International Psychogeriatrics (2024), 36:12, 1262–1263 © The Author(s), 2023. Published by Cambridge University Press on behalf of International Psychogeriatric Association

LETTER TO THE EDITOR

doi:10.1017/S1041610223000753

Understanding barriers to evidence-based support for driving cessation

Dear Editor,

International standards, including the Australian Assessing Fitness to Drive (Austroads, 2022), are designed to support medical practitioners' decision-making related to driving. Conversations surrounding driving and non-driving, otherwise known as driving cessation, can be challenging. Driving cessation is often a difficult transition and older adults with and without dementia require support to adapt to a life without driving that is equal to a life with driving. Supporting an increasingly aging population to transition away from driving and toward alternative transport is essential and was the focus of a recently developed educational web-based resource (Stasiulis *et al.*,

Table 1. Barriers mapped to the theoretical domain framework (Cane *et al.*, 2012)

Knowledge	• Limited appreciation or awareness of the impact of driving cessation and needs of older drivers and their support people. • Limited knowledge of evidence for driving cessation programs and potential positive outcomes • Limited older driver and family knowledge about driving cessation and potential interventions.
Skills	• Training required to provide driving cessation support
Social/Professional roles and identity	• Clarification required regarding who is responsible for driving cessation within teams and organizations • Commitment required from relevant organizations and government to be engaged in the discussion
Beliefs about capabilities	• Health professionals feel inadequately prepared or in need of training • The perception that driving-related issues are a specialist rather than shared responsibility
Optimism	• Past bad experiences lead to reluctance to raise topic or address again • Stereotypical views of later life as a time of withdrawal rather than re-engagement and learning
Beliefs about consequences	• Driving cessation is an emotive topic and can harm professional relationship with individual • People will just "get on with it" in terms of transitioning from driver to non-driver • Focus on risk of driving rather than risks/needs of cessation • Beliefs that older adults, with or without cognitive impairment cannot learn new strategies such as use of public transportation
Reinforcement	• Negative media reports and stigma that driving should just be relinquished with increasing age • Lack of rewards/incentives for engaging in driving cessation management (local teams, funding)
Intentions	• Impact of health and aged care system overload with urgent issues only being addressed
Goals	• Conflict between team, client, and family goals • Lack of awareness of what could be helped (including from older adults and families)
Memory, attention, and decision processes	• People facing driving cessation often have many concurrent, impactful needs which may be difficult to prioritize and manage
Environmental context and resources	• Complexity regarding who addresses and funds driving cessation support – the issue is positioned across health, licensing, transportation, and aged care. • Models of service delivery not conducive to incorporation of driving cessation support • Workforce issues • Overstretched systems
Social influences	• Media emphasis on negative driving outcomes and stigma • Driving role highly valued societally; alternatives to private vehicles undervalued, with decreasing options in regional and remote areas • Non-drivers are often underrepresented and marginalized in broad decision-making
Emotion	• Driving cessation is highly emotive for all involved
Behavior regulation	• Establishment of new habits/actions for teams • Adjustment to driving cessation requires behavior change for consumers, families, and communities, which require support over time.

2023). Evidence supports the effectiveness of interactive driving cessation programs with individual goal achievement in increasing community mobility (Liddle *et al.*, 2014; Peterson *et al.*, 2023; Scott *et al.*, 2020); however, there is limited access to these programs in the community. For the past 17 years, we have been systematically working with health professionals, older adults with and without dementia, and their key support people to understand effective methods to provide support in driving cessation and the barriers to widespread implementation of a driving cessation support programs in practice (Liddle *et al.*, 2023). Our research findings and experiences of barriers to implementation are presented in Table 1.

Understanding the barriers is foundational to the identification of the intervention functions and behavior change techniques (Michie *et al.*, 2014) required to overcome this knowledge to practice gap. An essential next step in the knowledge to action framework is for health professionals and driving cessation researchers to work together to understand specific practice contexts and select, tailor, and implement interventions that support successful implementation across our health and primary care services. Without this, we will continue to fail to support older drivers to adapt to a life without driving.

Conflict of interest

They do not receive any personal financial benefit from this program.

Source of funding

Jacki Liddle, Nancy Pachana, and Louise Gustafsson are the founders of a program for driving cessation support which has been commercialized.

Description of authors' roles

The draft of the letter was developed by Louise Gustafsson and all other authors contributed to the development and finalization.

References

Austroads (2022). *Assessing Fitness to Drive: For Commercial and Private Vehicle Drivers*. Sydney, NSW: Austroads.

Cane, J., O'Connor, D. and Michie, S. (2012). Validation of the theoretical domains framework for use in behaviour change and implementation research. *Implementation Science*, 7, 37. https://doi.org/10.1186/1748-5908-7-37.

Liddle, J. *et al.* (2014). Effect of a group intervention to promote older adults' adjustment to driving cessation on community mobility: a randomized controlled trial. *The Gerontologist*, 54, 409–422. https://doi.org/10.1093/geront/gnt019.

Liddle, J. *et al.* (2023). Still in first gear: exploration of barriers for implementing driving cessation support. *Australasian Journal of Ageing*, 00, 1–5. https://doi.org/10.1111/ajag.13218.

Michie, S. *et al.* (2014). *The Behaviour Change Wheel: A Guide to Designing Interventions*. London: Silverback Publishing.

Peterson, C. M. *et al.* (2023). Refining a driving retirement program for persons with dementia and their care partners: a mixed methods evaluation of carFreeMe™-Dementia. *The Journals of Gerontology. Series B, Psychological sciences and social sciences*, 78, 506–519. https://doi.org/10.1093/geronb/gbac151.

Scott, T. *et al.* (2020). Adaptation of the CarFreeMe driver retirement intervention to provide driving cessation support to older people living with dementia. *Brain Impairment*, 21, 247–258. https://doi.org/10.1017/BrImp.2020.16.

Stasiulis, E. *et al.* (2023). Developing the driving and dementia roadmap: a knowledge-to-action process. *International Psychogeriatrics*, 1–14. https://doi.org/10.1017/S1041610222001235.

Louise Gustafsson,[1,2] Jacki Liddle,[3,4] Nancy A. Pachana,[3] Theresa Lorraine Scott,[3] Stacey George[5] and Kate Laver[5,6]

[1]Griffith University, Brisbane, Australia
[2]The Hopkins Centre - Menzies Health Institute of Queensland, Brisbane, Australia
[3]University of Queensland, Brisbane, Australia
[4]Princess Alexandra Hospital, Brisbane, Australia
[5]Flinders University, Adelaide, Australia
[6]South Australian Local Health Network, Adelaide, Australia

Correspondence should be addressed to: Louise Gustafsson, Griffith University, Brisbane, Australia
E-mail: louise.gustafsson@griffith.edu.au

https://doi.org/10.1017/S1041610223000753