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Interdisciplinary Community-Based Support for Caregivers of Individuals Living with Dementia

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communicative contexts and domains, but concomitant behavioral, social communication and personality changes over time. While there are several evidence-based dementia caregiver interventions, none are specifically designed for the PPA family caregiver. This pilot project, funded by the Emory University Roybal Center is the adaptation of an evidence-based on-line psychoeducation program (Tele-Savvy) to address the unique challenges facing informal caregivers of those living with PPA and to help these caregivers achieve mastery within this context. PPA caregivers have been engaged through focus groups to identify their most pressing caregiving challenges and how the existing Tele-Savvy curriculum should be adapted to meet their needs. Synchronous and asynchronous video modules have been designed to address: PPA education, the impact on dyadic connection and caregiving challenges and communication strategies specific to PPA. The Tele-Savvy central processes of coaching and de-briefing will also be pilot tested and refined.

Session 9285 (Poster)

Family Caregiving: Interventions and Support

FAMILY CAREGIVERS AND SUPPORT: IMPLICATIONS FOR WORK STRAIN AND FORMAL SERVICE USE

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In the US, many employed caregivers make professional adjustments, exacerbating already tenuous balances between work and life. Using the framework of the Stress Process Model (SPM), current research examines the sources of support (both formal and informal) and the contextual factors that facilitate or impede caregiver support. In this research, we examine whether and to what extent caregiver work strain is ameliorated by the presence of additional family caregivers and formal service use. This study utilizes data provided by the National Study of Caregiving (NSOC) data. Using panel methods for the pooled waves, we analyze the associations between work-strain and the number of additional caregivers with utilization of formal support (such as paid service support). Preliminary analyses align with the Stress Process Model as additional caregivers for each respective care-recipient is associated with lower levels of work strain. On the other hand, utilization of formal services (paid help and Medicaid funding) is positively associated with work strain. These findings suggest that the number of additional caregivers can reduce the negative impact of caregiving on work related strain among employed caregivers. That is, multiple caregivers may be more reflective of cooperative arrangements which offset work disruptions that occur with the onset of caregiving. In addition, formal sources may more frequently be used as a last resort to address caregiver burnout. Ongoing analyses are examining changes in the number of caregivers and its impact on disruptive work event, which could lead to financial outcomes for caregivers.

INTERDISCIPLINARY COMMUNITY-BASED SUPPORT FOR CAREGIVERS OF INDIVIDUALS LIVING WITH DEMENTIA

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Evidence indicates family caregivers of individuals living with dementia (ILwD) are at risk for diminished physical and mental health; which may decrease their quality of life and directly impact their ability to provide care. An interdisciplinary approach to self-care and skill-building for caregivers is provided in a virtual support group offered by Council on Aging in Sonoma County, CA. As part of the nonprofit's Adult Day Program, the group is offered to client caregivers and has two goals: First, creating a community-based, long-term support system for ILwD who are aging-in-place; second, fostering a safe and supportive community for family caregivers, by providing opportunities to collaborate with peers and an interdisciplinary team that includes a Marriage and Family Therapist (MFT), an Occupational Therapist (OT), and a Recreation Therapist (the day program manager). The closed group model established through eight weekly sessions builds trusting relationships in a frame that combines: the OT client-centered and collaborative approach to problem-solving everyday challenges of caregiving, the MFT skills of creating a safe space for discussion and deeper exploration, and program staff insights regarding the ILwD's current interests and abilities exhibited during Day Program activities. Sessions include an emotional check-in by group members; a brief overview of best-practices and common caregiving concerns related to a weekly topic; and an opportunity for caregivers to explore the integration of best-practices into daily routines, while also attending to their well-being as caregivers. Program evaluation and results related to the program's effectiveness and implications for scalability will be discussed.

PSYCHOSOCIAL INTERVENTIONS FOR PEOPLE WITH DEMENTIA AND THEIR CAREGIVERS IN PRIMARY CARE

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Psychosocial interventions, such as occupational and behavioral therapy are effective opportunities to support people with dementia and their caregivers in adapting to the cognitive and behavioral changes and the resulting challenges in everyday life they are facing. However, psychosocial interventions do not seem to have found their way into routine care yet. We wanted to get an insight into the knowledge and attitudes general practitioners have about occupational and behavioral therapy. In an online survey we asked medical students about the relevance of dementia, occupational therapy, and behavioral therapy during their studies. In another online survey we asked practitioners what they had learned about these topics and to what extent they are making use of psychosocial interventions. Then semi-structured interviews were carried out with general practitioners all over Germany, exploring their experiences with dementia and psychosocial interventions in primary care as well as their expectations regarding interdisciplinary cooperation. It became obvious that psychosocial interventions are not conveyed sufficiently within medical school. A lack of occupational therapy prescriptions for people with dementia seemed to result from uncertainties regarding the content of the approach and the budgeting of the prescriptions. Barriers for prescriptions of