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Motivational interviewing for survivors of elder abuse

Submission date	Recruitment status	[X] Prospectively registered
19/11/2023	No longer recruiting	[ ] Protocol
Registration date	Overall study status	[ ] Statistical analysis plan
22/11/2023	Completed	[ ] Results
Last Edited	Condition category	[ ] Individual participant data
22/11/2023	Mental and Behavioural Disorders	[ ] Record updated in last year

Plain English summary of protocol

Background and study aim

Elder abuse, a prevalent public health issue worldwide, has consistently been demonstrated to have serious negative consequences for the health and well-being of older adults. Although interventions are essential to reduce the risk of elder abuse, research on such interventions has always faced challenges posed by difficulties in recruiting and retaining participants. One significant and alterable factor that contributes to the dropping out of participants is low motivation to change. Motivational interviewing (MI) is a client-centred intervention model which aims to resolve ambivalence of behavioral change by strengthening an individual's motivation and commitment. Initially developed to improve compliance with drug and alcohol treatment requirements, MI has since been extended and applied to other intervention areas that require behavioral change. It has shown promise in increasing participant engagement and improving the effectiveness of intervention. MI has achieved some success as a domestic violence intervention strategy. Evidence suggests that it is effective both as a standalone treatment in reducing violence and also as part of a treatment plan in domestic violence services in stimulating behavioral change and encouraging help-seeking. The goal of any elder abuse intervention is essentially improving participant safety and reducing the risk of victimization. Given the complex and multifarious nature of elder abuse cases, however, abuse survivors may have a very different and subjective understanding of what an appropriate solution is. Thus, elder abuse intervention should be individualized and context-specific. The MI approach respects the participant's values and autonomy, and emphasizes empathy and individualized goals, making it an ideal intervention for elder abuse survivors. This study aims to evaluate an intervention which uses MI techniques to reduce elder abuse severity by changing the risk profile of elder abuse victims. It is believed that the MI intervention will help participants make improvements in their: (a) severity of elder abuse, (b) readiness to make changes, (c) self-efficacy, (d) physical health, (e) psychological well-being, and (f) perceived social support.

Who can participate?

Chinese-speaking, community-dwelling older adults (aged 60 years and over) residing in Hong Kong who are screened and identified as a victim of elder abuse.

What does the study involve?

Participants will be allocated to one of the two groups. Those in the MI intervention group will

receive a 3-month elder abuse intervention guided by MI techniques, including a 90-minute individual face-to-face engagement session and three 30-minute individual MI phone call sessions. Those in the wait-list control group will not receive any of the interventions during the study period. Instead, they will be visited by volunteers recruited by the research team on a regular basis. After the intervention groups complete the treatment, the control group will receive the MI intervention.
The MI intervention will consist of two major components: relational (partnership and empathy) and technical (cultivating change talk and softening sustain talk). The facilitator of the intervention (formally trained in social work or counselling) will employ MI skills to establish a therapeutic relationship with participants to establish partnership and empathy and soften participants' resistance to change while boosting their motivation and commitment. The facilitator will follow the four fundamental processes including engaging, focusing, evoking, and planning in the intervention, and will use techniques including open questions, affirmation, reflection, and summarisation.
All participants in both groups will be asked to complete a survey before the intervention (baseline), after the intervention (post-intervention), and three months after the end of the intervention (3-month follow-up).

What are the possible benefits and risks of participating?
The ultimate goal of the MI intervention is to reduce the severity of elder abuse by reducing risk factors and enhancing protective factors. Participants who receive the MI intervention will have the opportunity to gain access to a new approach of treatment to reduce their future risks of elder abuse victimisation, whilst those in the control group will also benefit by having the chance to receive the new intervention in the future. All participants will be screened for their elder abuse risks at the beginning of the study, which facilitates early detection and identification of current violence victimisation.
If demonstrated effective, the MI intervention may serve as an alternative to the existing elder abuse identification.
By taking part in this study, there will be no risks of physical injury or harm. There is a possibility that participants may experience negative feelings when recalling their experience of violence victimisation. The research team will provide relevant information and referral to the participants when necessary.

Where is the study run from?
The Hong Kong Polytechnic University (Hong Kong)

When is the study starting and how long is it expected to run for?
January 2020 to December 2025

Who is funding the study?
General Research Fund, Research Grant Council, The Hong Kong SAR Government

Who is the main contact?
Prof. Elsie Yan
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Contact information

Type(s)
Public, Scientific, Principal investigator

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Study information

Scientific Title
Use of motivational interviewing (MI) in elder abuse intervention for victims: A randomised controlled trial

Study objectives
Participants who receive motivational interviewing techniques as elder abuse intervention will show greater improvement, at post-treatment and 3-month follow-up, when compared with their counterparts in the control in the following aspects: (a) severity of elder abuse victimisation, (b) readiness in making changes, (c) self-efficacy, (d) physical health, (e) psychological health, and (f) social well-being.
The null hypothesis is that there will be no between-group difference in the levels of change in the above aspects.

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 08/09/2020, Human Subjects Ethics Committee, The Hong Kong Polytechnic University (11 Yuk Choi Rd, Hung Hom, None available, Hong Kong; +85260106093; rohsesc@polyu.edu.hk), ref: HSEARS20200216001-01

Primary study design
Interventional

Study design
Wait-listed prospective double-blind randomized controlled trial

Study type(s)
Treatment

Health condition(s) or problem(s) studied

Reducing the severity of elder abuse among victims and improving their physical and psychological health

Interventions
There will be two arms in the randomised controlled trial assigned using simple randomisation:
1. Motivational interviewing (MI) as elder abuse intervention
2. Wait-list control
Participants who receive the intervention with MI will attend a 90-minute individual face-to-face engagement session, and three 30-minute individual motivational interviewing sessions initiated by a trained facilitator.
The wait-list control group will be visited by volunteers on a regular basis during the study period, and they will receive the MI intervention after their counterparts in the intervention group have completed the treatment.

Intervention Type
Behavioural

Primary outcome(s)
Changes in the severity of different types of elder abuse in the past month, including physical assault, psychological aggression, financial exploitation, and caregiver neglect, as measured by:
1. Physical Assault subscale of the Revised Conflict Tactics Scale (CTS2)
2. Psychological Aggression subscale of the CTS2
3. The Old Adult Financial Exploitation Measure (OAFEM)
4. Three items on caregiver neglect adapted from previous research

Key secondary outcome(s)
Changes in the following variables at post-intervention and 3-month follow-up:
1. Readiness to change measured using the University of Rhode Island Change Assessment Scale (URICA)
2. Goal achievement measured using the Goal Attainment Scale (GAS)
3. Self-efficacy measured using the Generalized Self-Efficacy Scale (GSES)
4. Subjective physical health measured using the Simple Frailty Questionnaire (FRAIL)
5. Psychological well-being measured using the short-form General Health Questionnaire (GHQ)
6. Social support measured using the Multidimensional Scale of Perceived Social Support (MSPSS)

Completion date
31/12/2025

Eligibility

Key inclusion criteria
1. Community-dwelling older adults 60 years of age and above
2. Living in Hong Kong
3. Able to speak Cantonese or Mandarin
4. Showing signs or symptoms of being in an abusive relationship or situation, as screened by the Montreal Cognitive Assessment
5. Willing to participate in the study and to be assigned to any of the study groups.

Participant type(s)
Population

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
60 Years

Sex
All

Key exclusion criteria
1. Individuals who are unable to communicate with the MI facilitator
2. Those who cannot provide informed consent
3. Those receiving intervention services from other service providers during the study period

Date of first enrolment
01/12/2023

Date of final enrolment
31/12/2024

Locations

Countries of recruitment
Hong Kong

Study participating centre
The Hong Kong Polytechnic University
Department of Applied Social Sciences
Hung Hom, Kowloon
Hong Kong
NA

Sponsor information

Organisation
University Grants Committee

ROR
https://ror.org/00djwmt25

Funder(s)

Funder type
Not defined

Funder Name
Research Grants Council, University Grants Committee

Alternative Name(s)
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Funding Body Type
Private sector organisation

Funding Body Subtype
Universities (academic only)

Location
Hong Kong

Results and Publications

Individual participant data (IPD) sharing plan
The dataset generated during and/or analysed during the study will be available upon request and approval from the leader of the research team, Prof. Elsie Yan (elsie.yan@polyu.edu.hk).

The type of data shared will be an SPSS file, three years after project completion. Participants provided consent to use the data for research purposes. There is no personal identifier in the data set.

IPD sharing plan summary
Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet	version 2.0		22/11/2023	No	Yes