

# MOVING BEYOND TRAINING PSYCHOEDUCATIONAL PROGRAM FOR FORMAL CAREGIVERS OF ELDERLY WITH DEMENTIA

Joana Cruz<sup>1</sup>, Ana Barbosa<sup>2</sup>, Álvaro Mendes<sup>3</sup>, Alda Marques<sup>4</sup>, Daniela Figueiredo<sup>5</sup>, Liliana Sousa<sup>6</sup>

amarques@ua.pt

<sup>1,2,3,6</sup> Health Sciences Autonomous Section, University of Aveiro, Portugal

<sup>4,5</sup> Higher School of Health, University of Aveiro, Portugal

<sup>5,6</sup> Unidade de Investigação e Formação sobre Adultos e Idosos (UnIFai), Portugal

# BACKGROUND

1. BPSD relates to stress and burnout of formal caregivers in residential care settings

2. Several programmes have been conducted to teach and train staff in managing BPSD

3. Studies failed to address the psychological distress associated with it.

4. PE approaches can provide positive contributions as they respond to both educational and supportive needs of formal caregivers.

- Behavioral and psychological symptoms of people with dementia (BPSD)
- Psychoeducational (PE) approaches

# AIM

- To develop, implement and evaluate a psychoeducational program for formal caregivers of older people with dementia living in residential care facilities.



# METHODS

- Design of the programme
  - Literature review about training programmes for residential care staff, psycho-educational approaches, stress and burnout in dementia care.
  - Two focus group interviews about the perceived needs and expectations of the potential beneficiaries.
- Setting
  - 1 residential care facility in the central region of Portugal (Aveiro)
- Team
  - Multidisciplinary – physiotherapist, gerontologist, psychologist, medical doctor



# METHODS

## ○ Recruitment

- Manager of the residential care facility was:
  - contacted
  - informed about the study and
  - Asked to help to identify the staff members that provided care or had direct contact with residents with dementia;
- 10 staff members were identified;
- 8 members agreed to participate. Informed consent was obtained from all participants;
- Before the beginning of the programme, 2 staff members dropped out.



# METHODS

- Structure of the program
  - 8 psychoeducational sessions;
  - 90 minutes each;
  - One every two weeks;
  - During 4 months.



**Table 1. Psycho-educational programme**

<b>Session</b>	<b>Component</b>	<b>Topic</b>
<b>1</b>	Educative	Presentations / What is Dementia? / Multi-sensory stimulation strategies: Olfaction
	Supportive	Emotional impact on caregiving / Relaxation: Abdominal breathing
<b>2</b>	Educative	Communication in Dementia; Multi-sensory stimulation strategies: (Con)tact
	Supportive	Deal with emotions / Relaxation: Stretching
<b>3</b>	Educative	Multi-sensory stimulation strategies: Vision
	Supportive	Assertiveness / Relaxation: Guided imagery
<b>4</b>	Educative	Multi-sensory stimulation strategies: Audition
	Supportive	Social support / Relaxation: Progressive muscle relaxation technique
<b>5</b>	Educative	Multi-sensory stimulation strategies: Taste
	Supportive	Self-care / Relaxation: Autogenic technique
<b>6</b>	Educative	Elderly participation: (im) possible mission?
	Supportive	Problem solving / Relaxation: Mitchell method
<b>7</b>	Educative	Challenging behaviours: How to cope?
	Supportive	Cope with grief / Relaxation: Progressive muscle training
<b>8</b>	Educative	For a safer environment: What can we do?
	Celebration and finalization	



# METHODS

- Programme's evaluation
  - Focus group interview
    - to assess the impact of the program on participants' attitudes and care provision, immediately after the program.
    - Conducted by the gerontologist and the physiotherapist at the residential care facility
    - Duration: 2 hours.
- Analysis
  - The interview was video-recorded, transcribed and submitted to content analysis by 4 independent judges





# RESULTS

## ○ Sample

- 6 participants (all female), average age 40 years old (SD=11.91).
- Marital status - 66.67% were married.
- Academic qualifications - ranged from primary school (33.33%) to higher education (33.33%);
- Half of the sample was working at the institution for more than 3 years.



# RESULTS

## ○ Benefits

- Acquisition of knowledge about dementia;
- *Knowledge! I learnt a lot with this course! We learnt (...) and put [the acquired knowledge] into practice, which is essential! [C., 27 years old]*
- Enhancing person-centred skills to dementia care;
- *I think it also helped us to understand whether the things we did and the decisions we took were right or not... now we realise that we acted exactly the way we should! It makes us more certain of our decisions! [P., 45 years old]*
- Application of acquired knowledge (e.g. MSS) in care provision;
- *Some [strategies] I had already put it into practice (...)... I experienced many, was impressive! We thought they were not able to do nothing, for example Mr. F., and he really does a lot! [C., 27 years old]*



# RESULTS

- Sharing experiences about the difficulties and the stress related with their job;
- *When we joined, one spoke of a thing, another of another thing (...) and we reflected together!* [M., 45 years old]
- Acquisition of problem solving skills;
- *The session about how to solve problems was also very interesting! (...) How to react to problems, how to solve them... it was very important.* [G., 51 years old]
- Awareness of the importance of relaxation techniques.
- *I think that the moments of relaxation helped us to understand that if we feel happy, we can contribute to the well-being of the elderly.* [G., 51 years old]



# RESULTS

## ○ Disadvantages

- Lack of time was identified as the major limitation
- *The lack of time to participate in the sessions! [P., 45 years old]*




# DISCUSSION

- In general, staff members considered that the programme:
  - allowed them to discuss important issues;
  - provided new insights;
  - helped them to validate their experiences and competencies;
  - allowed the demystification of pre-existing beliefs relating to dementia;
  - provided group cohesion
  - increased awareness to their own well-being.
  
- Participants felt that nothing more could be done with the patients with dementia, however, with the introduction of this topic [[Multisensory Stimulation](#)], they found that patients at advanced stages of dementia may respond to the stimulation of the senses and were able to continue communicating.



## DISCUSSION

- Participants reported that they **often feel unsupported**, and have **identified** the need of a period during their **work time** where they could **discuss their problems and share experiences**.
  - Having **limited time** was perceived as the main constraint for programme participation. Previous studies have reached the same conclusion (Kuske, et al. 2007; Visser et al., 2008). **Organisational changes** may be necessary, in order to raise awareness of the importance of these programmes and enable participants to take part.
- 

## CONCLUSIONS

- **PE programmes** targeted to formal caregivers of people with dementia may **have a significant impact on caregivers' sense of mastery and self-competency** and, therefore may improve the quality of care.
- There is a need to **develop further programmes** in residential care facilities that provide formal caregivers not only with information and dementia care skills, but also with:
  - **non-pharmacological interventions** which may improve quality of care;
  - and **support** to improve dealing with stress and burnout associated to dementia care.