

THE GOAL

The SMART intervention is intended to improve health outcomes in people with epilepsy

REASONING BEHIND SMART

- ✔ SMART is based upon the idea that people learn by observing others, gaining knowledge, skills, and experience, and acquiring the self-confidence to put their new-found knowledge into practice in ways that are practical and self-sustaining.
- ✔ SMART uses peer support to promote connection, understanding, and acceptance.
- ✔ Past research experience with the TIME program suggests that the SMART program will also be highly acceptable to participants. The on-line format may help minimize social isolation that some people with epilepsy experience due to driving restrictions or other burden imposed by their epilepsy.

SELF-MANAGEMENT FOR PEOPLE WITH EPILEPSY AND A HISTORY OF NEGATIVE HEALTH EVENTS

WHAT IS SMART?

SELF-MANAGEMENT FOR PEOPLE WITH EPILEPSY AND A HISTORY OF NEGATIVE HEALTH EVENTS, developed with funding from the Centers for Disease Control and Prevention (CDC), is an investigation of adult individuals with sub-optimally controlled epilepsy, and involves educational and behavioral interventions intended to enhance epilepsy self-management.

SMART is an adaptation of an evidence-based self-management intervention (TIME) that was developed for individuals with epilepsy and comorbid mental health conditions. SMART was refined based on input from a community advisory board and it is intended to improve self-management and mood and to reduce negative health events (NHEs) such as seizures, hospitalizations, emergency department visits or self-harm attempts.



PROGRAM SYNOPSIS

GENERAL DESCRIPTION

Step 1: The initial group session is in-person where individuals receive curriculum materials and learn to utilize the Web format (Adobe Connect) and a teleconferencing service needed to access the remainder of the group sessions. These sessions are held over an 8 week time period and are co-lead by a trained nurse educator and a trained peer educator. The peer educator is someone with epilepsy and a history of NHEs. Educators use a written curriculum delivered online, and the interactive sessions last 60-90 minutes. Groups are limited to about 6 -12 adult participants.

Step 2: After the group sessions are done, individuals have 8 telephone maintenance sessions with the nurse educator and the peer educator spaced approximately 2 weeks apart.



TARGET POPULATIONS

Adults with epilepsy, especially those who belong to disadvantaged sub groups, those who are under-insured and veterans with epilepsy. People with epilepsy who belong to disadvantaged sub-groups are more likely to have poor outcomes and often end up using expensive crisis-oriented care, and thus potentially might benefit the most from self-management programs if they can be actively engaged.

DESIRED OUTCOMES


Improve health management for people with epilepsy by increasing care engagement, optimizing use of evidence-based treatments, adoption of a healthy life-style to minimize seizure risk, and addressing co-morbid conditions that complicate epilepsy outcomes.

MEASURES AND EVALUATION ACTIVITIES

- ✓ Measure of symptoms of Depression (MADRS and PHQ-9) and Generalized Anxiety Disorder (GAD-7)
- ✓ Measure of quality of life (QOLIE-10)
- ✓ Measures of negative health events (seizures, emergency room visits, hospitalizations) and use of community and medical services
- ✓ Assessment of client satisfaction

SMART Contacts

Martha Sajatovic, MD
Martha.Sajatovic@UHhospitals.org

 https://managingepilepsywell.org/research/case_smart.html



ESSENTIAL PROGRAM COMPONENTS

- Trained nurse and peer educator who collaboratively deliver the program during group sessions.
- The program addresses challenges imposed by stigmatization, stress, and limited social support.
- Information-sharing in an accessible manner that fosters motivation for active self-management.
- Guided with a standardized manual and handouts that re-emphasize materials tailored to the needs of participants.



PROGRAM COSTS

- Cost of SMART vary based upon staffing and number of participants in a group and geographical differentials.
- SMART Nurse Educators are typically paid \$50/session including training sessions. SMART Peer Educators are typically paid \$25-\$30/per group and training sessions.
- SMART Instructor manual, SMART participant manual.
- SMART session power-point slides.
- After the initial training, the time commitment for Nurse and Peer Educators should not exceed 1-3 hours/week.



RESOURCE REQUIREMENTS

- Adequate space for the first group session.
- Laptop set-up to display power-point slides for session leaders and for participants
- Toll-free number or teleconference line available for those unable to make in-person sessions.
- Reimbursement costs of public transportation to in-person sessions for individuals that do not have other resources. Original program costs for this were in the order of \$5/per person/session



TRAINING REQUIREMENTS

- Nurse and Peer educator orientation and training: 2-half day sessions.
- Debriefing sessions with the Nurse and Peer Educators as needed (expect 2-4 over 1 year)

REFERENCES

Sajatovic M, Tatsuoka C, Welter E, Perzynski AT, Colon-Zimmermann K, Van Doren JR, Bukach A, Lawless ME, Ryan ER, Sturniolo K, Lhatoo S Targeted Self-Management of Epilepsy and Mental Illness for individuals with epilepsy and psychiatric comorbidity. *Epilepsy Behav.* 2016 Nov;64 (Pt A):152-159.



Managing Epilepsy
Well Network

www.managingepilepsywell.org