Driving Transitions and Mental Health in Impaired Elders

Overview
The transition from driver to ex-driver is a challenging turning-point for older disabled adults that can influence not only mobility, but also social ties, the ability to work, one's sense of independence, and public safety. An increasing number of Americans will face this transition as the population ages. However, little is known about the psychological and social influences on driving transitions.

The purpose of this 5-year study is to better understand the ways older adults with vision problems adapt and make decisions about their driving. Specifically, we will identify the personal, social, and contextual factors that contribute to the decision to self-regulate or stop driving, as well as the reciprocal associations between well-being and changes in driving behavior. In addition, we draw on a model of health behavior change (Maes and Gebhardt, 2002) to examine how a person's goal structure can either facilitate or block a change in driving behavior and the impact of changes in driving or driving cessation on well-being.

Method
A total of 381 older adult drivers (age 55+) have been recruited from a community-based vision rehabilitation agency and other community service organizations. Three in-person interviews will be conducted (baseline, year 1, year 2), with two brief telephone interviews at 6 and 18 months from baseline. Three telephone interviews will also be conducted with a contact (family or friend chosen by the primary participant) at baseline, year 1, and year 2. Cross-sectional and longitudinal associations will be analyzed with Regression-, Individual Growth-, and Structural Equation Modeling techniques.

Status
Recruitment of the baseline sample (N=381) has been completed. Data collection for all follow-up points is in progress and is expected to be completed in 2010. Analyses of the baseline sample data is in progress.

Preliminary findings
The following findings are from presentations at major conferences:
Cross-sectional data

- Similar to past research, we found that poorer vision, poorer health, and greater disability are associated with greater self-regulation.
- However, subjective and psychosocial variables are also significant independent correlates of self-regulation:
  - Subjective report of functional vision problems is more strongly related to self-regulation than clinical measures, and, in fact, completely mediates the effect of measured acuity (but not field) on self-regulation.
  - Self-assessed driving abilities are independent correlates of self-regulation.
  - Greater endorsement of the value of Autonomy is associated with less self-regulation.
- Contacts and older drivers provide incongruent reports of the quality of the older person’s driving, with the older drivers reporting better quality. Older age of drivers and contacts’ reports of less closeness with drivers are related to less congruence.
- Contacts are more likely to initiate a conversation with the older driver when they worry about the person’s driving, attribute a portion of their stress to the person’s driving, and when they are aware that the older driver has had a close call while driving.

Longitudinal data

- Driving cessation is a gradual process rather than an event.
- Process begins with some recognition of decreases in ability and self-regulation.
- Planning and psychological preparation may remain implicit during much of the process.

Insights gained from this study can be used to inform the growing number of community-based, governmental and private programs that focus on assisting older drivers in making timely decisions that will protect both public safety and the individual's mental health. Rehabilitation and mental health professionals who work with older drivers can also use this information to facilitate the transition from driver to ex-driver in late.
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Presentations


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