

Version 2.5.2.0



Abstract

[Back to Hit List](#)

Grant Number: 5R01MH067566-03

Project Title: A Coping Intervention for HIV-Infected Older Adults

PI Information: Name	Email	Title
HECKMAN, TIMOTHY GLENN.	heckmant@ohiou.edu	PROFESSOR

Abstract: *This revised application is in response to PA-97-069 "AIDS and Aging: Behavioral Sciences Prevention Research" and requests support to evaluate a Coping Improvement Group Intervention for persons 50 years of age and older living with HIV disease. Through December 2001, more than 90,000 persons living with AIDS in the United States were 50 years of age or older at the time of their AIDS diagnosis (CDC, 2001). Unfortunately, because most AIDS mental health research has focused on younger individuals, geropractitioners know little about the mental health needs of HIV-infected older adults. Across a series of preliminary studies supported by NIH, our study team has characterized levels of psychological distress and coping difficulties in late middle-aged and older adults living with HIV/AIDS. These studies portend that many HIV-infected older adults experience elevated levels of depression and suicidal ideation, confront complex barriers to medical and mental health care services, and lack social support resources. These and other dilemmas not only reduce one's life quality but may also lead to health-compromising behaviors in this group, such as poor adherence to HIV treatment regimens and the continued practice of high HIV-transmission risk behaviors. The proposed three-year study will evaluate the impact of a face-to-face Coping Improvement Group Intervention on the adjustment efforts of HIV-infected persons 50-plus years of age in relation to two comparison conditions. Three hundred (N=300) HIV-infected older adults will be randomly assigned to either: (1) a face-to-face, Coping Improvement Group Intervention based on Lazarus and Folkman's (1984) Transactional Model of Stress and Coping; (2) a face-to-face, Information-Support Group Intervention; or (3) a Standard of Care Comparison Condition. Pre- and post-intervention measures, along with follow-up assessments collected 4- and 8-months post-intervention, will assess the relative efficacy of the three conditions. Participants will complete measures assessing comorbid health conditions, cognitive functioning, sources of life stress, ways of coping, psychological distress, social support, health services utilization, treatment adherence, and quality of life. At the current time, there are few--if any--age appropriate mental health interventions for HIV-infected older adults. However, the planned research may yield a culturally-contextualized coping improvement intervention for this vulnerable population, and this innovation would contribute significantly to the AIDS care and gerontological fields.*

Thesaurus Terms:

AIDS, HIV infection, behavior therapy, coping, depression, group therapy, human middle

*age (35-64), human old age (65+), human therapy evaluation
aging, comorbidity, health care service utilization, longitudinal human study, psychological
aspect of aging, psychological stressor, quality of life, self care, social support network,
therapy compliance
behavior test, behavioral /social science research tag, clinical research, human subject,
interview, patient oriented research*

Institution: OHIO UNIVERSITY ATHENS
OFFICE OF RESEARCH & SPONSORED PROGRAMS
ATHENS, OH 457012979

Fiscal Year: 2006

Department: PSYCHOLOGY

Project Start: 01-APR-2004

Project End: 31-MAR-2008

ICD: NATIONAL INSTITUTE OF MENTAL HEALTH

IRG: BSCH



Version 2.5.2.0



Abstract

[Back to Hit List](#)

Grant Number: 1R01MH078749-01

Project Title: Telephone-Delivered Coping Improvement Intervention for HIV-Infected Older Adults

PI Information: Name	Email	Title
HECKMAN, TIMOTHY GLENN.	heckmant@ohiou.edu	PROFESSOR

Abstract: *DESCRIPTION (provided by applicant): Through December 2003, more than 57,000 persons in the U.S. were 55 years of age or older when they were diagnosed with AIDS. Because AIDS researchers have focused primarily on younger persons living with HIV disease, there are very few age-appropriate interventions to enhance life quality in older persons living with HIV/AIDS. From 2001-2004, the P.I. was supported by NIA to pilot test a coping improvement group intervention delivered using teleconference technology with 90 HIV-infected older adults. Outcome analyses revealed that the intervention reduced participants' levels of psychological symptoms, life-stressor burden, and use of maladaptive coping strategies and increased coping self-efficacy. Following the success of our pilot research, this application proposes to evaluate the impact of a telephone-delivered, coping improvement group intervention on the adjustment efforts of 360 ethnically- and geographically-diverse HIV- infected older adults in relation to a telephone-delivered, information support group intervention and a standard of care comparison condition. Similar to our pilot intervention, the coping intervention will be guided by Lazarus and Folkman's (1984) Transactional Model of Stress and Coping and will use cognitive-behavioral principles to improve skills in stress appraisal, coping decisions, and obtaining social support. Participants will complete self-administered surveys at pre-intervention, post-intervention, and 4- and 8- month follow-up that assess the prevalence of comorbid health conditions, cognitive functioning, psychiatric distress, life-stressor burden, ways of coping, coping self-efficacy, and social support. Following the conduct of traditional statistical intervention outcome and mediational analyses, the intervention's efficacy will be further evaluated by identifying the proportion of intervention participants who report clinically-meaningful changes on key outcome measures. Furthermore, this research will evaluate the process by which teleconference-delivered interventions produce beneficial changes in this group (e.g., what characteristics of the telephone group environment are most related to beneficial changes in outcome measures?). If successful, this research will identify a telephone-delivered intervention that can improve life quality in HIV- infected older adults who might otherwise lack access to mental health support services due to geographic isolation, physical limitations, and confidentiality concerns.*

Thesaurus Terms:

AIDS, HIV infection, behavior therapy, coping, depression, group therapy, human middle age (35-64), human old age (65+), human therapy evaluation
aging, comorbidity, health care service utilization, longitudinal human study, psychological aspect of **aging**, psychological stressor, quality of life, self care, social support network, therapy compliance
behavior test, behavioral /social science research tag, clinical research, human subject, interview, patient oriented research

Institution: OHIO UNIVERSITY ATHENS
OFFICE OF RESEARCH & SPONSORED PROGRAMS
ATHENS, OH 457012979

Fiscal Year: 2006

Department: PSYCHOLOGY

Project Start: 15-AUG-2006

Project End: 31-JUL-2010

ICD: NATIONAL INSTITUTE OF MENTAL HEALTH

IRG: BSPH



Version 2.5.2.0



Abstract

[Back to Hit List](#)

Grant Number: 5R01AG012910-08

Project Title: STRESS AND COPING AMONG AIDS CAREGIVERS

PI Information: Name	Email	Title
MULLAN, JOSEPH T.	mullan@itsa.ucsf.edu	

Abstract: *This study seeks to assess the conditions experienced by informal caregivers to people with AIDS and the effects of these conditions on their physical and mental health and their ability to continue in the caregiving role. A variety of psychosocial stressors will be examined in relation to caregivers' well-being. However, because their well-being may also be influenced by their own **HIV** status, considerable effort is directed to gathering information about caregivers' health and health practices. Such information, together with appropriate analytical strategies, will assist in distinguishing psychosocial effects from those of **HIV** status. A sample of 450 caregivers will be recruited. The PWAs for whom they care will be gay men who reside either in their own home or that of the caregiver. Caregivers will be interviewed three times at intervals of 6 months so as to observe changes in their well-being and to identify the antecedents of such changes. Pilot interviews have revealed that caregivers confront a variety of stressors. Some are embedded in the demands of caregiving itself, and we refer to these as primary stressors. Caregiving can also create problems in other areas of life, most notably in occupational, financial, and social domains. These kinds of stressors, which are created by caregiving but do not involve it, we refer to as secondary stressors. Both primary and secondary stressors are multi-dimensional. The impact of the stressors, we believe, is mediated by several factors: the coping repertoires of the caregivers; the level of certain self-concepts, self-esteem and mastery, in particular; the social supports on which the caregiver can call; and the availability and use of community programs and resources. The buffering effects of each will be studied. From prior pilot work, a host of provisional measures has been constructed, tapping the major constructs of the research. In the latter stages of the study, a conference of health policy personnel will be organized with the goal of identifying and incorporating relevant research findings into intervention programs and policies.*

Thesaurus Terms:

*AIDS, caregiver, coping, psychological stressor, stress, stress management
HIV infection, community mental health service, depression, employment, health care personnel, health science research analysis /evaluation, income, longitudinal human study, mental health, social support network, work site, workshop
 behavioral /social science research tag, human subject, interview, statistics /biometry, volunteer*

Institution: UNIVERSITY OF CALIFORNIA SAN FRANCISCO
3333 California St., Ste 315
SAN FRANCISCO, CA 941430962

Fiscal Year: 1997

Department: NONE

Project Start: 01-AUG-1990

Project End: 31-AUG-2000

ICD: NATIONAL INSTITUTE ON AGING

IRG: MHAI



Version 2.5.2.0



Abstract

[Back to Hit List](#)

Grant Number: 1R01AG016564-01

Project Title: AIDS RISK IN OLDER URBAN ADULT SENIOR HOUSING RESIDENTS

PI Information:	Name	Email	Title
	SCHENSUL, JEAN J.	jean.schensul@icrweb.org	SENIOR SCIENTIST AND FOUNDING DIRECTOR

Abstract: *The purpose of this four-year two-city study, entitled "AIDS Risk in Older Urban Adult Senior Housing Residents," is to identify high-risk drug and sexual exchanges associated with **HIV** transmission among lower income older adults and other residents of diverse ethnic backgrounds living in older adult housing in the cities of Hartford and Chicago -- both regional epicenters with very high rates of **HIV**. Aims are: (1) to use ethnography to identify risky exchanges in target high-risk buildings in both cities; (2) to use ethnographic, epidemiologic and network research methods to identify individual and social structural factors associated with drug- and sex-risk behaviors among older adult buildings residents (N=1600, 800 in each city); (3) to determine **HIV** prevalence among building residents; and (4) to use resulting data to develop and assess for feasibility and acceptability intervention strategies for use in high risk buildings in study cities and elsewhere. The study will be conducted in three stages. Stage 1 will involve pilot ethnography in two buildings in each city to identify risky exchanges, pilot test epidemiologic and network instruments, develop a building risk index, and identify and assign buildings to the study sample. Stage 2 will consist of ethnography, epidemiologic and network surveying in 6 buildings in each city, conducted in six waves consisting of approximately 4 months each. Stage 3 will involve: data analysis; formulation of intervention approaches appropriate to building-level social structures, and identified individual and environmental risk factors in both cities; dissemination of data; and evaluation of feasibility and acceptability of proposed intervention approaches in buildings and agencies in both locations.*

Thesaurus Terms:

*AIDS, communicable disease transmission, high risk life style, housing, human old age (65+), sex behavior, substance abuse related behavior, urban poverty area
AIDS education /prevention, **HIV** infection, racial /ethnic difference, social support network, socioeconomics, substance abuse epidemiology
antibody titering, behavioral /social science research tag, clinical research, human immunodeficiency virus 1, human middle age (35-64), human subject, interview*

Institution: INSTITUTE FOR COMMUNITY RESEARCH
2 HARTFORD SQ W, STE 100
HARTFORD, CT 061065218

Fiscal Year: 1999

Department:

Project Start: 23-MAY-1999

Project End: 30-APR-2003

ICD: NATIONAL INSTITUTE ON AGING

IRG: ZRG5



Version 2.5.2.0



Abstract

[Back to Hit List](#)

Grant Number: 7R01AG013379-03

Project Title: LATE MIDDLE AGE AND OLDER ADULTS LIVING WITH HIV/AIDS

PI Information:

Name	Email	Title
SIEGEL, KAROLYNN	ks420@columbia.edu	PROFESSOR OF PUBLIC HEALTH

Abstract: *DESCRIPTION (adapted from Abstract): As antiretroviral and prophylactic treatments for **HIV** and associated diseases become increasingly effective in impeding disease progression, growing numbers of individuals will live with **HIV** infection as a chronic illness for lengthening periods of time. Hence, to understand how these individuals manage the many adaptive tasks associated with their seropositive status and to assess the quality of life they achieve is important for the provision of their care. The Principal Investigator proposes to examine the psychosocial adaption to living with **HIV** infection among late middle-age and elderly (50+ years) adults from the greater New York City metropolitan area--an epicenter of the epidemic for older adults. These older **HIV**-infected individuals represent a very understudied segment of the population impacted by the AIDS epidemic. The research focus will be on identifying similarities and differences in adaptive tasks posed by the illness, coping responses evoked, and adaptational outcomes among infected individuals from three race/ethnic groups: native-born, non-Hispanic-whites, native-born African-Americans, and Puerto Ricans. A total of 60 infected older adults, 20 from each race/ethnic group, will be studied; within each race/ethnic group, 13 cases will be men and seven women. Given the dearth of information about the psychosocial adaption of older **HIV**-infected adults, a qualitative research design is proposed. The specific aims are: (1) to identify and describe the varied adaptive tasks that older **HIV**-infected adults must accomplish to successfully adjust to their condition and how these may or may not vary by race/ethnicity, by gender, by disease stage (AIDS vs. **HIV**-positive); (2) to identify and describe the coping strategies used by older **HIV**-infected adults to address the varied adaptive challenges posed by their condition and how these may or may not vary by race/ethnicity, by gender, by disease stage; (3) to examine, for each adaptive task, the consequences (i.e., both adaptive and maladaptive) of alternative coping responses and how these may or may not vary by race/ethnicity, by gender, and by disease stage; (4) to examine older, **HIV**-infected adults' perceptions of the adequacy of available informal and formal support, and their perceptions of factors that impede or facilitate access to needed support resources; and (5) to gather information that will inform the design of a subsequent survey study of the research issues (e.g., information regarding appropriate criteria for successful*

adaptation, data on the suitability of existing standardized measures for investigating coping and adaption among older HIV-infected adults).

Thesaurus Terms:

AIDS, HIV infection, aging, coping, psychological adaptation, social adjustment African American, Puerto Rican, caucasian American, female, health behavior, male, racial /ethnic difference, sex difference

behavioral /social science research tag, clinical research, human middle age (35-64), human old age (65+), human subject, interview, psychological test, questionnaire

Institution: COLUMBIA UNIVERSITY HEALTH SCIENCES
Columbia University Medical Center
NEW YORK, NY 100323702

Fiscal Year: 1997

Department: SOCIOMEDICAL SCIENCES

Project Start: 01-JUL-1996

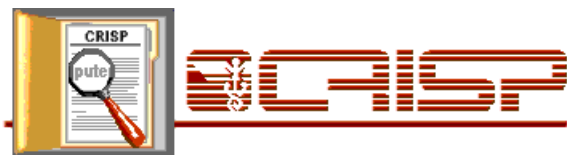
Project End: 31-DEC-1998

ICD: NATIONAL INSTITUTE ON AGING

IRG: ARRF



Version 2.5.2.0



Abstract

[Back to Hit List](#)**Grant Number:** 1R01MH069865-01A1**Project Title:** A Qualitative Study of Dual-Diagnosed Homeless

PI Information: Name	Email	Title
PADGETT, DEBORAH K.	deborah.padgett@nyu.edu	PROFESSOR

Abstract:

DESCRIPTION (provided by applicant): Psychiatrically disabled homeless adults (PDHAs) lead complex, troubled lives. Although much has been written about their needs, research from the service user's perspective remains virtually unknown. Our goal is to develop a social ecology model that addresses poorly understood 'process' questions posed by the juxtaposition of two distinct approaches: 'treatment first' vs. 'housing first'. What factors--person-based and contextual--impede or enhance engagement and retention in care among PDHAs enrolled in these two program models? We propose to use qualitative methods and an interdisciplinary research team to investigate the service delivery system from the 'native's point of view'. Specific aims are: 1) To map 'successful' vs. 'unsuccessful' life course trajectories of engagement and retention in care among PDHAs previously enrolled in two contrasting programs using case study methods (N=40); 2) To conduct a longitudinal study of PDHAs enrolled in 'housing first' vs. 'treatment first' programs to learn how engagement and retention in care vary when program philosophies and practices fundamentally differ. This aim will be accomplished in two ways: a) a prospective study in which 80 enrollees in three programs serving PDHAs in New York City are followed for one year; b) in-depth interviews with service providers for PDHAs to identify areas of congruence/non-congruence with consumer self-reports and perspectives. Providers include: R's case managers (n=80), case manager focus groups at the 3 program sites (n=30), and experienced professionals serving PDHAs (n=10); 3) To specify viable changes in delivery of services that would result in successful engagement and retention of PDHAs in care for mental illness and co-morbid substance abuse. Expert panels will be convened in which findings from this study are discussed to develop suggestions for program/policy improvements and identify barriers to implementation. Our ultimate goal is to translate empirical findings into replicable policies and practices that will enhance outreach and service delivery for this 'hard-to-reach' population.

Thesaurus Terms:

comorbidity, health care service evaluation, health care service utilization, homeless, mental disorder, mental health service, person with disability, substance abuse, therapy compliance
choice, functional ability, health care policy, human ecology, interdisciplinary collaboration, longitudinal human study, patient care management, satisfaction
behavioral /social science research tag, clinical research, focus group, health services research tag, human subject, interview

Institution: NEW YORK UNIVERSITY
OFFICE OF SPONSORED PROGRAMS
NEW YORK, NY 100122331

Fiscal Year: 2004**Department:** NONE**Project Start:** 03-SEP-2004**Project End:** 30-APR-2008**ICD:** NATIONAL INSTITUTE OF MENTAL HEALTH

IRG: ZMH1



School of Social Work

Faculty Profile



Deborah K. Padgett

Professor of Social Work

BA Univ of Kentucky; MA Florida State University; PhD University of Wisconsin- Milwaukee; MPH

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bio

Dr. Padgett has a doctoral degree in anthropology from the University of Wisconsin-Milwaukee and post-doctoral training in public health and psychiatric epidemiology at Columbia University and Duke University, respectively. She is nationally known for her advocacy and practice of qualitative and mixed methods in research. She is the editor of *The Handbook of Ethnicity, Aging, and Mental Health* (1995) and *The Qualitative Research Experience* (2004), author of *Qualitative Methods in Social Work Research* (1998; 2nd edition forthcoming in 2008), and co-author of *Program Evaluation* (4th ed., 2005). Dr. Padgett has published extensively on mental health needs and service use of the homeless mentally ill, older women, ethnic groups and children/adolescents.

Dr. Padgett was co-principal investigator on two NIMH-funded grants and an NCI-funded mixed methods study of African-American women and breast cancer screening; she was also national Co-Director of the Screening Adherence Follow-up (SAFe) project funded by the Centers for Disease Control and Prevention (1997-2001). She is currently Principal Investigator of The New York Services Study, a \$1.4 million qualitative study of dual diagnosed homeless funded by the National Institute of Mental Health. The NYSS (2004-2009) is designed to elicit consumer perspectives on recovery and services for homelessness, mental illness and substance abuse.

Dr. Padgett was a charter member of the National Program Committee of the John A. Hartford Foundation Geriatric Social Work Faculty Scholars Program. Her expertise in qualitative methods has led to invitations to speak at several NIH-sponsored training institutes and grant proposal reviews. Dr. Padgett has also been an active mentor of other researchers and has served on numerous journal editorial boards. Recently, she has been teaching courses on socio-behavioral health and qualitative/field methods in NYU's Global Public Health program.

Dr. Padgett has been active in SSWR since its inception and served as a Board Member (2002-2007) and President (2004-2006). She received an unprecedented honor in 2006 when SSWR announced the "Deborah K. Padgett Early Career Fellowship" in recognition of her contributions.

selected recent publications

- o Vourlekis, B., Ell, K. & Padgett, D.K. (2005). Evidence-based assessment in case management to improve abnormal cancer screen follow-up. *Health and Social Work*, 30, 98-106.
- o Padgett, D.K., Gulcur, L., & Tsemberis, S.(2006). Housing first services for the psychiatrically disabled homeless with co-occurring substance abuse. *Research on Social Work Practice*, 16, 74-83.

- Freundlich, M., Avery, R.J., & Padgett, D.K. (2007). Preparation of youth in congregate care for independent living. *Child and Family Social Work*, 12, 64-72.
- Padgett, D.K., Hawkins, R.L., Abrams, C., & Davis, A. (2006). In their own words: Trauma and substance abuse in the lives of formerly homeless women with serious mental illness. *American Journal of Orthopsychiatry*, 76(1), 461-467.
- Padgett, D.K. (2007). Ontological security in the third decade of the 'homelessness crisis' in the United States. *Social Science & Medicine*, 64, 1925-1936.
- Henwood, B. & Padgett, D.K. (2007) The self-medication hypothesis revisited. *American Journal on Addictions*, 16 (3), 160-165.
- Freundlich, M., Avery, R.J., & Padgett, D.K (2007). Care or scare: The safety of youth in congregate care in New York City. *Child Abuse and Neglect*. 31(2), 173-186.
- Padgett, D.K. (in press). Qualitative Methods. In the *Encyclopedia of Social Work*, 20th Ed., T. Mizrahi and L. Davis, Editors. New York: Oxford University Press.
- Padgett, D.K. (in press). Advocacy Research. In *The Sage Encyclopedia of Qualitative Research Methods*. Thousand Oaks, Calif: Sage Publications.