

Psychological interventions with Caregivers of people with dementia

Aims for today's session

- To provide a brief overview of psychological interventions with carers of people with Dementia and to consider the existing evidence base.
- To explore the theoretical basis for the intervention.
- To begin to consider the clinical dilemmas and challenges that you may face in delivering the intervention.

Context

- 47% of those caring for a person with dementia were depressed compared to 3% of those caring for someone with physical health problems (Livingston et al 1996)
- Psychological morbidity is most strongly associated with coping strategies used by the carer, demographics of carer, neuropsychiatric symptoms and illness severity in PWD (Cooper et al, 2008)
- Morbidity associated with care breakdown and institutionalisation of care recipient (Brodaty et al, 1993)

Psychological interventions with Caregivers of people with dementia

Range of interventions offered:

- Dementia specific education
- Coping strategies based therapies
- Behavioural management techniques
- Supportive therapy
- Both group and individual formats

Systematic review (Selwood et al, 2007)

- Consistent excellent evidence that individual BMT for 6+ sessions are effective .
- Good evidence that individual and group coping strategy based interventions are effective.
- Group BMT interventions are not effective (Teaches techniques rather than focusses on specific behaviours)
- Education and supportive therapy alone were not effective.

Behavioural management

- Behavioural changes and disturbances often have a profound effect on care givers and decisions regarding care / placement (Woods, 2000)
- “Challenging behaviour in dementia may...represent the communication of a need that is not anchored in time, for example, to be pain free, to be loved, to be clean, to be safe, to ‘know’” (Stokes, 1996)

Behavioural management

- There is consistent evidence for behavioural management therapy alleviating caregiver psychological symptoms (Selwood, 2007)
- Individualised focus is important – full description of behaviour and context are required
- A-B-C functional analysis of behaviour

Bio-Psycho-Social Model

A way of understanding the elements that combine to create behaviours or situations

By understanding the cause of behaviour, we may be more able to remedy or tolerate it

Bio-Psycho-Social Model

The model states that human behaviour and health is influenced by :

1. Biology
2. Psychology
3. Social environment

These three things combine to affect a persons Health and behaviour.

Challenging behaviour

Many possible contributing factors

- Physical health
- Neuropsychological deficit
- Environmental factors
- Emotional factors
- Abnormal experiences
- Interpersonal factors

Choose a behaviour which have found challenging in a work situation

- **Group task:** Functional analysis of behaviour which have found challenging in a work situation e.g. in care home / school (get into pairs and choose an example) (20 mins)
- Questions / prompts:-
- define behaviour difficulty
- possible explanations for why this is happening
- think about situations when these are more or less likely to happen (external & internal factors)
- solutions: what has helped & what may help in the future? (make the situation more manageable / minimise distress on both parts)
- Reflect on feelings / responses may these behaviours evoke in loved ones?

Coping strategies based therapies

- The coping strategies family carers use are important predictors of their mental health
- Coping strategies are behavioural and psychological efforts to overcome, tolerate or reduce the impact of stressful events
- Using more emotion focused and acceptance based and less dysfunctional coping strategies is associated with decreased symptoms of anxiety and depression (Cooper et al, 2008, Li et al, 2012)
- Problem and solution focussed coping strategies do not protect carers from developing symptoms of anxiety and depression one year later (Cooper et al, 2008)

Stress-coping approaches

- Transactional model of stress and coping (Lazarus and Folkman, 1984) Stressful experiences are construed as person-environment transactions.
- stress is seen as the mismatch between *primary appraisal* (perceived demand) and *secondary appraisal* (perceived ability to cope – resources and options / what can be done?)

Coping strategies cont.

- Coping strategies are behavioural and psychological efforts to overcome, tolerate or reduce the impact of stressful events
- Different ways we cope with challenges?
- Brainstorm different coping strategies that we use?

Emotion focused / acceptance based strategies

- Acceptance (accepting the reality of the fact that it has happened / learning to live with it)
- Emotional support (getting emotional support / comfort and understanding from others)
- Humour (making jokes about it / making fun of the situation)
- Positive reframing (trying to see it in a different light, make it seem more positive / look for something good in it)
- Religion (trying to find comfort in my religious or spiritual beliefs / praying or meditating)

Problem focused strategies

- Active coping (concentrating my efforts on doing something about the situation I'm in / taking action to try and make it better)
- Instrumental support (getting help and advice from other people / trying to get advice or help from others about what to do)
- Planning (trying to come up with a strategy about what to do / thinking hard about what steps to take)

Dysfunctional coping strategies

- Behavioural disengagement (giving up trying to deal with it / the attempt to cope)
- Denial (saying to myself 'this isn't real' / refusing to believe that it has happened)
- Self-distraction (turning to work or other activities to take my mind off things / doing something to think about it less)
- Self-blame (criticising myself / blaming myself for things that happened)
- Substance use (using alcohol or drugs to make myself feel better / to help me get through it)
- Venting (Saying things to let my unpleasant feelings escape / expressing my negative feelings)

(The Brief COPE Carver et al 1997)

Coping based interventions

- Interventions have included:
 - An educational component – dementia, understanding stress, understanding challenging behaviour, understanding emotions
 - Behavioural management techniques
 - Skills training in self care, thought challenging, communication and assertiveness, relaxation, increasing pleasant activities, self-monitoring, goal setting

Clinical dilemmas / challenges

Building on existing skills – brainstorming (10 mins)

- Share ideas about factors, skills, techniques that have contributed to successful engagement / development of a good working therapeutic relationship?
- Feedback

Clinical dilemmas / challenges

cont.

What might be different about working therapeutically with carers of people with dementia?

What challenges might the work bring and what considerations?

Practical challenges

Clinical dilemmas

Exercise – clinical challenges / risk

In pairs choose one of the vignettes and consider the following questions:

- What are the possible risks / concerns ?
- How might you respond in the session – what extra questions might you want to ask?
- What would you do after the session – who would you contact or discuss this with? What possible actions might you take?

Vignette 1

- Mr Jenkins is a 74 year old man who is caring for his wife who has a diagnosis of Alzheimer's disease. During the day Mr Jenkins goes out and in order to make sure that his wife does not wander outside and get lost he locks the front door so that she cannot get out when he is not there. Mrs Jenkins smokes and has increasingly been telephoning Mr Jenkins when he is out crying and frightened about being on her own.

Vignette 2

- Mrs Porter is caring for her mother who has a diagnosis of fronto-temporal dementia. She does not live with her mother but lives locally and visits her everyday. Mrs Porter reports that she has always had a difficult relationship with her mother however lately her mother has become verbally and at times physically aggressive towards her daughter. Mrs Porter explains to you that she will often get into arguments with her mother and she has recently got hold of her mother when trying to stop her mother from hitting her, gripping her arms. Mrs Porter said that at this time she was frightened that she may hit her mother back.

Vignette 3

- Mr Brown has a diagnosis of Vascular dementia and he lives near his daughter Jeannette who is his main carer. They have always been a close family and since his wife died last year he has become increasingly anxious about being on his own at night. Jeanette and her brothers have arranged a rota so that one of the family sleep in the spare room at Mr Brown's house at night. He tends not to get up but occasionally will wander into their room and need to be guided back to bed. In telling you about this Jeanette mentions that her 14 year old daughter will also stay with her grandfather once a week.

Learning points

- Key learning point from each person – questions to take forward / finding out more
- Clinical dilemmas that wish to explore further?

References

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