

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

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IT'S HOW MEDICINE
SHOULD BE

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

- 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

Tele-Savvy

- 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

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

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

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

- 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

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

CGMI-V (continued)

- 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

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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)

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