 20-28 (*ACT with rehab for life-threatening illness*)
- McCracken LM, Jones R. Pain Med 2012; 13(7): 860-867 (*ACT for chronic pain*)
- Karlin BE, et al. Aging Ment Health 2013; 17(5): 555-563 (*ACT for depression, younger vs. older veterans*)
- Hawkes AL, et al. Ann Behav Med 2014; 48(3): 359-370 (*ACT with colorectal cancer survivors*)
- Losada A, et al. J Consult Clin Psychol 2015; 83(4): 760-772 (*ACT with dementia family caregivers*)
- Davison TE, et al. Aging Ment Health 2016; Mar 4:1-8 [Epub ahead of print] (*ACT to reduce depression and anxiety in long term care residents*)



Gillanders D, Laidlaw K. ACT and CBT in older age: Towards a wise synthesis (pp. 637-657)

Marquez-Gonzalez M, et al. Acceptance and Commitment Therapy with dementia caregivers (pp. 658-674).

2014

# Special Interest Groups

## Official ACBS SIGs

The existing official ACBS SIGs are listed as links at the bottom of this page. Contact information for existing SIGs is available on each child page for that SIG.

## What are SIGs?

SIGs are a group of individuals who have come together to further a particular topic of interest in scholarship, intervention development, or to promote a particular scholarly agenda within the society. SIGs provide an excellent way for members from all over the world to become involved based on their specific interests. SIGs typically form to develop, promote, and enhance the study of a particular topic or the treatment of a particular population, but SIGs can also be formed to help groups of members who may require special attention within the society, such as the Student SIG.

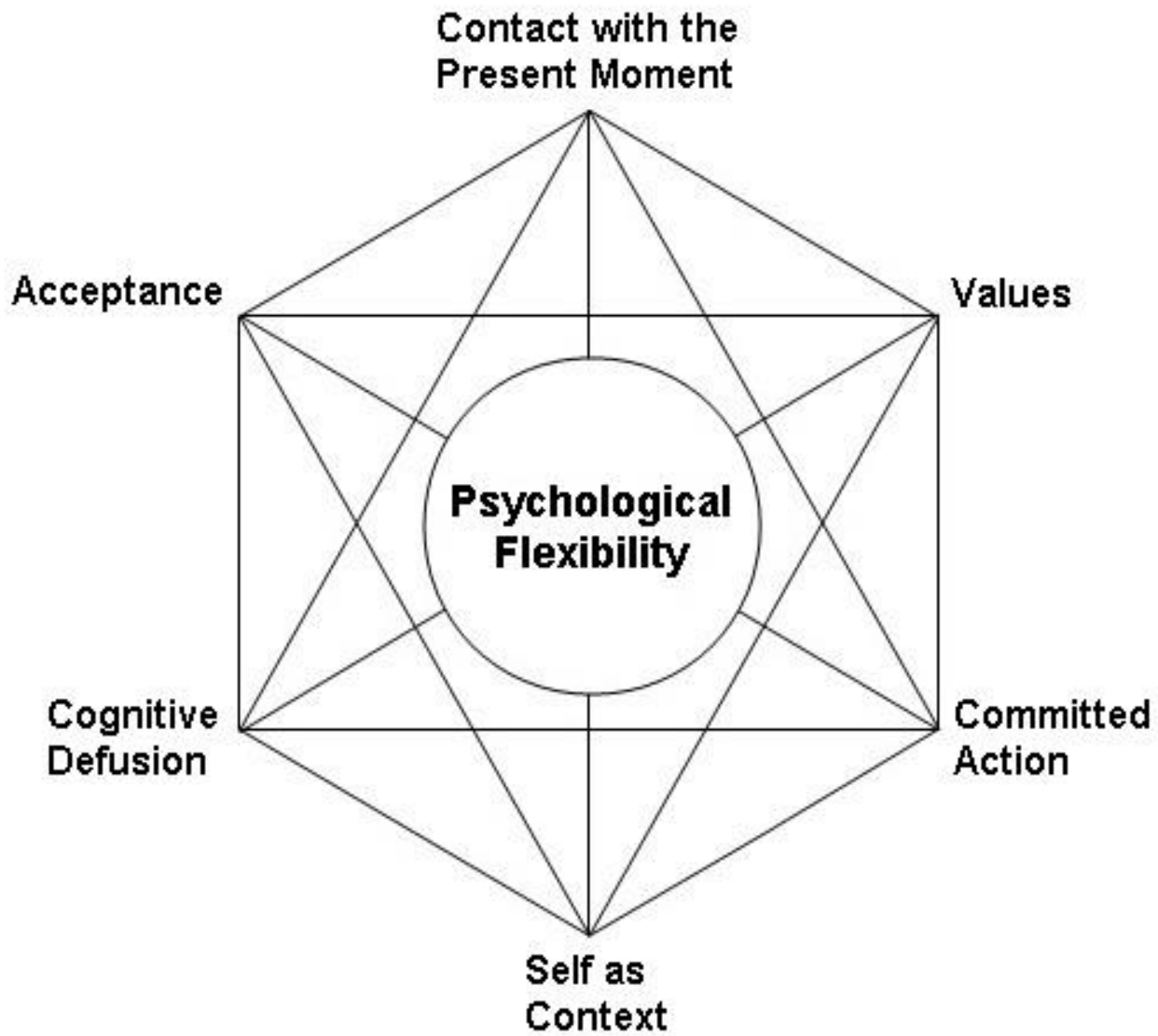
## Who Can Join?

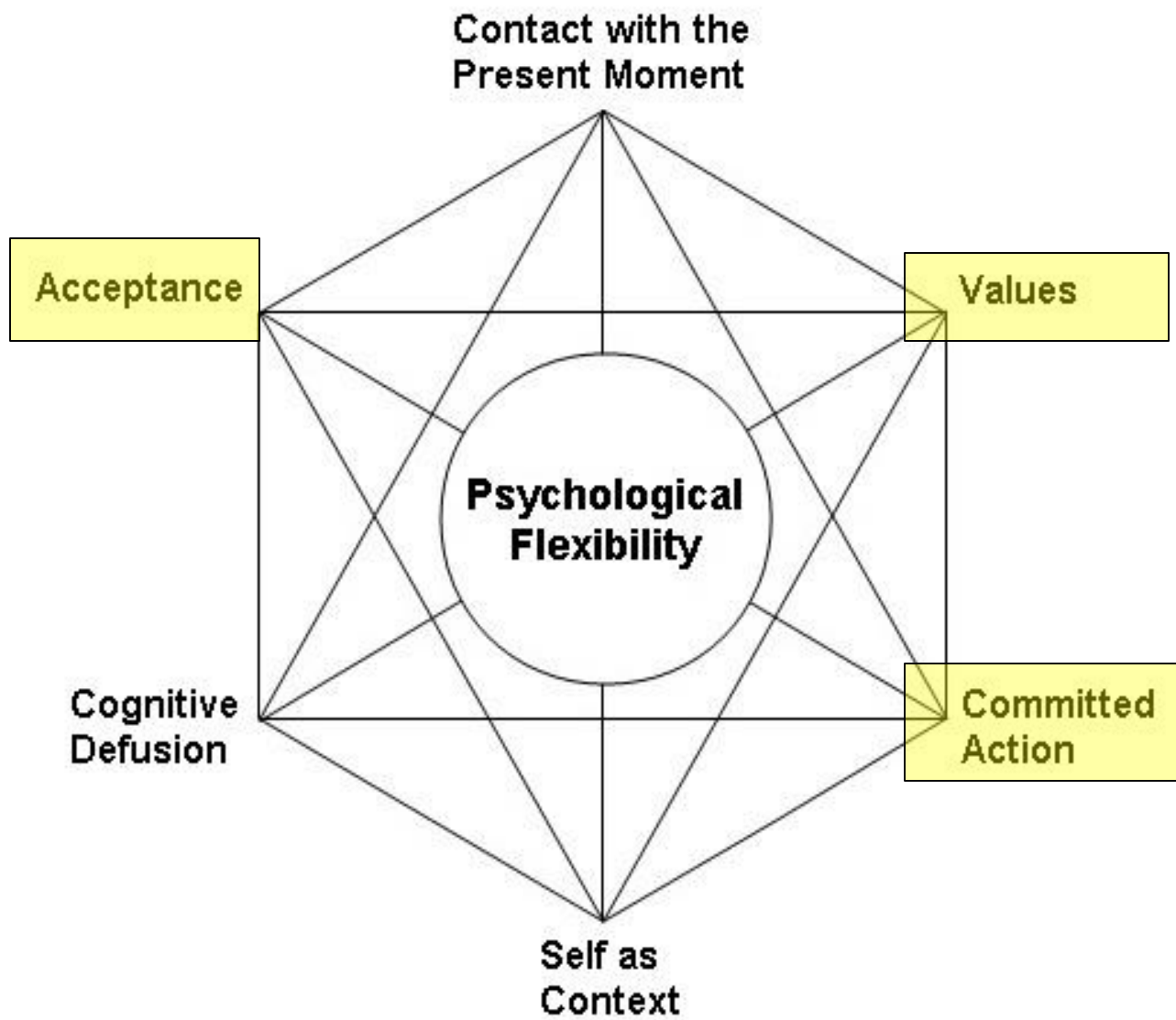
Anyone who is a current paid member of ACBS is eligible to join -- students, professionals, and affiliates.

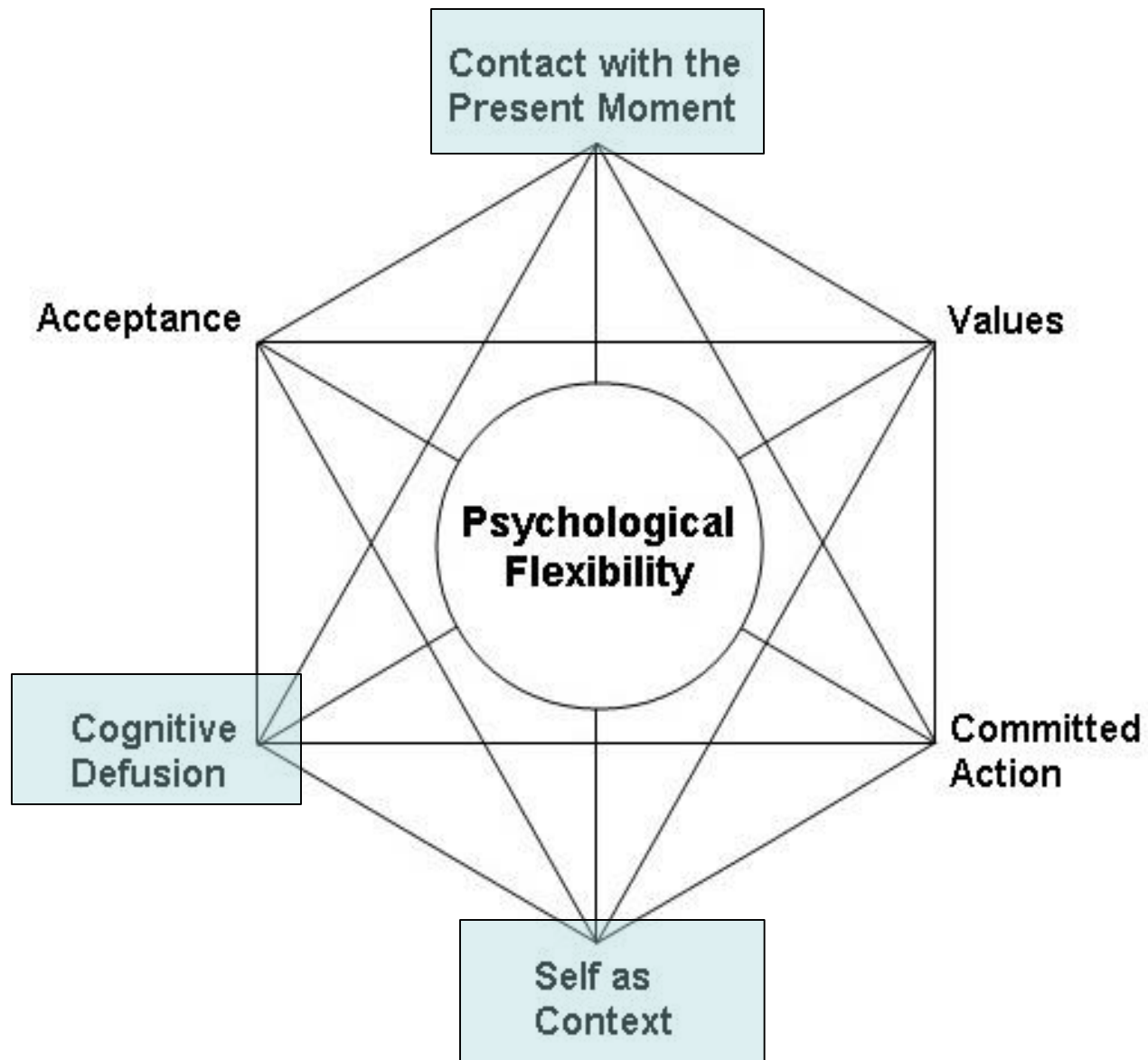
## Interested in Starting a New SIG?

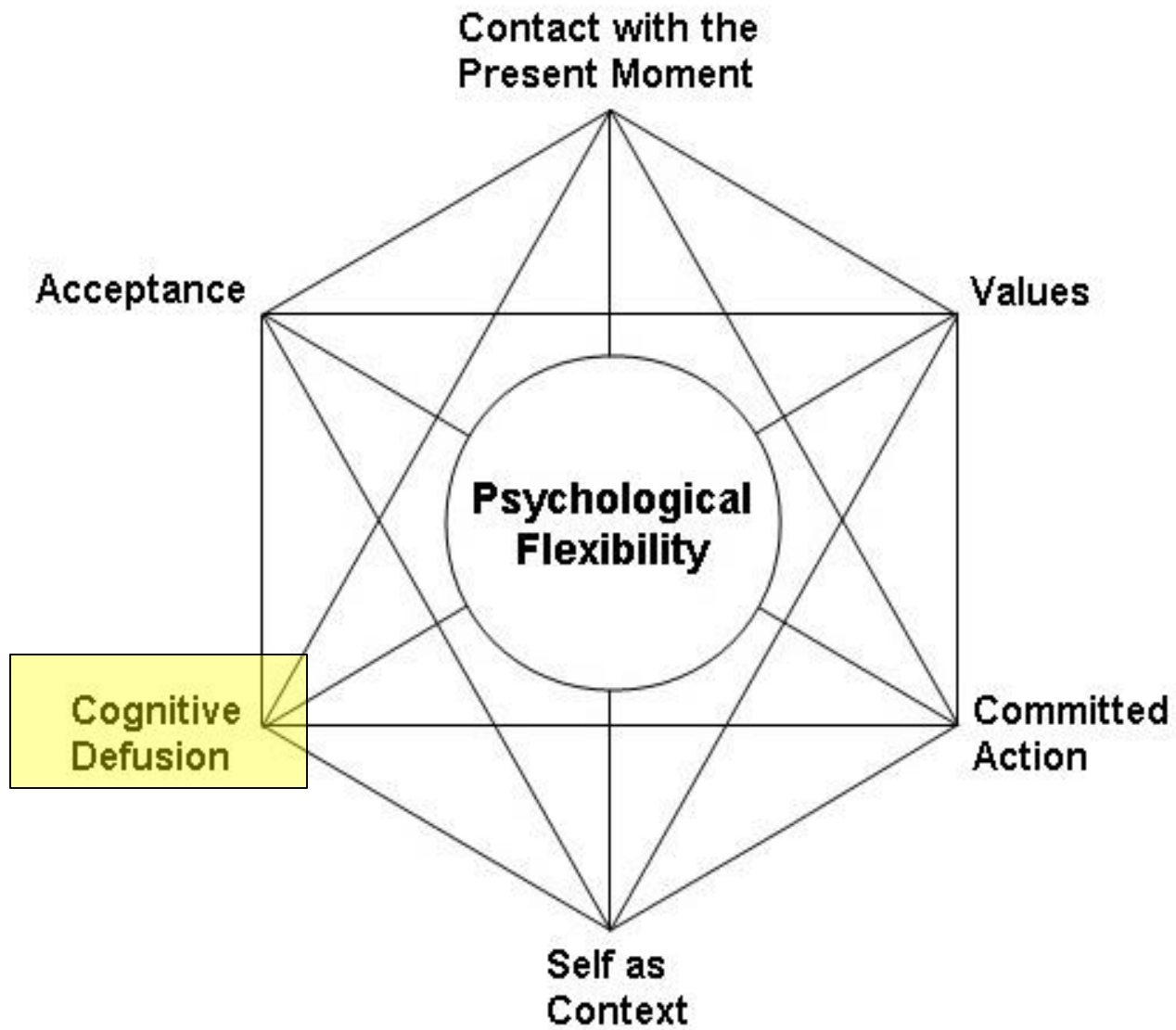
Click [here](#) to find out how.

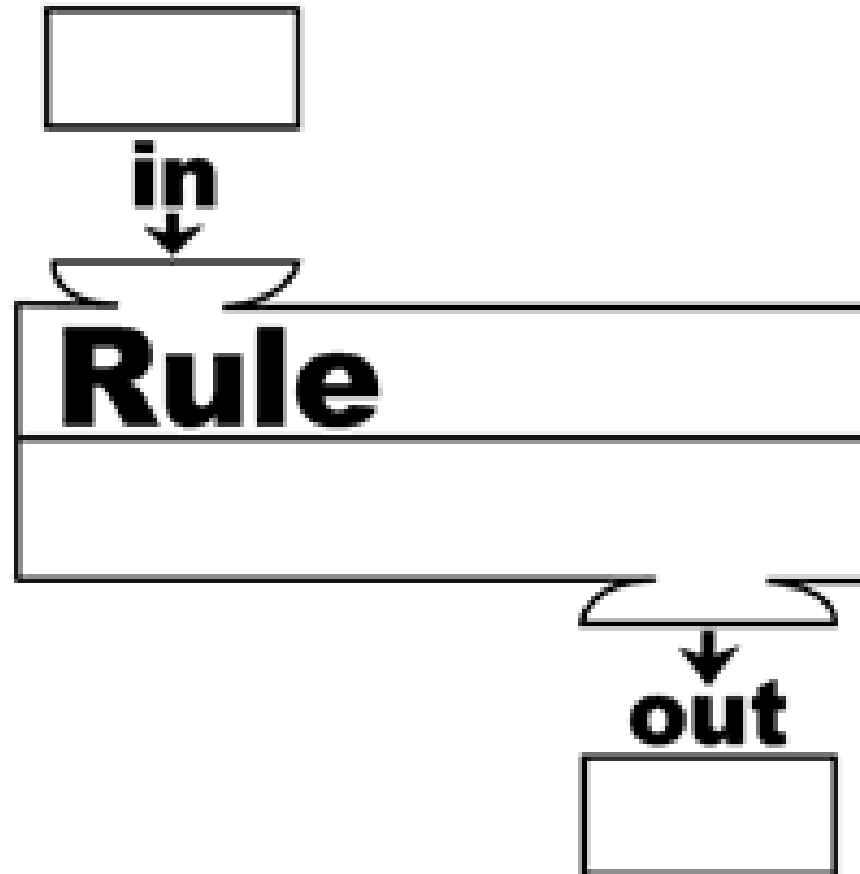




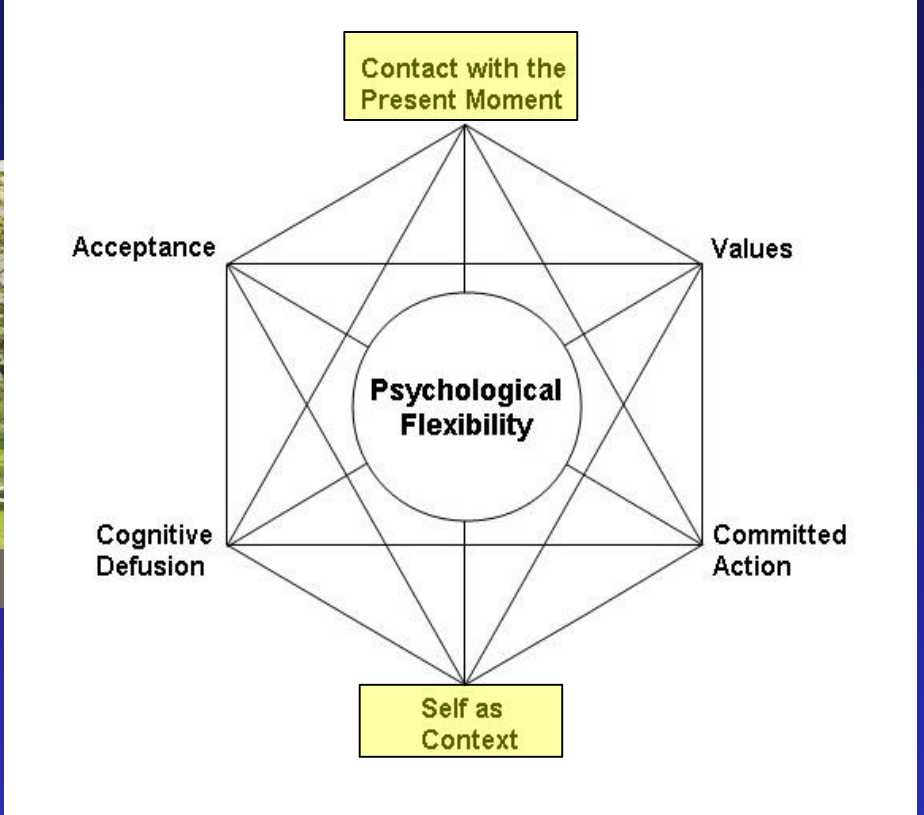
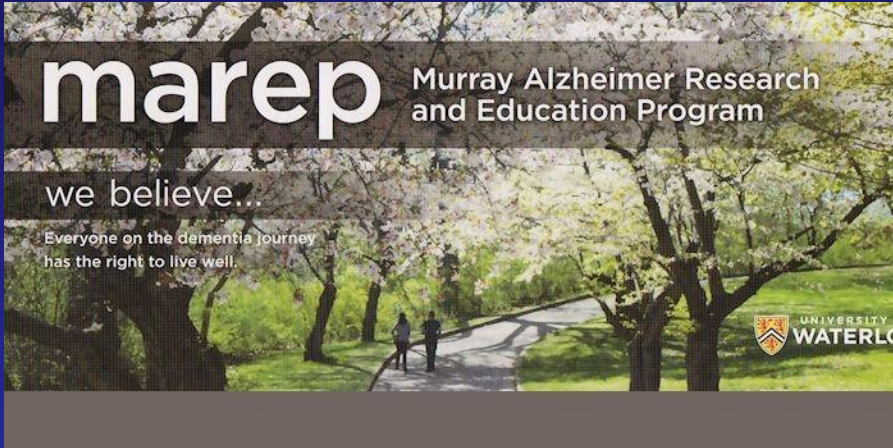






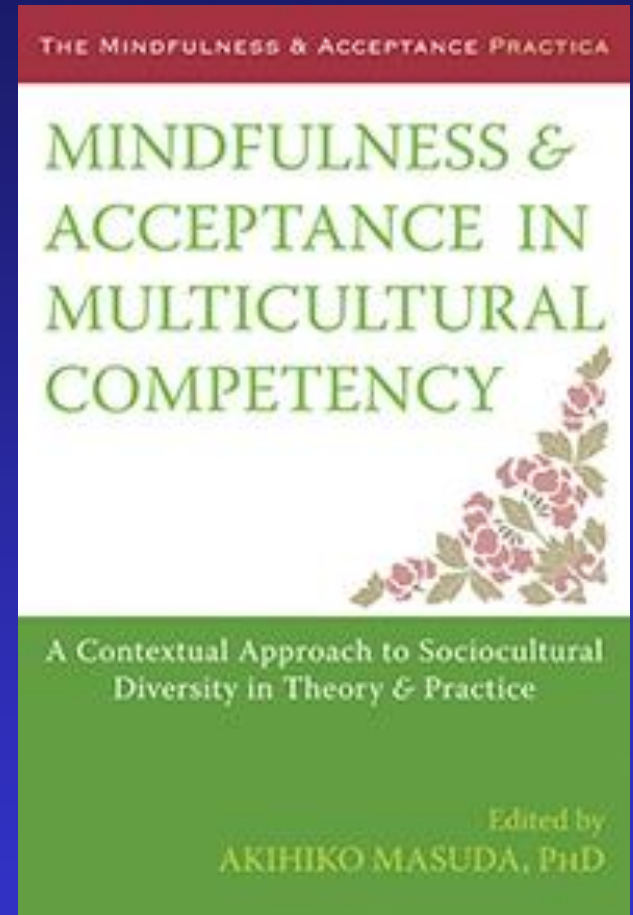








Drossel C, et al. (2014). *Functional adaptation of acceptance- and mindfulness-based therapies: An ethical imperative* pp. 130-145. Oakland CA: New Harbinger Publications.





## MAKING SENSE OF SPIRITUALITY

Steven C. Hayes

University of North Carolina at Greensboro

**ABSTRACT.** In ordinary language a clear distinction is made between the world of matter and that of spirit. While dualism is typically thought to be incompatible with behaviorism, a behavioral analysis of self-awareness suggests that there are good reasons for dualistic talk. Reputed qualities of both the spiritual aspect of humans and of a metaphysical God seem to flow naturally from the analysis. The use of the spiritual facet of self in therapy is briefly discussed.

The purpose of the present paper is to attempt to analyze the distinction between matter and spirit from a behavioral point of view. I have three major reasons to attempt such an analysis. First, it is obvious that spiritual concerns exert an enormous influence over the behavior of many, if not most, of the members of our culture. Popular books on religion, mysticism, meditation, and spiritual growth are consistent sellers. Spiritual leaders are followed the world over. We spend billions of dollars each year on spiritual enhancement, from growth-oriented therapies to organized religion. Second, despite calls for a change in this area (Miller, 1984; Schoenfeld, 1979), behavioral theoretical analyses of such phenomena have focused on the development of superstitions and religion (e.g., Skinner, 1953). While they analyze in terms of principles of reinforcement, the distinction *per se* is more difficult to understand. I intend to focus on the nature of the distinction, avoiding issues about the regulative, metaphysical. I believe that a behavioral analysis of spirituality is possible. I will then consider the parallels between this work and Buddhism.

### BEHAVIORAL ANALYSIS OF SPIRITUALITY TO "NON-BEHAVIORAL" CONCEPTS

When presented with terms like "spirit" and "soul," behaviorists. One response is to reject the terms. Another perspective might first be said to have various

Reprints may be obtained from Steven C. Hayes, University of North Carolina at Greensboro, Greensboro, NC 27412. I would like to thank the following for their assistance: Jill Brownstein, Jill Shelby, Willard Day, Peter Killip, and Peter Killip. My thinking to tact specifically) all

## Buddhism and Acceptance and Commitment Therapy

Steven C. Hayes, University of Nevada, Reno

*The philosophy, basic theory, applied theory, and technology of Acceptance and Commitment Therapy (ACT) are briefly described. Several issues relevant to Buddhist teachings—the ubiquity of human suffering, the role of attachment in suffering, mindfulness, wholesome actions, and self—are examined in relation to ACT. In each case there are clear parallels. Given that a major focus in the development of ACT has been on the identification of basic behavioral processes that make sense of acceptance and defusion-based treatments, these parallels suggest that the basic account may also provide a scientific grounding within the behavioral tradition for a range of Buddhist concepts and practices.*

**T**HE PURPOSE of this paper is to relate Acceptance and Commitment Therapy (ACT; said as one word, "act," not A-C-T) to a Buddhist view of suffering and its amelioration. ACT was developed over the last 20 years from the confluence of behavior analysis, the human potential movement, and experiential psychotherapies. That development work refined the contextualistic philosophy upon which the therapy is based (e.g., Hayes & Brownstein, 1986; Hayes, Hayes, Reese, & Sarbin, 1993), developed a contextual theory of language and cognition (Hayes, 1996), and identified areas

points to are not scientific concepts. Thus, while it may sound sacrilegious, if Buddhist concepts and practice are pragmatically useful, it will fall to science, not Buddhism itself, to provide a scientifically valid account of why and when these concepts and practice are useful. The concepts and data underlying ACT may be useful in that regard.

Given this purpose, a fair amount of this article will focus on ACT *per se*, so that a ground may be established from which to examine some Buddhist teachings. The following sections will consider the philosophy, theory, and technology of ACT. I will then consider the parallels between this work and Buddhism.

### The Philosophy Underlying ACT: Functional Contextualism

What was originally "radical" about "radical behaviorism" is that scientific observations themselves were thought of as behavior. When applying contingency thinking to scientists themselves, Skinner (1945) saw that one could no longer hold to the traditional methodological behavioral rejection of thoughts, feelings, and the like, because under some contingency conditions observing one's own feelings could be objective, while observing publicly accessible events might be subjective.

It is a bit strange to call this view "radical behaviorism" because it overturns many of the major points that had previously defined behavioral thinking. Skinner's approach is made more accessible by thinking of behavior analysis as a type of contextualism, or pragmatism (Biglan & Hayes, 1996; Hayes, 1993). The core analytic unit of contextualism is the ongoing act in context (Pepper, 1942), with a focus on the whole event, a sensitivity to the role of context in understanding the nature and function of an event, and a firm grasp on a pragmatic truth criterion (Hayes, Hayes, & Reese, 1988). There are various kinds of contextualism, defined by their analytic goals (Hayes, 1993). Functional contextualism is that wing of



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# SCHOOL OF NURSING

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- % homeless ages 51-62 increased from 18.9% in 2007 to 25% in 2013
- Economic insecurity, especially related to soaring housing costs, is increasing homelessness risk
- Age- and situational medical morbidities (untreated HTN other cardiovascular conditions, diabetes, malnutrition/dehydration, infections, substance misuse) increases risk for cognitive decline



Seattle Times, 11/3/15

“There is head, hand, and heart –  
heart is most important.”

Steve Hayes, 2015



# The Seattle Protocols Core Research Team

Linda Teri, Rebecca Logsdon, Susan McCurry  
Cathy Blackburn, Martha Cagley, Amy Cunningham,  
David LaFazia, Ellen McGough, Cat Olcott, Ken Pike,  
Anita Souza, Manu Thakral



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