

Assessing Caregivers for Tailored Interventions

Ken Hepburn, PhD
Nell Hodgson Woodruff School of Nursing
Emory University

Problem Statement

Despite our Best Intentions,
Not everything Works
For Everybody

Although, Everything seems
To Work for Some People

Care Partners of Persons with Mild Cognitive Impairment

Responses of Care Partner Participants in a Pilot Program Designed to Improved Mood and Decision Making in MCI Dyads:

I enjoyed it; a good group. I was satisfied; it could be helpful, but just not as helpful to me. I am making sure he keeps his little diary.

Nice to talk to people who understand; nothing was judgmental; almost like therapy. I recommend that caregivers learn about what's going on, how to cope, and planning for the future.

It provided helpful information and tools. It gave me more appreciation of the problems he has. Every session was necessary; would lengthen the timeframe and add more sessions.

Persons with Mild Cognitive Impairment

Responses of Persons with MCI:

Would like more insights of what researchers are finding

Interesting to see how other people are reacting to the same thing. Opportunity to kind of rank yourself.

Enjoyed, did not learn a whole lot; others have the same problem.

Enables you to see that there are other people in the same fog you are.

It brought us close together – understanding each other by really listening to each other

First time I actually came out and talked to people other than my immediate family

Respondent Analysis for Partners in Caregiving Program

Key Concepts

Distress: Factor analytically derived composite measure of the global distress experienced by caregivers

Day-to Day Group: Caregivers randomly assigned to a psychoeducation program specifically focused on understanding the disease-based source of and developing person-centered strategies to cope with problems of cognition, behavior, and performance in persons with Alzheimer's disease.

Baseline Factors Associated with Change in Distress Scores at Six Months

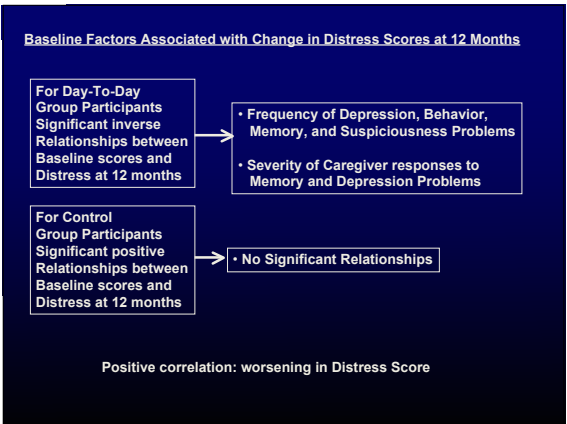
For Day-To-Day Group Participants
Significant Inverse Relationships between Baseline scores and Distress at six months

- Frequency of Depressive Behaviors
- Severity of Caregiver response to Problems

For Control Group Participants
Significant positive Relationships between Baseline scores and Distress at six months

- Frequency of Problems with Behavior and Suspiciousness
- Severity of Caregiver responses to Problems

Positive correlation: worsening in Distress Score



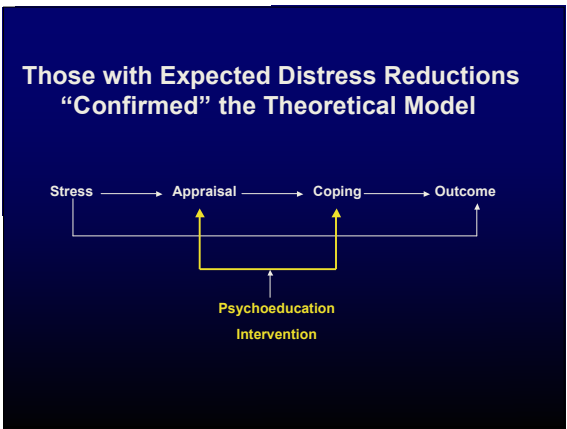
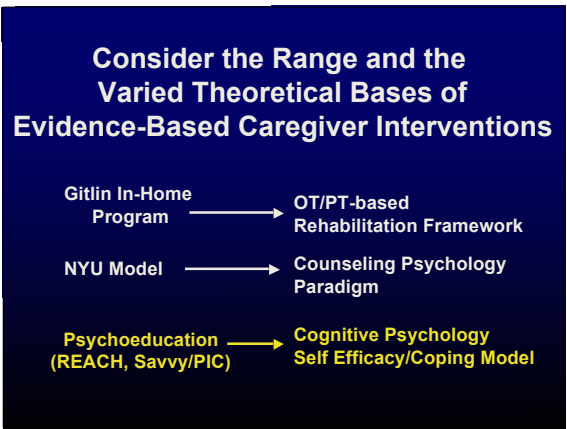
Other Possible Factors?

Factors that did not correlate with changes in Distress Score for Day-to-day group participants:

- caregiver age
- caregiver gender
- caregiver relationship to care recipient
- care recipient MMSE
- care recipient ADLs

So Perhaps?

Target this intervention on reports of problems in the area of Behavior and cognition -- and caregivers' responses to them?



Can theoretical models provide the basis for assessments that will "predict" which caregivers will respond most positively to which intervention?

In an intervention that works on primary and secondary appraisal, those who are most bothered, initially, have the best response.