

Memory-Based Learning to Support Caregivers of Individuals with ADRD



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Background

- Caregivers of people living with dementia (PLWD) often experience high levels of stress related to caregiving demands, including primary stressors (e.g., managing symptoms) and subjective stressors (e.g., feeling overwhelmed)
- Psychoeducational interventions may help reduce caregiver stress by improving knowledge about behavioral and psychological symptoms of dementia (BPSD)
 - Retrieval practice with detailed, corrective feedback can enhance learning and retention, and reduce memory errors
- Successful interventions aimed at increasing knowledge about BPSD may also help caregivers by improving their self-efficacy

Our Goal

Examine whether a psychoeducational intervention using structured retrieval practice (SRP) reduces self-reported caregiver stress and increases self-efficacy compared to a reading-only intervention

Participants

N = 21 Caregivers from the Virginia Beach community

- Inclusion criteria:
 - 50+ years old
 - Have moderate perceived stress scores
 - Pass the Ascertain Dementia 8 (Galvin et al., 2005)
 - Pass 2 screening checks (online + video)

Design

- Learning strategy (between-participants):
 - Reading (R)
 - Structured Retrieval Practice (SRP)

Materials

- 8 Categories: 4 managing stress & coping, 4 BPSD symptoms

- Reading: Information about symptoms in a webpage format
 - Retrieval Practice & Final Tests: 64 questions (8 per category)
 - Perceived Stress Scale (PSS): 14 questions about stress
 - Revised Scale for Caregiving Self-Efficacy (RSCSE): 15 questions about caregiving self-efficacy
- All participants studied 4 categories of stress and coping; Participants got to choose which 4 out of 12 ADRD symptoms they wanted to study
- Parts 1 and 2 occurred in Session 1; Part 3 occurred in Sessions 2, 3, and 4

Perceived Stress Scale

- In the last month, how often have you been upset because of something that happened unexpectedly?
- In the last month, how often have you felt that you were unable to control the important things in your life?
- In the last month, how often have you felt nervous and "stressed"?
- In the last month, how often have you dealt successfully with irritating life hassles?
- In the last month, how often have you felt that you were effectively coping with important changes that were occurring in your life?
- In the last month, how often have you felt confident about your ability to handle your personal problems?
- In the last month, how often have you felt that things were going your way?
- In the last month, how often have you found that you could not cope with all the things that you had to do?
- In the last month, how often have you been able to control irritations in your life?
- In the last month, how often have you felt that you were on top of things?
- In the last month, how often have you been angered because of things that happened that were outside of your control?
- In the last month, how often have you found yourself thinking about things that you have to accomplish?
- In the last month, how often have you been able to control the way you spend your time?
- In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

0: never
1: almost never
2: sometimes
3: fairly often
4: very often

* Indicates a reverse-scored item

Cohen et al. (1983)

Revised Scale for Caregiving Self-Efficacy

- Self-Efficacy for Obtaining Respite**
- Can ask a friend/family member to stay with _____ for a day when you need to see the doctor yourself?
 - Can ask a friend/family member to stay with _____ for a day when you have errands to do?
 - Can ask a friend or family member to do errands for you?
 - Can ask a friend/family member to stay with _____ for a day when you need to take a break?
 - Can ask a friend/family member to stay with _____ for a week when you need the time for yourself?
- Self-Efficacy for Responding to Disruptive Patient Behaviors**
- When _____ forgets your daily routine and asks when lunch is right after you've eaten, ... can answer him/her without raising your voice? (clarify that "answer" can be direct or a distraction.)
 - When you get angry because _____ repeats the same question over and over, ... can say things to yourself that calm you down?
 - When _____ complains to you about how you're treating him/her, ... can respond without arguing back? (e.g., reassure or distance him/her)
 - When _____ asks you 4 times in the first one hour after lunch when lunch is, ... can answer him/her without raising your voice?
 - When _____ interrupts you for the fourth time while you're making dinner, ... can respond without raising your voice?
- Self-Efficacy for Controlling Upsetting Thoughts about Caregiving**
- Thinking about unpleasant aspects of taking care of _____?
 - Thinking how awful it is that you have to put up with this situation (taking care of _____)?
 - Thinking about what a good life you had before _____'s illness and how much you've lost?
 - Thinking about what you are missing or giving up because of _____?
 - Worrying about future problems that might come up with _____?

0 Cannot do at all
100 Certain can do

Steffen et al. (2002)

R

SRP

Delusions and Dementia

People living with dementia may have delusions, which are strong, false beliefs. These delusions often make them feel paranoid or threatened, even when there is no real reason to feel that way. They may become suspicious of those around them.



What are delusions?

Delusions are beliefs that are not true, but the person experiencing them feels they are real. For example, they may believe someone is watching them or trying to hurt them. If a person with dementia thinks you have done something wrong or are trying to harm them, it can be difficult to handle. But remember, their beliefs feel as real to them as your own thoughts. It's usually not possible to change their mind about these beliefs.

If someone suddenly changes their behavior, see a doctor immediately to rule out a medical emergency called delirium. If the delusions continue and cause distress, a doctor may suggest medication.

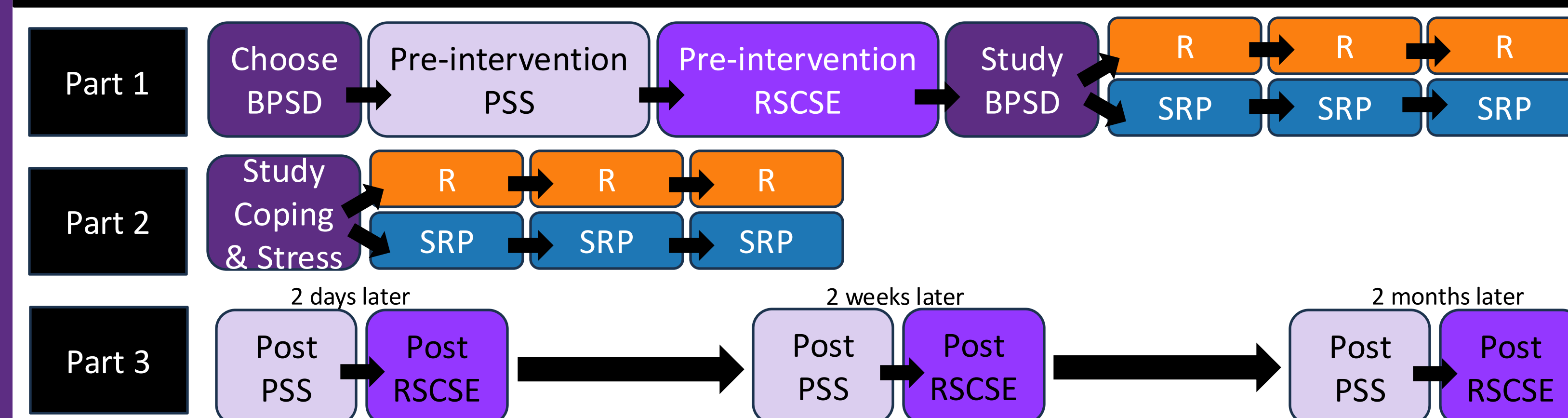
What causes delusions?



- Managing your loved one's symptoms**
- Your loved one is experiencing delusions. How can you help them?
- Explain how to best react to the situation
 - If possible, encourage them to talk through their thoughts
 - Ignore the concern because they'll soon forget about it
 - Give them a sedative to prevent further stress

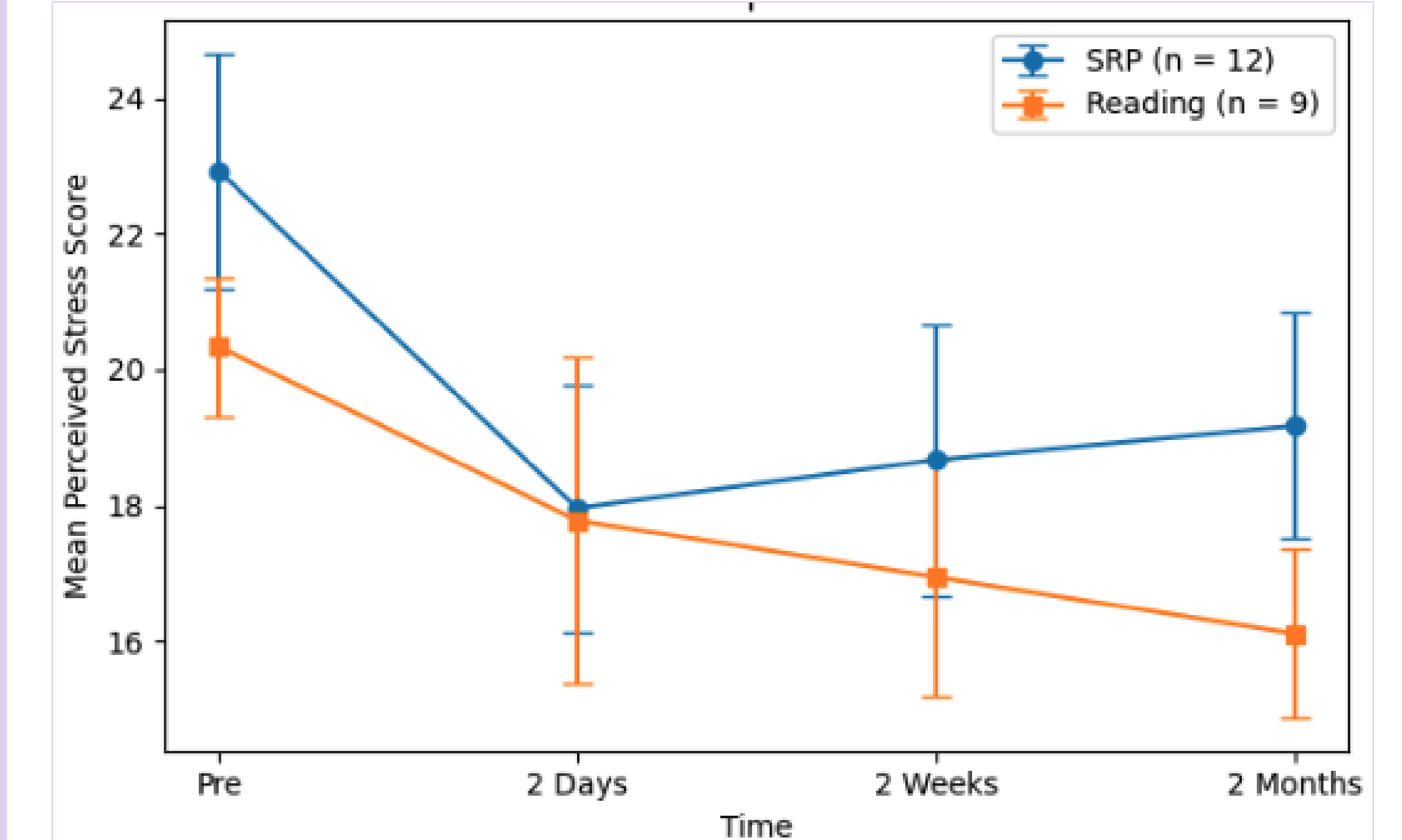
No, that is incorrect. You should not assume that you know how to react to the delusion for the person. Instead, if the person can, talking through their thoughts may reveal what is behind their delusion. For example, if they don't believe their home is their home, it may be due to a recent change in furnishings or unfamiliar people at their house. Stay calm, acknowledge their emotions, and reassure them that you understand and take their concerns seriously.

Procedure

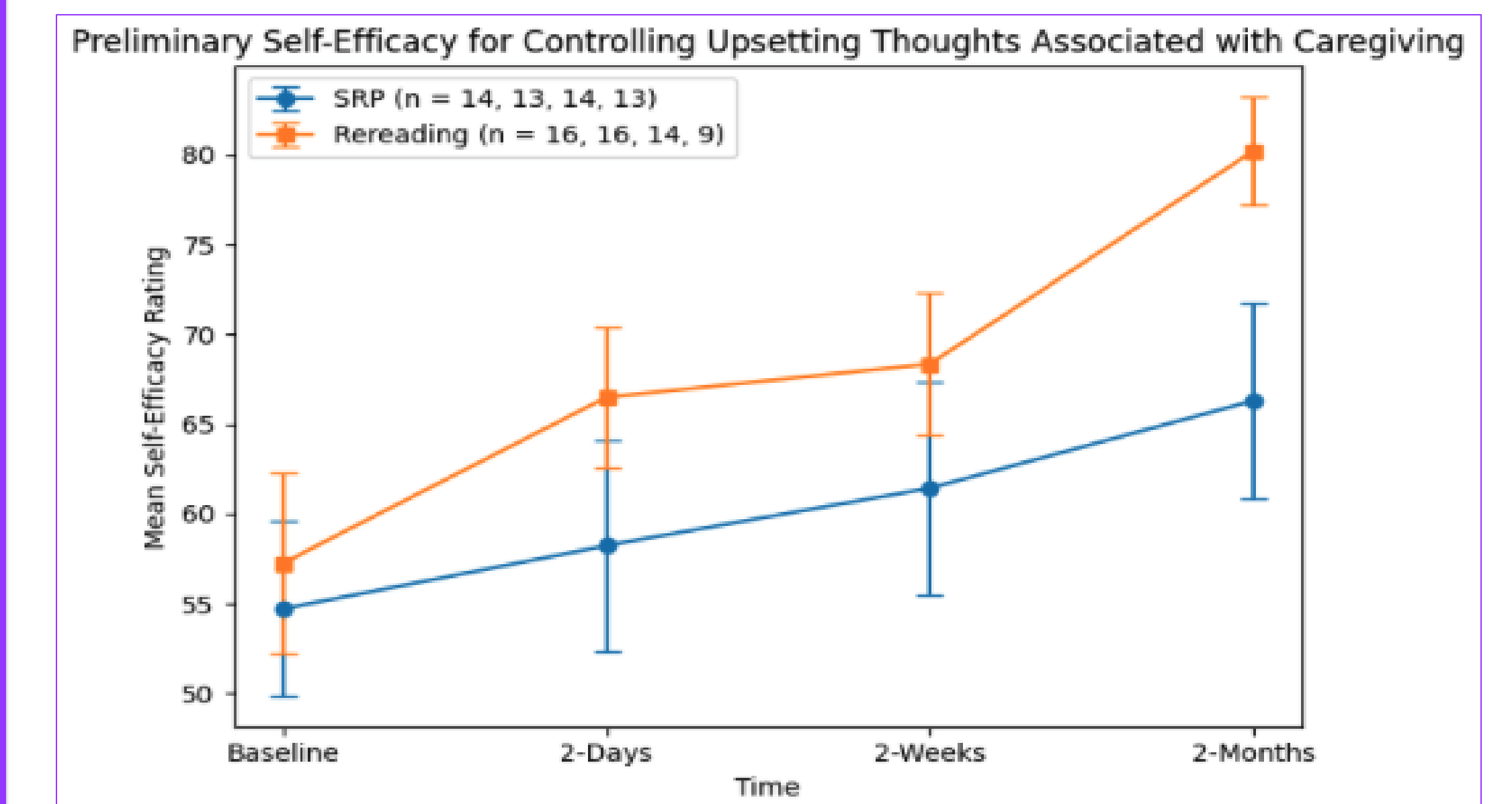
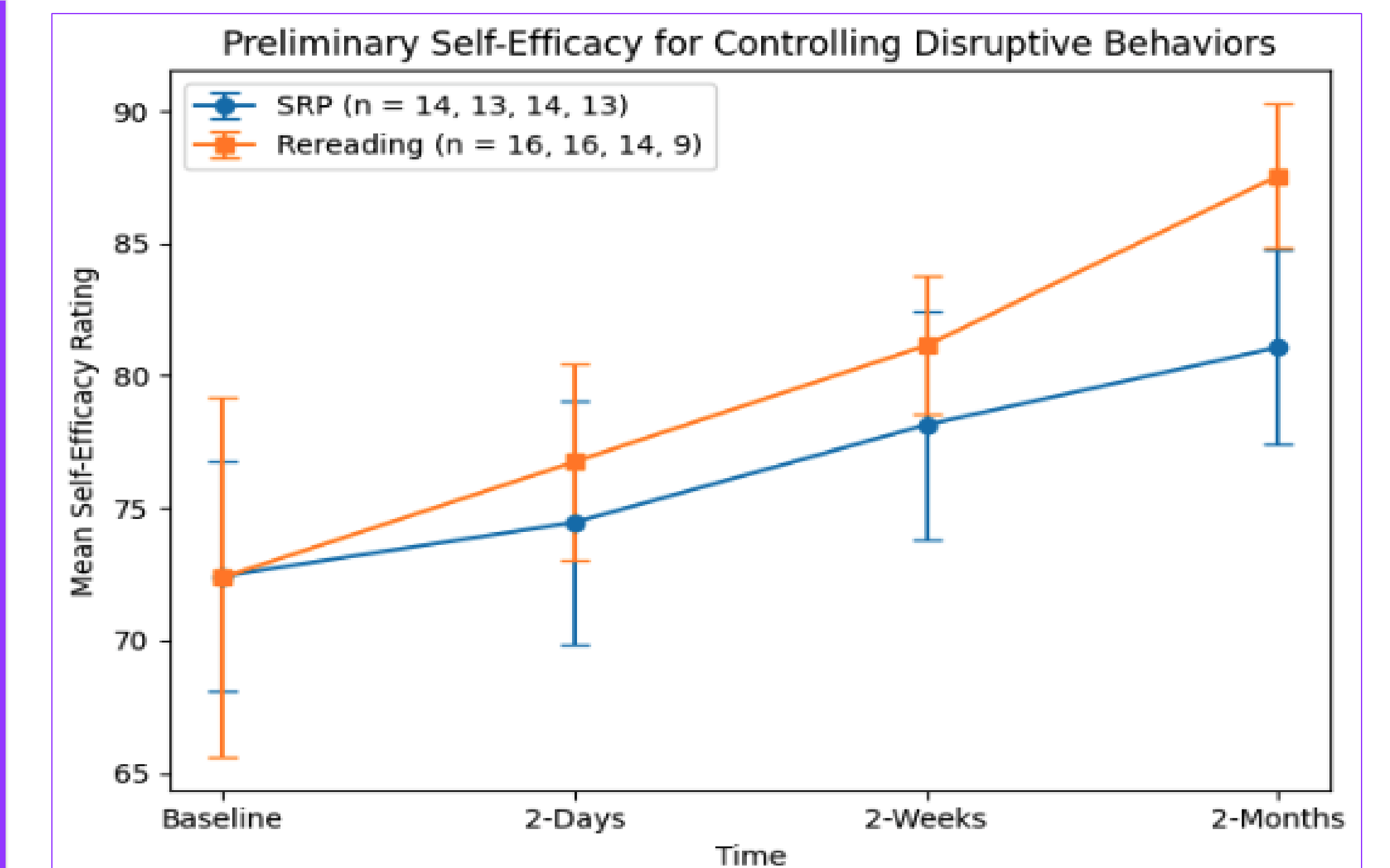


Results

Perceived Stress



Caregiver Self-Efficacy



Conclusions and Future Directions

- Preliminary data shows that stress scores were significantly lower post-intervention compared to pre-intervention; however, there was no difference between R and SRP
- There was a trend such that self-efficacy improved post-intervention compared to pre-intervention
 - R led to better self-efficacy for controlling upsetting thoughts compared to SRP 2 months later
- Data collection is ongoing
- Future work will examine additional measures of stress and self-efficacy to determine how best to support caregivers