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Caregivers of Alzheimer's Patients

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Caregivers of Alzheimer's Patients

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SWK 400 - Family Systems Theory & Practice

December 7, 2022

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Population

Family members who are the caregivers of elderly parents or spouses who have been diagnosed with Alzheimer's disease.

Statistics

When we think of those affected by Alzheimer's, we most often think of those that are 65 and over. However, there is a small percentage of people that experience it at an earlier age. According to the Alzheimer's Association there are more than 6 million Americans that are currently living with Alzheimer's disease (Alzheimer's Association, 2022). It is estimated that 1 in 9 people aged 65 and older have been negatively affected by the disease. The number of those that affected by the disease has been growing rapidly over the years and it is projected that more than 12.7 Americans will be diagnosed with Alzheimer's by the year 2050.

There are populations that are at greater risk of receiving a diagnosis of Alzheimer's. Of the 6 million current people living with the disease about 2/3 of them are women. Those that are older black Americans are twice as likely and older Hispanics are 1 ½ times more likely to develop Alzheimer's or other dementias (Alzheimer's Association, 2022). Looking at the amount of time that a person typically lives after their diagnosis. It has been found that "People aged 65 and older survive an average of four to eight years after a diagnosis of Alzheimer's, yet some live as long as 20 years with Alzheimer's" (Alzheimer's Association, 2022). There is very little known about the progression of Alzheimer's and so this leads to uncertainty.

Many of those that are diagnosed with Alzheimer's are taken care of by their loved ones. Most of these family members are women and some are taken care of by a spouse. Because Alzheimer's is a slowly progressing disease, the care that patients are being provided is typically

long term. 57% of caregivers provide their loved one with care for four or more years (CDC, 2019). This is compared to the 67% of people that expect to provide care for at least the next 5 years (CDC, 2019). Due to providing full time care for someone else, caregivers typically do not care for themselves. Watching a family member deteriorate slowly can be difficult. This is why family caregivers of people with Alzheimer's and related dementias are at greater risk for anxiety, depression, and poorer quality of life than caregivers of people with other conditions" (CDC, 2019). This burnout can lead to poor quality of care for the loved one and can even result in neglect and elder abuse.

Characteristics

There are many signs that people can look out for if they suspect someone, they know may be suffering from Alzheimer's. Though the characteristics are not the same in everyone, there can be similarities from person to person. The National Institute on Aging wrote about the signs of Alzheimer's disease. Problems with memory are one of the first signs that a person might be suffering from cognitive impairment. There are three classifications of Alzheimer's disease. The first is Mild Alzheimer's Disease. In this stage a person might have problems finding words, impaired judgment, repeat questions, or wander/get lost. They may also become more aggressive as the disease takes its course. It is during this stage that a person is typically diagnosed with Alzheimer's. The next stage is Moderate Alzheimer's Disease. During this stage a person will start having increased memory loss and will begin needing more intensive supervision and care. The final stage is severe Alzheimer's disease. Persons in this stage are not able to communicate and are completely dependent on their caregivers. A person often enters this stage when they are near the end of their life.

Researchers also looked at the characteristics of family caregivers. While there are not significant differences between those that take care of family members, there are some. A study explored these differences. Those that began taking care of their family members during early on-set Alzheimer's were found to have more resources at their disposal and seemed to be better prepared to take care of the member as the disease progressed. Those that began taking care of a family member during late on-set Alzheimer's were found to be less prepared and had less access to resources to help them in their caregiving needs. For the most part, those that were taking care of someone were women and are most likely to be either a spouse of the person or a daughter. Both groups were found to have struggles with coping with the stress that providing care for their family members brought on. This is due to the demanding role of caring for a person suffering from Alzheimer's disease.

Risk Factors

Researchers chose to look at physical risk factors that may put a person at higher risk of developing Alzheimer's disease. Taking care of your physical health is important so that you do not develop problems down the road. But what people often don't know is that developing certain conditions can cause them to become more likely to develop Alzheimer's down the road. Cerebrovascular diseases, smoking, and Hypertension can all put a person at higher risk of developing Alzheimer's disease. An article states that "... (cerebrovascular) changes in cerebral white matter are known to increase the risk of dementia" (Silva, et. Al, 2019). This can then lead to the person experiencing a stroke which then ultimately leads to a person developing Alzheimer's disease.

It is also important to discuss other physical risk factors that are prevalent when talking about Alzheimer's. Hypertension is another one of the physical risk factors researchers chose to

explore. Hypertension causes changes in the vascular walls which then contributes to a person developing AD ((Silva, et. Al, 2019). Hypertension has also been reported to negatively affect the cognitive function of a person leading to the risk of developing Alzheimer's. Smoking can also put a person at risk of developing Alzheimer' s. Smoking does not directly put a person at risk but instead it rises a person's probability of other health problems that have been linked to AD. Researchers believe that by eliminating smoking a person lowers their risk of developing these other health problems which in turn lowers the risk of a person developing Alzheimer's disease.

When looking at other risk factors of developing AD it is important to look at genetics. While there has been much research done about Alzheimer's, there has not been one specific gene that has been found to cause the disease. It has been found that, "However, having a genetic variant of the apolipoprotein E (APOE) gene on chromosome 19 does increase a person's risk (NIA, 2019). More research does need to be done in order to discern how much of a greater risk people with this gene are of developing AD. Early on-set Alzheimer's has been linked to three different gene mutations. The proteins in these genes are broken down and This breakdown is part of a process that generates harmful forms of amyloid plaques, a hallmark of Alzheimer's disease" (NIA, 2019). Children whose mother or father carry the gene mutations have a 50/50 chance of developing AD. There are currently no tests available to tell a person if they are going to develop AD but there are tests that can tell a person if they carry the gene connected to AD.

Major concerns or problems for this population

With The Patient:

Executive dysfunction is a big part of memory diseases such as Alzheimer's disease (AD), Dementia, and Mild Cognitive Impairment (MCI). It is estimated that 64% of patients with AD have some form of executive dysfunction. The extent of the executive dysfunction determines other factors like the extent of cognitive function, psychiatric symptoms, and activities of daily living (ADL's). Behavioral and psychological symptoms of dementia (BPSD) can occur at any stage of a memory disease and are present in about 90% of dementias. They have even been known to appear at the Mild Cognitive Impairment stage when cognitive function is mostly intact. The behavioral and psychological symptoms examined in this study were: asking the same question over and over, sleeping excessively, showing a lack of interest in daily activities, refuses help with care, makes unwarranted accusations, overeat or refuse to eat, pacing, wakes up in middle of night for no reason, loses or hoards things, repeats the same action over and over, screams for no reason, wanders, is verbally abusive, swears, throws food, is incontinent, destroys property (clothing), exposes themselves indecently, makes inappropriate sexual advances, physical attacks (kicking, biting, hitting, spitting), or cries or laughs at inappropriate times. They found that the stage of the memory disease is what determined the severity of the behavioral and psychological symptoms present. (Toda 2022). BPSD were more likely to occur in the early stages of dementia, ranging from 36 to 88% in Alzheimer's Disease and 15% to 36.2% in Mild Cognitive Impairment. Malnutrition was also shown to increase the severity of the symptoms among the elderly members in the study with memory diseases, specifically aggression and emotional dysregulation. While it is possible for an individual to have all of the BPSD symptoms listed above, many only experience apathy and memory impairment. Apathy is a lack of motivation, different from depression because of the lack of emotional distress. Major concerns for clients with memory diseases would be navigating

sessions when BPSD symptoms arise. Apathy and memory impairment will be the most common problems to navigate because of the nature of the disease, but behavioral symptoms can put distress on the client as well as the social worker.

With The Caregiver/Family:

BPSD symptoms from the client are also concerning for the family members involved. They may struggle to see their loved one acting in a way that is foreign to them. The person they are seeing isn't the person they grew up with. This could create a burden on the family called the caregiver burden. Other significant symptoms that can affect caregiver burden included: delusions, hallucinations, excitement/aggression, depression/discomfort, anxiety, apathy, disinhibition, irritability, and abnormal motor behavior. (Toda 2022). Toda also found that there is a correlation between BPSD severity and caregiver depression.

Engagement

With The Patient:

Typical challenges that arise when engaging with the elderly population are hearing loss, reduced vision, stuttering, weakened facial muscles, swallowing issues, and inability to write. (Niska 2017). On top of these issues, clients with memory diseases will have their own set of challenges when engaging with them. Problems with attention and concentration are more apparent with clients with Alzheimer's disease (Sano 1988). Reaction times are also much slower among elderly, but especially those with AD.

With The Caregiver/Family:

With the rise of dementia and memory related diseases, families are becoming informal caregivers to their elderly family members. Many problems can arise in these families such as emotional, physical, and financial difficulties. (Bethan 2022). Families of these clients have most likely not been trained on how to care for people with AD, dementia, or MCI. This can cause a lot of emotional distress because they are unsure of how to communicate with their loved one. Caregiving can cause physical distress because they may need to give more time and attention to their loved one's needs (such as dressing, taking to appointments, driving, cooking, etc.). Additionally, caregiving can cause financial distress because family members must take time off of work to help their elderly family member. Another financial difficulty they may face is paying for special appointments, medications, and care for their elderly family member. Emotional, physical, and financial distress can cause family members to become resentful or burdened which may make engaging with them a challenge.

Terminology

Alzheimer's Disease – a degenerative brain disease of unknown cause that is the most common form of dementia that usually starts in late middle age or in old age, that results in progressive memory loss, impaired thinking, disorientation, and changes in personality and mood.

Dementia - a chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning.

Cerebrovascular - Relating to the blood and blood vessels

Hypertension - abnormally high blood pressure

BPSD - stands for Behavioral and Psychological Symptoms of Dementia

MCI - stands for Mild Cognitive Impairment. It causes cognitive changes that can be noticed by the person affected and by family members and friends, but do not affect the individual's ability to carry out everyday activities.

Framework - Person in Environment

A huge piece of receiving an Alzheimer's diagnosis is having families get educated on what Alzheimer's is, how it will progress, what the symptoms are, and how they can best support their family member with AD. However, this hasn't been the case for everyone. Culture can place some barriers for families of this specific population. One of those barriers can be language. Some populations in the United States don't speak or understand English very well which means they will need a translator when working with them. Another barrier is cultural attitudes towards the elderly and aging. This was evidenced in a recent study that looked at attitudes and cultural beliefs about healthy aging and Alzheimer's disease. The qualitative analysis revealed several prominent themes, including: (1) perceptions about normal aging; (2) fears about loneliness and cognitive decline; (3) understanding of healthy aging; (4) cultural influences on aging; and (5) perceptions of AD and dementia. (Robbins 2022). Understanding the person in the environment when meeting with clients who have Alzheimer's means understanding how culture can play a role in their attitudes and beliefs about aging.

Research Informed Article Summaries:**Life Story Work**

McKinney, A. (2017). The value of life story work for staff, people with dementia and family members. *Nursing Older People (2014+)*, 29(5), 25.

<https://doi.org/10.7748/nop.2017.e899>

Introduction: In the article titled “The value of life story work for staff, people with dementia and family members” it talks about the importance of an intervention that preserves a person's dignity and identity when they are receiving care. It describes guidelines that should be followed to promote optimal success in this intervention. It describes the importance of starting care early in a person's Alzheimer's journey.

Procedures: There was no actual research that was completed in this article, but it talked about how creating a narrative with a person with Alzheimer's is important in their self-preservation as the disease progresses. It used Driscoll's model to reflect on how life story work has promoted positive reactions in those with dementia and Alzheimer's.

Findings: The article describes previous studies that were completed that found by a person with Alzheimer's being able to tell their life story they were able to take pride in the lives that they had lived. It also found that living by their own morals continued to have importance even after their diagnosis.

Conclusion: The article concluded that using life story work in the care of a patient promoted person-centered care for a person with Alzheimer's and allows for supportive culture. It is important for a person to be able to continue to have dignity throughout their life. Previously

being able to live on your own and now relying on someone else to help take care of you can be hard for individuals.

Family Centered Care

Hao, Z., & Ruggiano, N. (2020). Family-centeredness in dementia care: What is the evidence?

Social Work in Health Care, 59(1), 1–19.

<https://doi.org/10.1080/00981389.2019.1690089>

Introduction: The article “Family centeredness and dementia care: what is the evidence?” looked at the effectiveness of implementing family-centered care into the clinical care of people with Alzheimer's disease. It describes that FCC acknowledges the significant function of family caregivers in the care of those suffering from Alzheimer's disease. It states that family members often act as a bridge between the person receiving care and medical professionals allowing the person to receive more in-depth care.

Procedures: Researchers in this article searched multiple databases to locate articles that were then used in this systematic review. The quality of these studies was then assessed and after this assessment was completed, only nine studies met the criteria for this review.

Findings: Researchers found that in studies there was evidence that family centered care improved the psychosocial functioning of both the person with Alzheimer's and family caregivers. They also found that there was satisfaction and those that received FCC interventions.

Conclusion: In conclusion, researchers in this article discovered that it would be beneficial to pursue family-centered care in Alzheimer's disease clinical care. We discussed that while there is

some evidence of this there needs to be more research done to understand what practices of FCC are most beneficial in intervention.

Intervention for Caregivers

Cheng, S.-T., Lau, R. W. L., Mak, E. et al., (2012). A benefit-finding intervention for family caregivers of persons with Alzheimer disease: Study protocol of a randomized controlled trial. *Trials*, 13(1). <https://doi.org/10.1186/1745-6215-13-98>

Introduction: An article titled “A benefit-finding intervention for family caregivers of persons with Alzheimer disease: study protocol of a randomized controlled trial” examines the benefits of implementing ways in which family caregivers can cope with the stress of taking care of their loved one. Researchers hypothesized that those in the benefit-finding group of the study would report having better overall well-being.

Procedures: Researchers used randomization and masking through a computer software system when choosing participants for this study. Participants were then broken into separate groups, psychoeducation, benefit-finding, and simplified psychoeducation to test which form of intervention best-helped caregivers cope.

Findings: At the time in which this article was written researchers had not completed their study trials but expected positive outcomes from the different forms of intervention.

Conclusion: Researchers concluded that they need to continue experimenting with more effective ways to support caregivers of those with Alzheimer's. I believe that focusing on positive changes caregivers can be empowered to sustain caregiving efforts in a long-term sense.

“Nonpharmacological Approaches”

Park, J., Howard, H., Tolea, M. I., & Galvin, J. E. (2020). Perceived benefits of using nonpharmacological interventions in older adults with Alzheimer's Disease or Dementia with Lewy Bodies. *Journal of Gerontological Nursing*, 46(1), 37-46.

<https://doi.org/10.3928/00989134-20191217-01>

Introduction: The article “Perceived Benefits of Using Nonpharmacological Interventions in Older Adults with Alzheimer’s Disease of Dementia with Lewy Bodies” explores three different approaches to treating those suffering from the disease that do not include medication. They explore the use of chair yoga, participatory music intervention, and chair-based exercises to manage a person's symptoms.

Procedures: Researchers conducted 3 focus groups after a 12-week intervention period. They used a qualitative descriptive design and used family caregivers, who did not participate in the intervention, to observe the changes in participants using nonpharmacological interventions. Researchers then analyze data using a constant comparative analysis to determine if the intervention used had an impact on the person suffering from Alzheimer's diseases symptoms.

Findings: Researchers found that there were positive changes in cognitive systems physical function, mood, behavioral symptoms, and sleep disturbance with these interventions. All play a positive role in a person’s cognitive health.

Conclusion: Researchers concluded that nonpharmacological treatments should be used as complementary approaches to manage dementia symptoms who have adverse effects to medications used in the treatment of Alzheimer's disease.

“Social Support as Intervention”

AboJabel, H., & Werner, P. (2022). The mediating effect of social support and coping strategies on the relation between family stigma and caregiver burden among Israeli Arab family caregivers of people with Alzheimer's disease (AD). *Aging & Mental Health*, 26(8), 1597-1603. <https://doi.org/ezproxy.nwciowa.edu/10.1080/13607863.2021.1916881>

Introduction: This study had two purposes. The first purpose was to determine whether or not family stigma could predict caregiver burnout in families who have a member with Alzheimer's Disease. The second purpose was to see how coping strategies and social supports affected family stigma, and in turn how that affected caregiver burden.

Procedures: For this study researchers conducted face-to-face interviews with 175 Israeli Arab family caregivers (either the patient's adult child or spouse) of elderly people with AD. Of these caregivers 87.4% were female, 71.4% were the adult child of an elderly person with AD, and the average age of the caregiver was 54.28.

Findings: In the interviews, caregivers reported feeling a moderate amount of caregiver burden along with family stigma. The researchers found that family stigma played a role in the degree of caregiver burden caregiver's felt. Problem-focused coping and emotion-focused coping didn't seem to affect how caregivers felt about family stigma, which didn't improve their caregiver burden. However, social support did affect family stigma, which did improve caregiver burden.

Conclusions: In conclusion, this study found that having social support can help reduce family stigma on caregivers of family members with Alzheimer's which also decreases feelings of caregiver burden.

“CBT to Treat Caregiver Depression”

Liu, X., M.S., Wang, Y., M.S., & Wang, S., M.S. (2022). The efficacy of psychological interventions for depressed primary caregivers of patients with Alzheimer's disease: A systematic review and meta-analysis. *Journal of Nursing Scholarship*, 54(3), 355-366.
<https://doi.org/10.1111/jnu.12742>

Introduction: This study looked at the effectiveness of psychological interventions in treating depression among AD patient's caregivers. It looked at four interventions: (1) cognitive behavioral psychological interventions, (2) supportive psychological interventions, (3) integrated psychological interventions, and (4) psychological interview interventions. The researchers wanted to know how these different interventions, along with the duration of the interventions, affected the depression.

Procedures: Randomized Controlled Trials (RCT) were conducted on 857 depressed primary caregivers of AD patients. The Self-rated Depression Scale (SDS) and the Center for Epidemiological Studies Depression Scale (CES-D) was used to assess the depression.

Findings: Three of the four interventions showed significant improvement of depression in caregivers of AD patients. The three interventions were Cognitive Behavioral, Integrated, and Psychological Interview.

Conclusion: Psychological interventions greatly reduce depression in caregivers with AD. These findings suggest that these interventions might be good tools to use when trying to treat depression in caregivers.

“CBT to Treat Alzheimer's Patients”

Robinson, A., & Moghaddam, N. (2022). Psychological treatments and therapy adaptations for psychological distress in dementia and mild cognitive impairment: a systematic review and meta-analysis. *The Mental Health Review*, 27(3), 295-318.

<https://doi.org/10.1108/MHRJ-05-2021-0043>

Introduction: In this study researchers wanted to assess the effectiveness of psychological treatments on psychologically distressed patients with Alzheimer's disease, Dementia, or Mild Cognitive Impairment (MCI). They also wanted to identify any adaptations to the interventions they could make to increase the success of those interventions.

Procedures: Randomized Controlled Trials (RCT) were used to assess a psychological intervention (such as cognitive behavioral therapy, relaxation training therapies, multimodal therapies, psychodynamic therapy, counselling, cognitive rehabilitation) used in addition to usual care for patients with Alzheimer's disease. The data was analyzed using a meta-analysis.

Findings: Although the study was limited due to its size, it did find that psychological interventions did improve psychological distress among patients with memory issues.

Conclusion: From pre-intervention to post-intervention there was statistical improvement in the psychological distress memory patients were experiencing.

“Effectiveness of CBT & Other Psychological Interventions”

Shoesmith, E., Griffiths, A. W., Sass, C., & Charura, D. (2022). Effectiveness of counselling and psychotherapeutic interventions for people with dementia and their families: a systematic review. *Ageing and Society*, 42(4), 962-989.

<https://doi.org/10.1017/S0144686X2000135X>

Introduction: This article was a review article on the effectiveness of psychological interventions for people with memory disorders as well as the caregivers of people with memory disorders.

The researchers also wanted to know which interventions were most effective.

Procedures: The researchers conducted a systematic literature search through MEDLINE (via PubMed), PsycINFO and CINAHL. Key words they used in their search were terms such as “Dement, counsel, psychotherapy, therapy, care, and outcome.” They narrowed their search to only papers published from the year 2000 to 2019. The final review consisted of thirty-one papers from seven different countries. Twenty of them were Randomized Controlled Trials (RCTs) and the rest were qualitative research papers.

Findings: Most of the research papers used Cognitive Behavioral Theory and Problem-Solving Theory as psychological interventions for patients with memory problems.

Conclusion: The effectiveness of these interventions' outcomes seemed inconsistent. For some CBT worked well and for others it was inconclusive.

Identified Client: Linda Smith (62-year-old female)

Other Members in the Family System: Rick (65-year-old husband), Marjorie (86-year-old mother with Alzheimer's Disease), Kevin (60-year-old brother), and Joe (58-year-old brother)

Treatment Plan

This form will be reviewed again in no more than two months, and progress toward goals will be noted. Changes in interventions or goals should be noted immediately.

Patient's Name, Address, Phone, Email:

Linda Smith

linda.smith@gmail.com

118 Applewood Lane

(712) 441-8790

Orange City, Iowa 51041

Diagnosis: N/A

Clinic Record: N/A

Number Insurance: N/A

Summary of Patient's Concerns: Linda has presented concerns about caring for her elderly mother who is suffering from Alzheimer's Disease. She finds caring for her to be exhausting and challenging emotionally and physically. Her younger brothers have not been helpful in sharing the load of caring for their mother. The brothers do not seem to understand why she is feeling burdened.

Identified Patient Strengths and Resources (to be added to throughout therapy):

Caring, compassionate, resilient, persevering, understanding, optimistic

Interview Progress Narrative

Long-Term Goal: One of the long-term goals is for Linda to come to terms with her mother’s diagnosis of Alzheimer’s. The goal isn’t for her to be happy about her mother’s diagnosis, but to accept it and have a comprehensive understanding of the disease. Another goal for Linda is expressing her concerns about caring for her mother with her family in a safe environment. A part of this goal is having the family understand how Linda is feeling. The final goal for treatment is to utilize interventions that can alleviate caregiver burden. The family dynamics and roles also must be addressed during treatment.

Problem/Concern #1: Acceptance of Mother’s Diagnosis		
Objective	Intervention	Progress Towards Goal
Linda will form a better understanding of her mother’s diagnosis. Linda will grieve the mother she used to know and accept who her mother is	1. Psychoeducation on Alzheimer’s Disease. 2. Use Cognitive Behavioral Therapy & Mindfulness to shape her view on the situation.	Progress would look like Linda understanding that her mother will not get better or return to how she was prior to the Alzheimer’s diagnosis.

<p>as a result of having Alzheimer’s.</p> <p><u>Target Date:</u> November 14</p> <p><u>Completion Date:</u></p>	<p>3. Acceptance & Commitment Therapy</p>	
<p>Problem/Concern #2: Expressing her concerns with family</p>		
<p>Linda will articulate her thoughts and feelings about her mother/caring for her mother to her brothers.</p> <p><u>Target Date:</u> November 21</p> <p><u>Completion Date:</u></p>	<p>Using Structural Family Therapy to address imbalances within the family system and establish boundaries between siblings.</p>	<p>Progress would look like Linda feeling heard by her brothers as well as the brothers stepping up and doing more to care for their mother.</p>
<p>Problem/Concern #3: Having Linda utilize interventions to cope with caregiver burden.</p>		
<p>Linda will develop healthy coping skills to deal with the stress of caring for her mother. She will also develop communication skills with her siblings.</p>	<ol style="list-style-type: none"> 1. Using Dialectical Behavior Therapy (DBT) to engage in mindfulness practices. 2. Reaching out to a friend once a week. 	<p>Progress would look like Linda setting clear boundaries with her brothers on who takes care of their mother at what times. It would also look like decreased stress as</p>

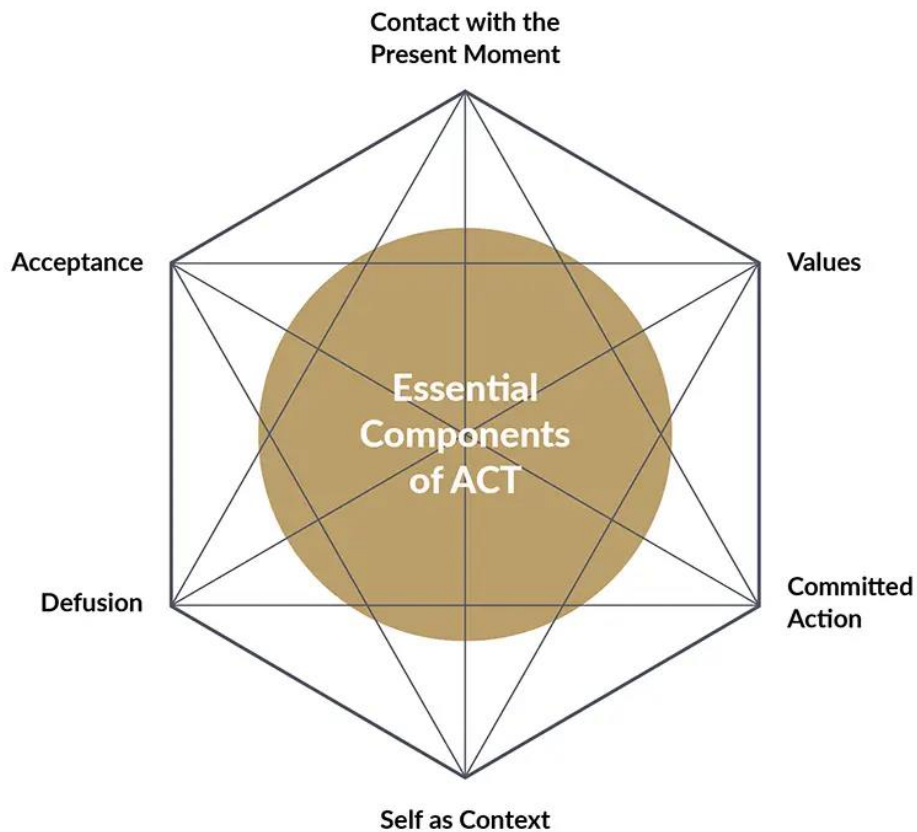
<p><u>Target Date:</u> December 1</p>	<p>3. Creating a schedule of</p>	<p>indicated by the acute stress</p>
<p><u>Completion Date:</u></p>	<p>caregiving with her</p>	<p>inventory.</p>
	<p>brothers</p>	

Signature: _____ Date: _____

Patient signature: _____ Date: _____

Theoretical Orientation & Framework

Acceptance & Commitment Therapy: The Hexaflex Model



Approximately 75% of caregivers of people with Dementia or Alzheimer's Disease worry about maintaining their own physical health and 60% experience some form of psychological distress which could range from depressive symptoms, anxiety, or stress. (Han 2022). Acceptance and Commitment Therapy (ACT) is an approach to treating psychological distress through mindfulness techniques and traditional Cognitive-Behavioral Techniques. ACT uses what is known as the Hexaflex Model which is a model composed of 6 parts. The six parts of the Hexaflex are: (1) contact with the present moment, (2) acceptance, (3) self as context, (4) cognitive defusion, (5) values, and (6) committed action. This evidence-based type of psychotherapy is intended to reduce anxiety and caregiver burnout in adults caring for people with Dementia, Alzheimer's Disease, and other memory-loss related disorders. Chronic care for individuals suffering from memory related disorders can become stressful and burdensome over time. While traditional programs taught caregivers how to deal with patient symptoms such as aggression and delusions, they failed to teach caregivers how to properly manage their stress levels when caring for these patients. Ignoring one's thoughts and emotions has been shown to increase stress levels and increase the risk of becoming burnt out. (Montaner 2022).

One of the focal points of Acceptance & Commitment Therapy is this idea of psychological flexibility which is the ability to be fully present in the moment and the sensations one is feeling. For example, when helping an elderly Alzheimer's patient who is acting aggressively towards you, an ACT approach would acknowledge any uncomfortable sensations this situation is presenting in your body. Are your muscles tensed up? Is your jaw clenched? Do you get headaches when trying to de-escalate a patient? This type of therapy is very similar to mindfulness in the way that it aims to understand the experiences the mind and body are having in uncomfortable situations.

Goals & Outcomes

Both proposed models have anticipated goals and outcomes when they are used in the treatment of a patient. The social workers originally planned to use Cognitive Behavioral Therapy – Mindfulness in the family's treatment but after more research, found this should be used in conjunction with other practices. The mindfulness exercises help a patient achieve a mental state that is characterized by a nonjudgmental awareness of the present moment experience (Hofmann & Gómez 2017). It encourages a patient to have openness, curiosity, and acceptance toward changing the way that they currently think. Most humans have a completely opposite daily experience. They often choose to take a non-attention approach as they go through their lives. In a review of 11 laboratory studies, it was found that most people would rather complete mundane tasks or receive mild electric shocks than be left alone with their own thoughts (Hofmann & Gómez 2017).

The main goal behind the use of CBT – Mindfulness is that “By changing one’s perspective on unpleasant thoughts, feelings, or sensations, the individual comes to realize that these internal phenomena are not as dangerous or powerful as previously believed, and the cycle of maladaptive cognitions, emotions, and behaviors gradually weakens” (Hofmann & Gómez 2017). By weakening negative behaviors, a person is then able to build new, more positive approaches to dealing with stresses that arise in their everyday lives. Social workers that use this approach want to educate participants on how they can become more aware of their thoughts and moods and not get caught in the loop of negativity by using mindfulness and CBT techniques. This approach could be helpful in helping the caregiver of a family member that is suffering from Alzheimer’s Disease.

The social workers also investigated using Cognitive Behavioral Therapy - Acceptance and Commitment Therapy when working with the family. ACT's main goal is to produce psychological flexibility. This is the ability to enter the present moment more fully and either change or persist in behavior when doing so serves valued ends (Association for Contextual Behavioral Science 2021). ACT therapy uses both mindfulness and behavioral activation to increase one's psychological flexibility. The Association for Contextual Behavioral Sciences writes, "ACT establishes this through six core processes: Acceptance of private experiences; cognitive defusion (i.e., alter the undesirable functions of thoughts and other private events); being present, a perspective-taking sense of self; identification of values; and commitment to action" (2021). It is by using these six processes that clients are able to achieve their therapy goals.

Techniques & Methods

ACT is delivered in the form of therapy sessions, media, presentations, dialogue and using metaphors, visualization exercises, and behavioral homework. It is through these exercises that therapists hope to improve their client's quality of life. One study looked at the effectiveness of Acceptance & Commitment Therapy among hospital workers who were the primary caregivers of Dementia and Alzheimer's patients. Of the 246 healthcare workers invited to participate, only 105 completed the six Acceptance & Commitment Therapy sessions. Groups included a minimum of 5 people and a maximum of 14 people. Each session was 90 minutes and covered one of the six components of ACT. In each session the group covered (a) what the component was, (b) an exercise to connect with the present moment, and (c) recommendation for three exercises/tasks to do at home. Some of these exercises were known as perspective taking exercises. This is when the caregiver puts themselves in the shoes of the memory patient. This

exercise is intended to increase compassion and empathy among the caregivers. Another technique utilized in ACT is the use of metaphors. Metaphors are used to bring about therapeutic change and make peace with painful emotions/thoughts. Pain is an inevitable part of life which is why this technique focuses on acceptance strategies that reduce the intensity of pain. (Belmont 2018). Upon completion of the 6-week sessions, the healthcare workers were assessed after 3 months and again after 12 months using The Acceptance and Action Questionnaire-II (AAQ-II), Maslach Burnout Inventory scale (MBI), State and Trait Anxiety-Trait (STAI-T), Satisfaction With life Scale (SWLS) and qualitative questions. Overall, the study found that Acceptance & Commitment Therapy had reduced anxiety and increased psychological flexibility among caregivers who completed the 6 sessions. (Montaner 2022).

Family Dynamics

Families that have a member diagnosed with Alzheimer's Disease often struggle with this news. There is a large learning curve that comes with this diagnosis. Family members experience their loved one becoming an entirely different person and they are not able to stop the effects of the disease. The most important thing to remember is that the person that has received the diagnosis still needs love and compassion from their family members. During the progression of the disease, members may lose the companionship that they once had, and it may be necessary to find different way of expressing feelings (Alzheimer's Society of Canada 2022). Choosing the right type of care for a patient with Alzheimer's Disease may cause disagreements and fights between family members. Some family members may choose to deny or ignore their loved one's diagnosis while others may pursue any form of help available. This can cause resentment and tension between family members. (Alzheimer's Society of Canada).

The covert rules that exist within a family could change upon the Alzheimer's diagnosis of a family member. Covert rules are the rules within a family that are not openly talked about yet are known by all the members of the family. These rules often don't have to be enforced, but rather, are accepted by the family without disagreement. For example, imagine that a family vows to always take care of one another. However, when a family member is diagnosed with Alzheimer's Disease, they may not honor this vow due to their memory and condition. They leave all care in the hands of another family member. This is an example of a covert rule breaking and causing the underlying structure of the family to change. (Clark & Standard 60). This upset then forces new rules and expectations to be made for the family. These new rules then lead to a new set of family dynamics that may or may not be positive.

Roles

The social workers main goal when working with the family was to alleviate the effects of caregiver burden among the siblings (especially Linda). They also worked to help the family come to accept their mother's diagnosis of Alzheimer's Disease. Finally, the social workers also worked to rebuild the relationships among the three siblings. The social workers accomplished this through conversations, perspective taking exercises, metaphors, and mindfulness activities with the clients. The social workers chose to sit across from the family during sessions in hopes that the family would turn to each other for support during the sessions. This was to make sure that they found solidarity within each other that they can use when they are outside of therapy.

Structure of Curriculum

Week 1: Initial Engagement	
Goals	Discuss client’s goals for therapy. Identify client’s values and how they can implement those values to reduce distressing symptoms.
Objectives	Review client history. Create attainable goals for therapy. Identify client’s negative thoughts and behaviors. Describe the importance of values to the client to combat negative thought patterns.
Purpose of Session	Take an inventory on the client’s life. Reduce distressing thoughts/feelings through tuning out negative self-talk and attuning to positive values.
Checklist of Items	DSM-5 Level 2 Acute Stress Adult Inventory, Grief/Depression Assessment Inventory, The Acceptance and Action Questionnaire-II (AAQ-II), and Maslach Burnout Inventory scale (MBI). Personal Values Worksheet, Ranking your Values and Finding your Life Deviation Score Worksheet, & Radio Doom and Gloom guided exercise.
Psychoeducation	Attuning to Values

Interventions Activities	Identify client’s values through the Personal Values Worksheet. Debrief client’s ranking of their values. Use the Radio Doom and Gloom guided exercise.
Homework	Practice the exercise of tuning out the “negative” radio and attuning to the “positive” radio. Complete the Clean and Dirty Discomfort Diary for the next session. (Explain what it is).

Week 2: Mindfulness	
Goals	For the client to learn mindfulness practices that can help them cope with distressing situations and thoughts by connecting with the present moment.
Objectives	To use individual as well as group mindfulness techniques that the family can implement when feeling burnout caring for their loved one.
Purpose of Session	The purpose of mindfulness techniques is to reduce anxious or overwhelming thoughts for caregivers experiencing caregiver burden.
Checklist of Items	Right-Here-Right Now worksheet and the Discomfort Diary
Psychoeducation	Connecting to the present moment Mindfulness

<p>Interventions Activities</p>	<p>Right-Here-Right Now worksheet which has patients write down one thing they are noticing in the current moment for each one of their senses. To make this more challenging the Therapist can use the 5-4-3-2-1 technique where the client names 5 things they see, 4 things they feel, 3 things they hear, 2 things they smell, and 1 thing they taste. Breathing techniques - box breathing, which is inhaling for 4 seconds, holding the breath for 4 seconds, exhaling the breath for 4 seconds, and holding the breath again for 4 seconds. Silent connections exercise for group members to practice mindfulness with others.</p>
<p>Homework</p>	<p>Practice box breathing and the “right-here-right now” mindfulness activity on your own this week.</p>

<p>Week 3: Acceptance</p>	
<p>Goals</p>	<p>Accepting uncomfortable thoughts and feelings.</p>
<p>Objectives</p>	<p>To not judge oneself or be critical of uncomfortable thoughts and feelings, instead be willing to sit with them, wrestle with them, and learn from them.</p>
<p>Purpose of Session</p>	<p>Help the client make peace with her mother’s diagnosis of Alzheimer's Disease.</p>

Checklist of Items	Feelings, Thoughts, and Cognitive Distortions worksheet
Psychoeducation	Cognitive Distortions
Intervention Activities	Review the client’s clean and dirty discomfort diary they completed over the last week. The use of Cognitive Behavioral Therapy to reframe negative thoughts. Ball in the pool metaphor.
Homework	Practice reframing negative thoughts throughout the week.

Week 4: Self as Context	
Goals	For the client to become a conscious observer of themselves.
Objectives	Using mindfulness exercises, the client will explore their distressing symptoms as an outside observer.
Purpose of Session	Redirect client to the observer of their anxiousness, depression, or stress instead of the one experiencing it.
Checklist of Items	Observing Anxiety Mindfully worksheet
Psychoeducation	Self as Context Disassociation
Intervention Activities	Observing Anxiety Mindfully guided exercise.

Homework	Repeat the “wisdom” the future self gives you during the exercise regarding your current stressors throughout the week.
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Week 5: Cognitive Defusion	
Goals	To make painful thoughts and feelings more bearable.
Objectives	Use mindfulness techniques and metaphors to detach oneself from painful thoughts and feelings.
Purpose of Session	To reduce painful feelings caused by irrational ways of thinking.
Checklist of Items	ACT Defusion Metaphor worksheet
Psychoeducation	Process of Cognitive Diffusion
Interventions Activities	ACT Defusion Metaphor worksheet to work through what are helpful and unhelpful thoughts. Pick a metaphor from the list of metaphors that resonates with you. Watch “The Struggle Switch” video by Dr. Russ Harris
Homework	Every time you are questioning whether a thought is helpful or unhelpful, play the image of the metaphor in your mind.

Week 6: Committed Action Termination of Services	
Goals	Review therapy goals and what was learned/accomplished during the 6 weeks. Set goals for post therapy. Terminate services with clients.
Objectives	Reflect with the client on their experiences during the six weeks. Discuss which goals were met, what went well, and what could have gone better. Discuss a committed action plan for the future.
Purpose of Session	To reflect on the progress made throughout the ACT sessions and look towards preventing burnout, stress, anxiety, and depression in the future.
Checklist of Items	Commitment, Obstacles & Strategies Worksheet, and Explore Willingness and Commitment worksheet.
Psychoeducation	Committed Action Closing Ceremonies
Intervention Activities	Complete the Commitment, Obstacles & Strategies Worksheet. Reflect on how these past sessions have shaped the way the client views the world. Have client complete the “Client Feedback Form”.

Homework	Implement their committed action plans and review their commitment, obstacles, and strategies worksheet weekly.
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Transitions & Endings

The clients care will end with them completing the Client-Counselor Feedback. By having the client complete this form will allow the social workers to improve the professional development. This inventory does not require the client to provide any identifying information, allowing them to be completely honest with their feedback. It asks the client questions about their working relationship with the social worker, how they feel about the results of their sessions, and their overall satisfaction with their care. They answer on a scale of either strongly agree, somewhat agree, no strong feelings, somewhat disagree, and strongly disagree. It also provides a space for the clients to include any other thoughts or comments they may have.

Link to Client Feedback Form:

<https://counselingresource.com/lib/wp-content/managed-media/feedbackform.pdf>

Methods for Accessing Outcomes

The best way for the social workers to assess the outcomes of their practice is to compare the scores on the various inventories the clients completed at the first session with the scores of the last session. These inventories were the DSM-5 Level 2 Acute Stress Adult Inventory, Grief/Depression Assessment Inventory, the Acceptance and Action Questionnaire-II (AAQ-II), and Maslach Burnout Inventory scale (MBI). Lower scores in all these inventories would indicate overall less psychological distress. Scores that decreased for the DSM-5 Level 2 Stress

Adult inventory and the Maslach Burnout Inventory scale (MBI) would imply that the clients are experiencing less caregiver burnout. Scores that decreased in the Grief/Depression Assessment Inventory would imply greater life satisfaction and less depressive symptoms. Scores that decreased in the Acceptance and Action Questionnaire-II would imply that clients have more psychological flexibility when it comes to overcoming negative thoughts and emotions.

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