Online Interventions for Dementia Family Caregivers: What We Know/What Next?

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Mastery over Dementia (MoD)

- Self-paced, online course
- 8+ booster sessions (psychoeduc., CBT, problem-solving, assertiveness training)
- Coach provides feedback on homework
- RCT; I=MoD; C=e-bulletins
- I=149; C=96 spouses/adult children
- Significant reduction in caregiver (CG) depression and anxiety
- 28% dropout rate

Blom et al., 2015
iCare Stress Management e-Training Program

- Adapted from a psychoeducational program; *Coping with Caregiving*
- 6 dynamic, web-based modules + intro and planning for the future
- Information-only comparison condition
- RCT; I=75; C=75; mostly Caucasian and female; 1/3 dropped out
- Significant change in perceived stress; no changes in depression symptoms or QoL

Kajiyama et al., 2013
• Adapted from a psychoeducational program: *Savvy Caregiver Program*
• Iterative design (expert/consumer input)
• 4 modules tested with a diverse sample of caregivers (N=47)
• Formative evaluation; open-ended questionnaire
• Feasible as Internet-based program
• Strengthened CG confidence in caring

Lewis et al., 2010
• Further adapted from the *Internet-based Savvy Caregiver* for iPad use over 6 weeks
• Daily asynchronous self-study, brief educational videos
• Weekly 1-hr synchronous online video conference group, led by professional
• Pilot-tested with 42 dementia caregivers
• Outcomes: CG mental health, mastery, ADLs
• Results are pending

*ClinicalTrials.gov*
Two Internet-based Programs: Chat vs. Video

- Quasi-experimental study; multisite
- Compared two conditions
- **Online Chat Group** (n=40)
  - Access to the *Dementia Caregiver Information Handbook*
  - 6 educational videos open for 6 months on password-protected web-site
  - Moderator makes initial introductions and then checks the forum monthly; no substantive contribution

Marziali & Garcia, 2011
Two Internet-based Programs (continued)

• Online Video Group \((n=51)\)
  – Designed to replicate face-to-face psychotherapeutic support group for dementia caregivers
  – 6 CGs/group; 1hr/week synchronous, professionally-led sessions, over 10 weeks
  – All participants received video and audio set if not owned
  – Paid internet access if not available

Marziali & Garcia, 2011
Two Internet-based Programs (continued)

• Pre/post test
• Outcomes: depressive symptoms, neuroticism, social support, mental health
• Results: Video Group had significantly better scores on measures of: CG mental health and distress
• Video group session analysis: sadness, the psychological and physical impact of caregiving, coping strategies, CG self-care

Marziali & Garcia, 2011
Summary of Reviewed Evidence

- Adapted caregiver interventions are feasible for online delivery
- Asynchronous module-based interventions pose retention challenges
- Synchronous, professionally-moderated, group-based, video interventions, yield significant results in caregivers’ mental health outcomes
- There are no post-placement interventions for dementia caregivers

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Chronic Grief Management Intervention-Video (CGMI-V)

- Adapted from the *Chronic Grief Management Intervention* (CGMI)
- Tested in a quasi-experimental study (N=83); dementia CGs who placed family members with dementia in long-term care
- 12 weekly group sessions; manualized intervention (knowledge, skill, grief process)
- Significant reduction in CG sense of guilt, loss, sadness, and longing

Paun & al., 2015
Feasibility pilot study
N=6 caregivers who placed family members in long-term care
Synchronous, professionally-led, weekly, video group sessions (45-60 minutes)
Delivery platform: Adobe Connect (secure password-protected connection)
iPads and mobile internet access if needed

This pilot study is sponsored by a Rush University College of Nursing small grant
CGMI-V (continued)

• Content adapted to an online 8-week format (knowledge, skill, loss/grief processing)
• Initial face-to-face meeting with each caregiver for orientation to device/platform; written step-by-step information
• Practice group sessions prior to intervention initiation
• Focus group post intervention
Lessons learned thus far:

- Technology changes fast, budget accordingly (iPads vs. Android tablets)
- Use institutional resources (Adobe Connect license; tech support/expertise)
- Anticipate technology challenges; practice using the platform and the devices
- Invest in technology support (budget for expert support)
  
• http://clinicaltrials.gov/ct2/show/record/NCT02300584


