

Caregiving for individuals with memory loss: A study of home-based interventions with Chinese female caregivers

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Laurie Leung^{1,2}
Peng-Chih Wang^{1,2}
Paulette Tang^{2,3}
Dolores Gallagher-Thompson^{2,3}

1. Pacific Graduate School of Psychology
2. Older Adult and Family Center (O AFC), VA Palo Alto Health Care System & Stanford University School of Medicine
3. Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine

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INTRODUCTION

DEMENTIA

- ☞ Is characterized by the development of multiple cognitive deficits (including memory impairment)

- ☞ Is NOT a normal function of aging (mild changes in cognitive function, sometimes referred to as benign senescent forgetfulness, must be distinguished from dementia, which is a more severe form of cognitive impairment)

- ☞ Alzheimer's disease (AD) is the most common cause of dementia among people age 65 and older
 - It affects an estimated 4 million Americans
 - The duration of the illness, from onset of symptoms to death, averages about 8 to 10 years
 - The onset of dementia of the Alzheimer's type is gradual and involves progressive cognitive decline
 - There are many theories about the cause of AD, among which are genetic and environmental factors, but scientists do not yet fully understand the cause of AD

ROLE OF CAREGIVING

- ☞ Many of those who are caring for individuals with dementia are immediate family members, including spouses, daughters, sons, and daughters- or sons-in-law

- ☞ Depression and anxiety, as well as diminished cellular immune function, are found to be some of the more common symptoms experienced by caregivers

- ☞ Caregiving for a family member afflicted with dementia is an exhausting task because the caregiver faces social isolation, insufficient time for self, family, and friends, career interruption, financial strain, and unrelieved, physical labor

CAREGIVING STRESS

- ☞ Problem behaviors have been reported to be the most stressful aspect of caregiving—they include wandering, emotional outbursts, and agitation

- ☞ Caregiver reaction to problem behaviors was found to be more highly associated with impact from caregiving than the actual frequency of the behaviors

- ☞ The stress in the parent care role is compounded by the stressful experience in the many other roles (such as mother, wife, and employee) that most women undertake

- ☞ Caregivers, especially females, were found to need individualized, specific education or training on how to understand and manage disruptive and depressive behaviors in persons with Alzheimer's disease

ETHNICITY AND CAREGIVING

- œ Most studies on caregivers to date have mainly focused on Caucasian samples or have ignored ethnicity altogether
- œ The percentage of non-Caucasians in the older U.S. population is growing rapidly, and there is a pressing need for research to be conducted with various racial and ethnic groups

WORKING WITH A CHINESE POPULATION

- œ Culture can engender unique approaches to caregiving
- œ Traditional Chinese beliefs center around harmony, unity, and survival of the family, not the individual
- œ Personal interdependence: individuals are encouraged to share personal and emotional problems with family members and to avoid interpersonal conflicts
- œ These beliefs contrast with the traditional Western emphasis placed on individualism, personal independence, and assertive action

INTERVENTIONS FOR CAREGIVER STRESS

- œ Slightly more than half of AD patients receive care at home

- œ Short term interventions have been found to reduce caregivers' burdens and negative reactions to disruptive behaviors displayed by family members with dementia

- œ In one study, being female and older predicted participation in interventions

- œ The efficacy of Cognitive Behavioral Therapy (CBT) interventions on older adults with depressive symptoms and other forms of stress has been well documented with Caucasian populations

- œ Purpose of the current study is to determine the effectiveness of using CBT interventions with a Chinese female population of caregivers who care for older adult relatives with significant memory loss (or who have an actual diagnosis of Alzheimer's Disease or other forms of dementia)

THE STUDY

BRIEF SYNOPSIS OF STUDY

- ☞ Chinese Caregiver Assistance Program (CCAP)—
designed to provide in-home intervention skills for Chinese caregivers (Funded by the National Office of the Alzheimer’s Association, Chicago, IL)

- ☞ Target population: Chinese women who are caring for spouses, parents, in-laws, or other close relatives

- ☞ Intervention: based on CBT techniques that have been empirically proven to help older adults who have depressive symptoms and other stress-related distress

- ☞ Unique features of intervention:
 - Bilingual and bicultural research assistants and interventionists
 - Intervention methods translated into Chinese
 - Outreach efforts in target population communities

- ☞ The following data were collected in a pilot study that was conducted in order to gather information about the effectiveness of specific intervention techniques, and to understand the unique challenges of working with this specific population

PILOT STUDY DATA

Demographics/Information	Data	#
<i>N (# Subjects)</i>	6	
<i>Age Range</i>	47-72	
<i>Languages Spoken</i>	Chinese	5*
	English	1
<i>Relation to Care-Recipient</i>	Daughter	3
	Wife	2
	Daughter-in-law	1
<i>Birthplace (Caregiver)</i>	China	3
	Hong Kong	1
	India	1
	Unknown	1
<i># Sessions</i>	2-15	
<i>Presenting Issues</i>	Angry outbursts	
	Lifting heavy objects	
	Acting out	
	Asking repetitive questions	
	Difficulties swallowing	
	Waking up at night	
	Wandering	
<i>Interventions Used</i>	Behavioral techniques	
	Relaxation	
	Pleasant events	
	Communication skills	
	Psychoeducation	
	Challenging unhelpful thoughts	

* One spoke both Mandarin and Cantonese; two spoke Cantonese and English, one spoke only Mandarin, and one spoke only Cantonese

QUALITATIVE INFORMATION

- ☞ Overall: participants in the pilot study
 - Had different levels of acculturation (based on language ability and narratives of adopted values)
 - Were of different ages
 - Were caregiving for different family members (e.g. spouse, mother)

☞ Convergent theme: majority of caregivers were mainly other-focused and intent on speaking about the family member with memory loss, rather than about themselves

☞ Individual scenarios/response to certain techniques

Caregiver 1: lived with her mother who has memory deficits, her father, and a younger brother. The father expected the daughter (CG1) to cook and take care of the mother although the daughter worked full-time and received no outside help. The father also refused to hire a part-time paid caregiver, as he did not want a stranger in the home. CG1 found that signal-breath relaxation techniques helped her relief tension, but was unable to follow guided imagery techniques, as the script was long, and she was afraid that she would get distracted.

Caregiver 2: cared for her 73-year-old husband and somatized her symptoms rather than expressed them verbally. She is currently taking medication for hypertension, and is considering putting her husband in a residential home for a trial period, after being convinced by her son and daughter-in-law. She had problems with homework compliance, choosing to focus on the husband and her grandchildren, rather than on herself. She did, however, adopt several behavioral changes (such as changing the locks, and using distractions) that helped her husband from wandering.

Caregiver 3: was highly acculturated and educated, was less other-focused, but had difficulties with homework compliance. She found certain behavioral techniques to be particularly helpful (e.g. distraction). Although she was highly acculturated, she found that mainstream support groups did not fully understand the cultural aspects of caring for a family member. This caregiver placed her mother, who had a few problem behaviors, in an Alzheimer's residential home before the intervention was completed.

Caregiver 4: was extremely other-focused and internalized her distress. She felt it was her duty to be responsible for everyone's well being in her family, and it was difficult for her to draw boundaries. Her method of coping was to not complain and to do what she felt was appropriate. She also felt that if she cannot repress her feelings of distress, it would adversely affect everyone in the family. Behavioral techniques such as planning pleasant events and using assertive communication, were suggested and were well received. She did not have problems complying with homework or intervention techniques.

SUMMARY

☞ The distress experienced by Chinese female caregivers is unique in that they employ different coping strategies than the mainstream population

☞ Cognitive behavioral intervention techniques are conducive to the Chinese focus on practicality and personal interdependence

☞ The pilot study revealed that certain techniques work well (e.g. behavioral management), and others may not (e.g. guided imagery)

☞ The techniques adopted by the caregivers helped decrease their tension and provided immediate relief from stress (e.g. signal breath relaxation)

☞ The results will help in the development of further strategies and techniques to be employed specifically for this population

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