



Interventions for Caregiver Well-Being

照顧者福祉的介入措施

Presentation at Taiwan Caregiver Association Meeting

中華民國家庭照顧者總會特別演講

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Today's event is translated by 今天的演講翻譯為

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Introduction 簡介

- Who we are; 我們是誰
- Whom we care for; 我們照顧誰
- What we love most about our caregiving/
love-giving; 我們最珍愛的照顧/愛的給與
- What is the most difficult in caregiving/
love-giving; 照顧/愛的給予最困難的是什麼
- What we want to get out of this meeting.
我們想要從這場演講得到什麼

Sharing of Stories ... 故事的分享



Taiwanese Dementia Caregivers (Huang et al., 2015)

- 276 caregivers at a memory clinic (Changhua Christian Hospital) in central Taiwan
- Mean age 54 years; 53% female; 29% spouse, 48% child, 19% child-in-law (care recipients' average age: 80 years)
- 44% of caregivers at risk of depression (higher depression when care recipients need higher levels of ADL/IADL assistance, cognitive impairment, neuropsychiatric problems, and behavioral disturbance, and vascular dementia)



台灣的失智照顧者

(Huang et al., 2015)

- 彰化基督教醫院276名在記憶力門診的照顧者
- 平均54歲，53%女性，29%配偶，48%兒女，19%兒女的配偶(被照顧者平均80歲)
- 44%的照顧者有憂鬱的危險(被照顧者的需求越高，照顧者的憂鬱程度就越高。如:高程度的ADL/IADL協助，認知退化，精神問題，干擾行為，出血性失智等)

In the U.S.

- 34.2 million people (10.7% of total US population) have provided unpaid care to someone aged 50+ in the prior 12 months.
- Of caregivers; 60% female, 40% male; 49 years old, on average; 1/10 are 75+ years.
- Older caregivers are more likely to be caregiving without other unpaid help.
- About a quarter have provided care for 5+ years.
- Of care recipients: $\frac{1}{2}$ are 75+ years and 22% suffer from Alzheimer's or other dementia.



在美國

- 三千四百萬的人(佔全美10.7%的人口)在過去12個月內對50歲以上的長者提供無償照顧。
- 在所有照顧者中；60%女性，40%男性，平均年齡49歲；其中75歲以上佔了十分之一。
- 年長的照顧者更可能在沒有其他無償幫助下提供照護
- 大約四分之一的照顧者提供超過五年以上的照顧
- 在所有被照顧者中：50%的人皆為75歲以上以及22%的被照顧者患有阿茲海默症以及其他失智症。

Informal Caregivers/Lovegivers

Rewarding but stressful:

- More physical, functional, and cognitive comorbidities with longer life span
- Dementia life expectancy: 10-15+ years after the onset
- Physical demands (ADLs/IADLs, lifting, turning, bedding changes)
- Behavioral management issues in dementia caregiving
- Role overload & emotional toll from social isolation, depression, guilt, loss & grief



非正式照顧者/愛的提供者

有成就感但有壓力-

- 隨著壽命的延長，有更多的生理上、功能上以及認知上的併發症產生
- 失智者的預期壽命：發病後的10至15年以上
- 生理需求（如ADLs/IADLs，移動，翻身，換床單等）
- 關於失智症照顧的行為管理議題
- 角色過荷及情感代價是來自於被社會孤立、憂鬱、罪惡感、失去及悲傷



Good and Bad: Family Support

- Caregivers with other family support do better.
- Family help may come with a price: Argument over care provision, cost of care, and institutionalization and other decision-making
- Caregiving can awaken/intensify family relationship issues :
 - The altruistic motivation to help can become enmeshed with unresolved feelings from the past.
 - Resentment toward care recipient
 - Reawakened sibling rivalries

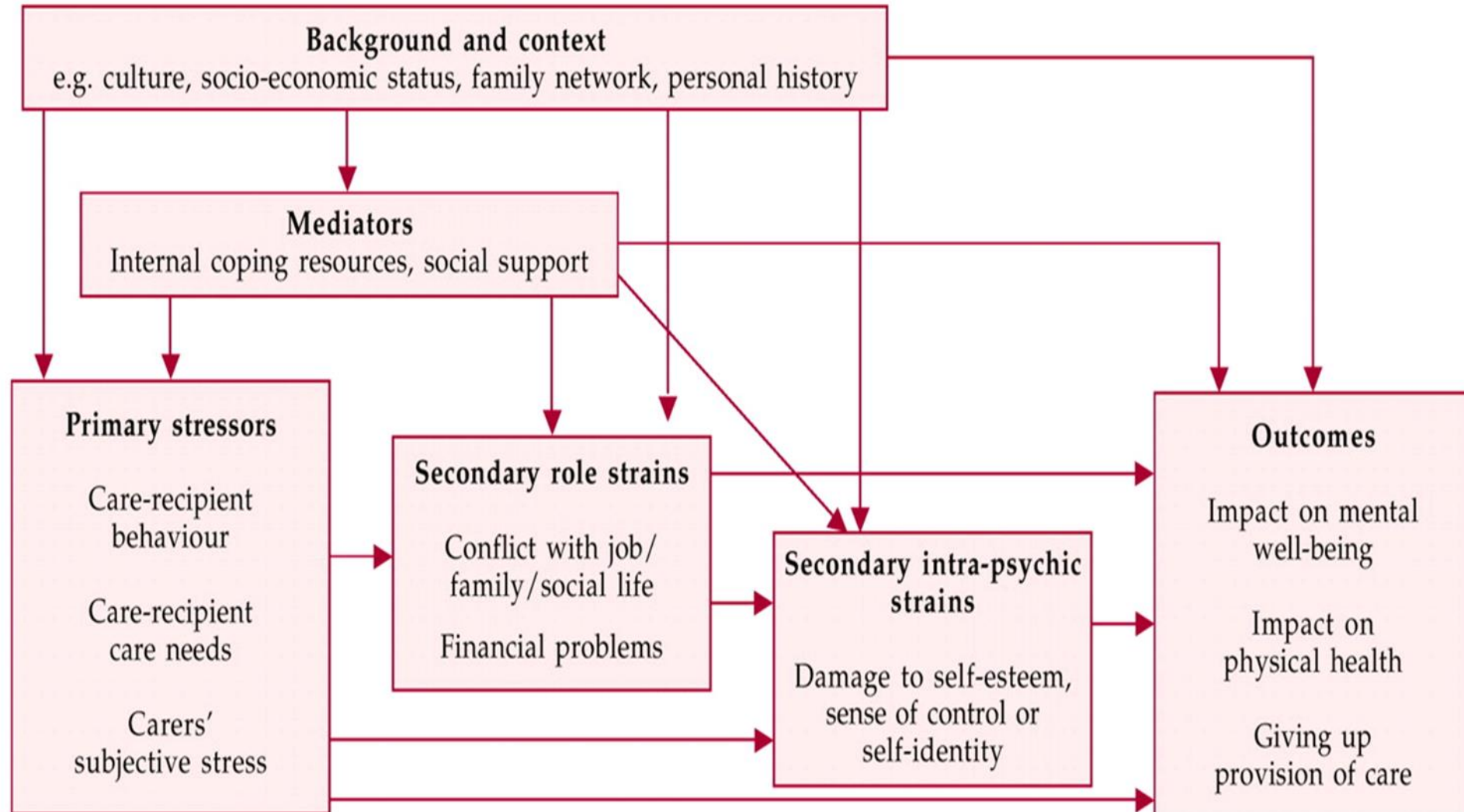


好處和壞處：家庭支持

- 照顧者伴隨著其他家庭支持可以做得更好
- 家庭照護可能是有代價的：對於照顧的服務規範、照顧的花費、機構化以及其他決策的爭論
- 照護可以喚醒/加強家庭關係問題：
 1. 利他的動機可以幫助過去未解決的感受
 2. 對於被照顧者的憤怒
 3. 重新喚醒手足之間的競爭行為

Stress Process Model of Caregiving

照顧者壓力過程模式 (Pearlin et al., 1990)



Caregiver Depression and Anxiety

- Clinically significant depressive symptoms or depressive disorder in 9-30% of older caregivers (Givens et al., 2014; Heckel et al., 2015; Torres et al., 2015)
- In Taiwan (Huang et al., 2015): 44% (no difference between spouse and child caregivers)
- 76% of caregivers had depressive symptoms during critical care of their loved ones (Haines et al., 2015)
- 24-month incidence among dementia caregivers: 37% depressive disorder; 55% anxiety disorder; 32% both (Joiling et al., 2015)



照顧者的憂鬱及焦慮

- 臨床上，9-30%的年長照顧者有明顯的憂鬱症狀及病徵。 (Givens et al., 2014; Heckel et al., 2015; Torres et al., 2015)
- 在台灣，有44%的照顧者具上述情形，且此情況是與夫妻照顧者與孩童照顧者是沒有差異的 (Huang et al., 2015) :
- 對於重症照顧者來說，其中有76%的照顧者有憂鬱症狀
- 對於照顧失智症達兩年的照顧者來說，其中有37%有憂鬱症狀，55%有焦慮症狀，33%合併上述兩種症狀 (Joiling et al., 2015)

Caregiver Depression Risk Factors



- Physical strain and fatigue—poor health
- Sleep disturbance (night-time waking to help care recipients)
- Life change (due to stroke, cancer...)
- Lack of information; uncertainty
- Financial issues
- Burden and emotional distress



照顧者的憂鬱症危險因子

- 不健康是來自身體負荷及疲勞
- 睡眠干擾是因為夜間需醒來協助被照顧者
- 因為中風、癌症等因素造成生活上改變
- 資訊缺乏及不確定性
- 經濟問題
- 負擔及情緒悲痛



Depression Risk Factors for Dementia Caregivers

- Care recipient behavior change/problems
- Safety concerns (falls, fire,...)
- Sadness from the loss of the person, the relationship
- Lack of caregiver support services (e.g., respite care)
- Maladaptive coping
- Social isolation





失智症照顧者的憂鬱危險因子

- 被照顧者的行為改變及問題
- 安全顧慮，如跌倒、火災等
- 喪親的悲傷
- 缺乏照顧者的支持服務(如喘息照護)
- 無適應能力
- 社會孤立



Effect of Caregiver Depression

照顧者憂鬱的影響

Caregiver depression 照顧者憂鬱



Care recipient depression 被照顧者憂鬱



Negative outcomes for both
兩者都是負面的結果

Treatments for Caregiver Depression

- Cognitive behavioral therapy (CBT; CT; 8 sessions)
- Problem-solving therapy (PST; 6-8 sessions)
- Mindfulness-based stress reduction (MBSR; 8 sessions)
- Physical activities, exercise
- Depression Self-Care Management Support (SCM, 5 sessions)
- Resources and training to meet unmet need plus adequate care support
- **Format: Group and individual; in-person, via telephone, videoconferenced, web-based**



憂鬱照顧者的治療方法

- 認知行為療法(CBT; CT; 8個療程)
- 問題解決療法(PST; 6-8 個療程)
- 正向心理減壓課程(MBSR; 8個療程)
- 身體活動/運動
- 憂鬱症自我照顧管理支持(SCM, 5個療程)
- 資源及訓練來滿足未達的需求，再加上合適的照護支持
- 方式:透過團體及個人，當面，透過電話，視訊會議、網路等



Cognitive Behavioral Therapy (CBT)

- Active, structured, directive, collaborative, and time-limited psychotherapy
- Focuses on changing the client's thought patterns, inferences, and appraisals by challenging his or her underlying beliefs, attitudes, and assumptions that interfere with effective coping and by teaching them new coping strategies to deal with **problems** (Beck, 1972; Beck, Rush, Shaw, & Emery, 1979; Malik, Beutler, Alimohamed, Gallagher-Thompson, & Thompson, 2003).



認知行為治療

- 以主動式，結構式，指導式，合作式及時限性的心理治療
- 利用挑戰他/她的潛在信念、態度與假想來有效介入改變案主的思維模式、思考邏輯及評斷。教導新的因應策略來聚焦於問題的處理 (Beck, 1972; Beck, Rush, Shaw, & Emery, 1979; Malik, Beutler, Alimohamed, Gallagher-Thompson, & Thompson, 2003).

CBT Therapy Process

- Therapists engage clients in a process of examining dysfunctional information processing, irrational or self-destructive thoughts, excessive self-criticism, lack of motivation, and tendency to view problems as insurmountable
- Substitute these negative cognitions, feelings, and behaviors with more adaptive ones
- Self-monitoring exercises, communication and problem-solving skills building
- Mood regulation through increased engagement in pleasant events and positive experiences



認知行為治療過程

- 治療師帶領案主去接觸過程中無用的資訊、不理智及自我毀滅的思緒、過多的自我批評、動機的缺乏以及傾向視問題為難以解決的
- 以更具適應能力的方法來取代這些負面的認知、感受及行為
- 自我監控的運動、溝通及問題解決技巧的建立
- 透過提升快樂事件以及正向經驗的參與來使情緒調節



Problem-Solving Therapy (PST)

- Self-directed cognitive-behavioral process by which a person attempts to identify or discover effective or adaptive solutions for specific problems encountered in everyday living or major life events (D’Zurilla & Nezu, 2001)
- Seven-step approach focusing on appraisal and evaluation of specific problems and the best possible solutions and implementation of solutions.
- Patients are also encouraged to choose and implement daily pleasurable activities (as part of behavioral activation)



問題解決治療

- 自我導向的認知行為過程是當人在日常生活之中或是發生重大事件時，企圖去辨認和發現有效或合適的特定問題的解答
- 七個步驟的方法是聚焦在於特定問題的鑑定和評估以及最好的可能解決方案和落實。
- 病人同時也被鼓勵去選擇及履行每日愉快的活動(也是行為活化的一部分)



Why Do CBT and PST Work?

- Focus on current, “here and now” problems: health issues, functional impairments, feelings of guilt, grief, and other life stressors and challenges
- Compared to antidepressant medication, learning coping skills has more lasting effects and reduce hopelessness that problems are unsolvable (empowerment, self-efficacy)
- Safety: No medical side effect
- Behavioral activation (engagement, not withdrawal)
- Common therapeutic factors via therapeutic relationship/alliance, therapist empathy, collaborative therapeutic procedures



為何CBT和PST有效？

- 聚焦在現今的問題：健康問題、功能修復，罪惡感、悲傷感及其他生活壓力源和挑戰
- 相對於抗憂鬱治療，對於那些無法解決的問題，習得因應能力擁有更多持續性的影響及減少無助感（即自我充權及自我效能）
- 安全性：無藥物副作用
- 行為活化：介入並非戒斷
- 共同治療因素是經由治療的關係/結伴、治療師的同理心和合作的治療過程

Mindfulness-Based Stress Reduction (MBSR)

- Mindfulness meditation and yoga
- “Mindfulness practice is ideal for cultivating greater awareness of the unity of mind and body, as well as of the ways the unconscious thoughts, feelings, and behaviors can undermine emotional, physical, and spiritual health.”

[http://www.mindfullivingprograms.com/
whatMBSR.php](http://www.mindfullivingprograms.com/whatMBSR.php)



正念減壓課程 (MBSR)

- 正念冥想及瑜珈課程
- 正念練習是為了發展更好的身心統合及覺醒來以防潛意識的思考、感受及行為來削弱情緒及身心健康
- <http://www.mindfullivingprograms.com/whatMBSR.php>



Physical Exercise 運動

- Depression-buffering effect of physical exercise is likely from both physiological and psychosocial benefits (especially in group settings) 憂鬱-運動的調合效果有助於生理與社會心理層面(特別是團體場域)



Integrated Telehealth Self-Care Management Support (IT-SCM)

Manual for Trained Lay Advisors

Namkee G. Choi
Mary Lynn Marinucci
Leslie Sirrianni
Nancy L. Wilson



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Five Self-Care Management (SCM) Steps

1. Examining daily activity patterns: Depressive and healthy behaviors;
2. Setting realistic and achievable goals/outcomes for mood and/or function, generating a list of potential healthy/pleasurable activities and/or social interactions, and identifying preferred ones to achieve the goals;
3. Problem-solving the barriers to carrying out the identified activities;
4. Selecting, scheduling, and implementing the activities and monitoring progress; and
5. Rewarding progress and modifying activities.



自我照護管理：五步驟

1. 檢視日常活動的模式：憂鬱及健康的行為
2. 為了情緒或功能來設定實際或可能達成的目標/結果產生潛在健康/愉悅的活動或社會互動的清單以定位想達成的目標
3. 問題解決的障礙是執行認同的活動
4. 選擇、安排及實踐活動和監視過程
5. 獎勵制度及修正活動

HIPAA-Compliant Videoconferencing Platform

視訊平台

SecureVideo.com - Namkee Choi - Dashboard - Google Chrome

https://mealsonwheelsandmore.securevideo.com/Dashboard/P/19812

Apps N C Med J. Google History New Tab UT Email SecureVideo.com UT Box UT Direct - My Job Rules for Words and Google

TEXAS The University of Texas at Austin Meals on Wheels and More

Videoconference Recordings Support Features

Namkee Choi - Dashboard

+

New Session Now

New Scheduled Session

Orientation Session

Install VSee Disconnect Session Share Desktop



Equipment 器具

Laptops, LTE 4G
wireless cards, and
headphones loaned to
clients

手提電腦，無線電話，無
限易付卡，耳機

More practical than
telephone sessions



Tele-sessions (視訊單元會議)



Multi-component Psychosocial Programs for Caregivers

- Stress management
- Communication and skills training
- Asking for help from extended family and friends
- Dementia caregiving: Psychoeducation programs (e.g., Antecedent-Behavior-Consequences [ABCs] in behavioral management)
- Caregiver support groups
- Counseling of caregiver depression, loss and grief



照顧者的多面向社會心理課程

- 壓力管理
- 溝通技巧訓練
- 尋求大家庭(親戚)和朋友的協助
- 失智照顧：心理教育課程，先因-行為-後果(ABCs)中的行為管理
- 照顧者支持團體
- 照顧者憂鬱、失去及悲傷的諮商課程

ABC approach: Behavioral Approach

Antecedents → Behavior → Consequences

1. **Begins with good description** (when, where, how often, who is it a problem for..., dangerous?)
2. **Identify antecedents/triggers** (pain, hunger, medication, infection, environmental, sensory—hearing and visual changes...)



ABC方法：行為治療

前因 → → 行為

後果

1. 從好的描述開始，如：何時？何地？頻率？因誰而起？具危險嗎？
2. 辨認出前因/起因，如疼痛、飢餓、藥物、感染、環境改變、視聽感官的改變



3. Specify consequences/responses from caregivers

- Reactions in response to behavior
 - What happens after behavior?
 - How do caregiver or others respond?
- Reactions may make behavior worse or better
 - e.g. trying to reason versus distraction
- Factors complicating caregiver response
 - Negative emotions (e.g. anger, frustration etc..)
 - False beliefs (e.g. person has control)
 - Relationship patterns predating dementia



3. 指出照顧者的結果/回應

- 對於行為的反應
 - 行為之後發生甚麼事
 - 照顧者或其他人如何反應
- 反應可能讓行為變得更糟或更棒
 - 如嘗試對抗或是講道理
- 使照顧者回應複雜化的因素
 - 負面情緒，如生氣、沮喪等
 - 錯誤的信念，如個人握有掌控權
 - 在患有失智症之前的相處模式



4. Develop an individualized action plan:

- Identify specific behavioral target
- Specify goals
- Use ABC to guide intervention(s)
- Engage caregivers
- Track progress over time
 - Review with patient/caregiver
 - Document in progress notes

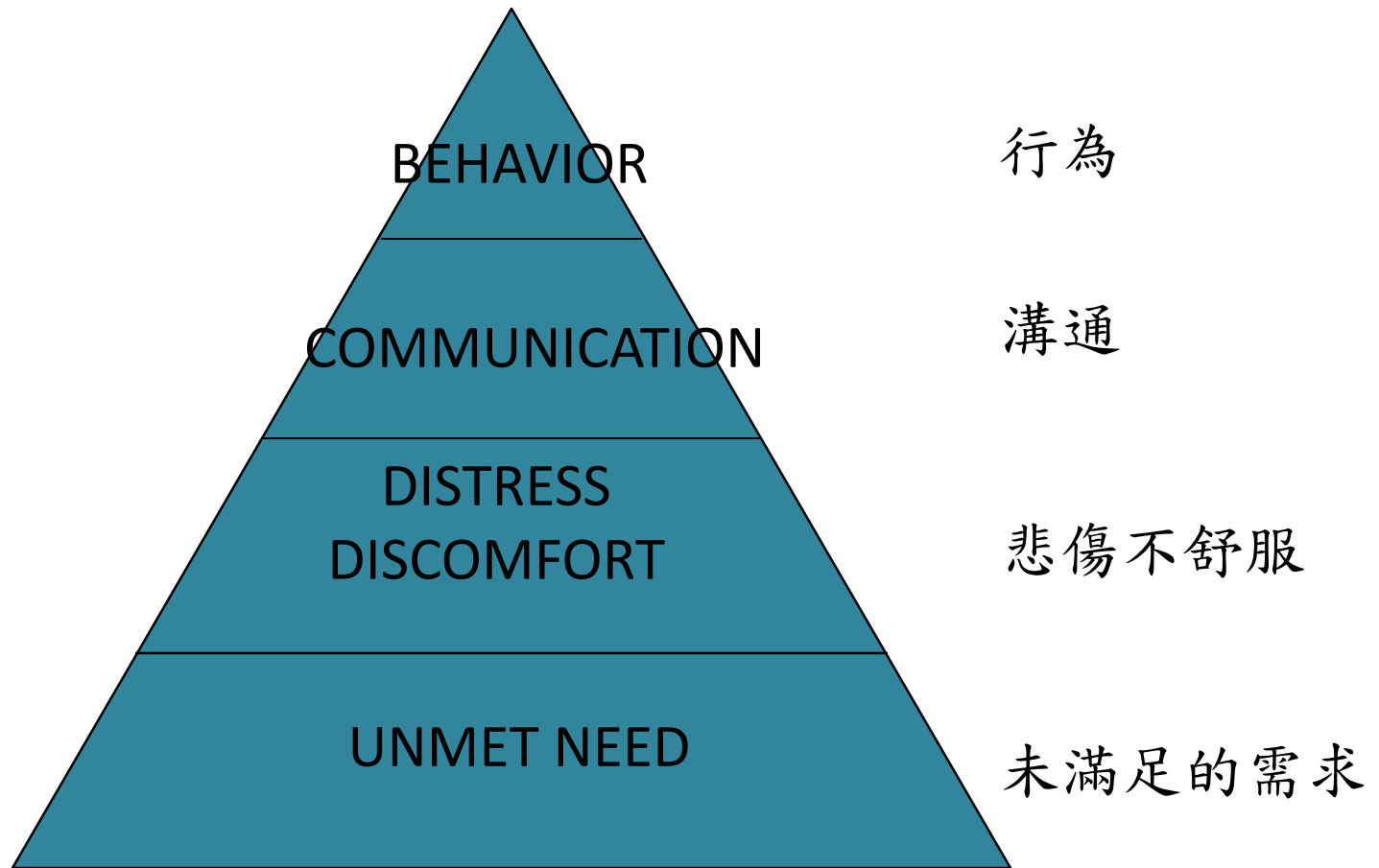


4. 發展個體化行動計畫

- 辨認明確的行為目標
 - 確定目標
 - 使用先因行為的後果(ABC)來引導介入措施
 - 與照顧者建立關係
 - 持續追蹤進度
1. 照顧者/病人回顧
 2. 病程紀錄的檔案

Disruptive behavior as meaningful communication

破壞行為當作有意義的溝通





Examples of Multi-Component Programs (Self-care and Self-efficacy)

- **Powerful Tools for Caregivers** (6 weekly classes):
<https://www.powerfultoolsforcaregivers.org/caregiver-classes/>
- **Stress-Busting Program for Family Caregivers** (90-minute 9 weekly classes):
Alzheimer's and other dementia caregivers:
<http://www.caregiverstressbusters.org/for-organizations/program-information/>

多面向方案的例子(自我照顧，自我效能)

- 對於照顧者有效的方法(每周六堂課)

<https://www.powerfultoolsforcaregivers.org/caregiver-classes/>

- 對於家庭照顧者、阿茲海默症和其他失智症的照顧者提供減輕壓力的課程(每周9堂課，每次90分鐘)

- <http://www.caregiverstressbusters.org/for-organizations/program-information/>

Powerful Tools for Caregivers

- Class #1: *Taking Care of You*
- Class #2: *Identifying and Reducing Personal Stress*
- Class #3: *Communicating Feelings, Needs, and Concerns*
- Class #4: *Communicating in Challenging Situations*
- Class #5: *Learning From Our Emotions*
- Class #6: *Mastering Caregiving Decisions*





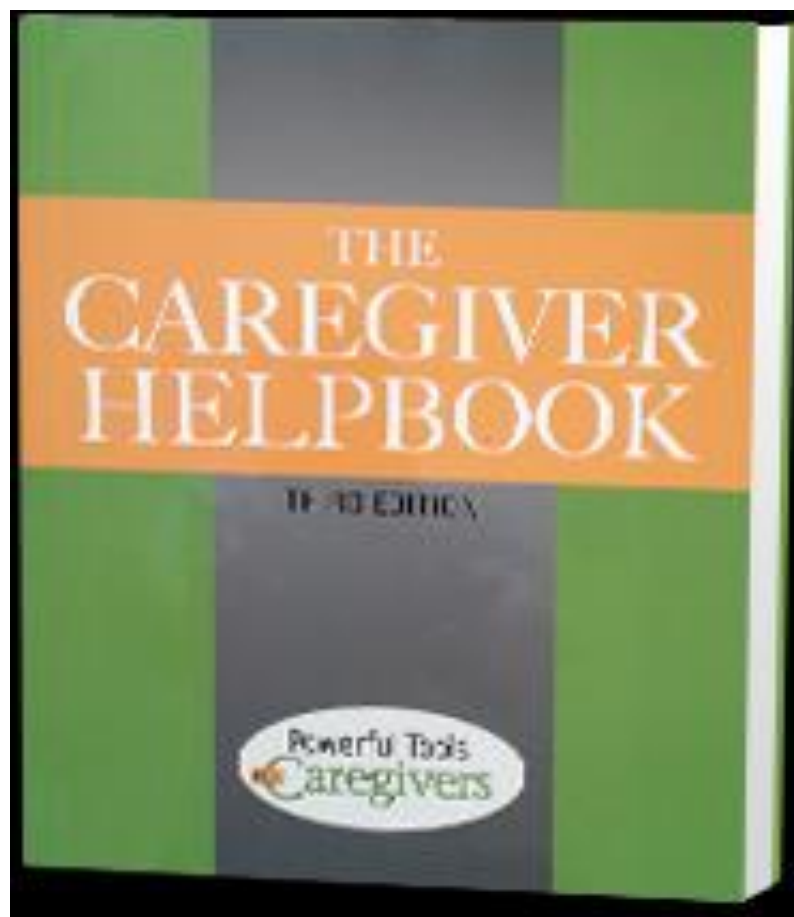
對於照顧者有效的方法

- 課程一：照顧好你自己
- 課程二：確認及減輕個人壓力
- 課程三：溝通感受、需求及關愛
- 課程四：溝通中的挑戰是什麼
- 課堂五：從情緒中學習
- 課堂六：使照顧的決策更為成熟



Powerful Tools for Caregiving Companion Book

照顧者的工具書





Stress-Busting Program for Family Caregivers

Content includes the topics of:	Stress Management techniques taught:
Stress and Relaxation	Relaxation breathing
Coping with Stress	Guided imagery
Dealing with Challenging Behaviors	Meditation
Grief, Loss, and Depression	Art
Positive Thinking	Music
Talking Time for Yourself	Journaling
Choosing a Path to Wellness	



照顧者的壓力中止課程

內容	壓力管理技巧
壓力和紓壓	放鬆呼吸
處理壓力	暗示療法
處理挑戰性行為	冥想
悲傷、失去、憂鬱	藝術
正向思考	音樂
給你自己一些時間	日誌
選擇健康的道路	

Important Intervention Element In Early-Stage Dementia Caregiving

- Involvement of both caregiver and patient in a structured intervention (e.g., teaching the caregiver problem-solving skills applicable to the patient, pleasant event planning, & cognitive stimulation for patient)








早期失智症照顧者的重要介入面向

- 照顧者及病患一起參與一個有結構的介入，例如教導照顧者問題解決技巧，愉悅事件計畫及認知的刺激



Effectiveness of Psychosocial Interventions

- Modest but significant benefits on the following outcomes:
 - Delayed nursing home entry
 - Caregiver stress/burden 
 - Caregiver knowledge about dementia, caregiving, and resources and perceived social support 
 - Caregiver & patient depression and other psychological morbidity 



心理社會介入的效益

- 以下是好處
 1. 延緩入住護理之家
 2. 照顧者的壓力下降
 3. 照顧者對於失智症、照護、資源及社會支持的知識提升
 4. 照顧者和病人的憂鬱症以及心理病態下降

Other Resources

- SAVVY caregiver training (DVD)/support group (Alzheimer's Association)
- 24-hour hotline, care consultation, and education programs (Alzheimer's Association)
- Matter of Balance fall prevention & home safety check (aging services)
- Medication management programs (aging services)
- Adult day services (respite care)
- Benefits counseling, short-term home-maker services, and home health aides (aging services)
- Meals on Wheels; senior centers; transportation services; elder mediation program
- Teepa Snow's videos for dementia care



其他資源

- SAVVY照顧者的訓練/支持團體(阿茲海默症協會)
- 24小時熱線, 心理諮商及教育課程(阿茲海默症協會)
- 預防跌倒訓練及居家安全檢查(長者服務)
- 藥物管理課程(長者服務)
- 成人日常照護(喘息照護)
- 諮商、短期家管服務及居家健康協助(長者服務)
- 送飯、長者中心、交通服務、長者冥想課程
- 失智症照顧影片(Teepa Snow)

Teepa Snow's Dementia Education and Intervention Tips Videos

- <http://teepasnow.com/resources/teepa-tips-videos/teepas-gems/>
- <http://teepasnow.com/resources/teepa-tips-videos/challenging-behaviors/>
- <http://teepasnow.com/resources/teepa-tips-videos/meaningful-activities/>
- <http://teepasnow.com/resources/teepa-tips-videos/music/>
- Teepa Snow on Youtube:
- <https://www.youtube.com/watch?v=xNznZ2MnV3I>

Successful Aging: “*Lifestyle determines almost entirely how successfully we age.*”

(Rowe & Kahn, 1998).

- Social and productive engagement / volunteering
- Exercise body and mind (cognitive stimulation)
- Healthy eating
- Positive spirituality
- Use technology





成功老化- 生活模式取決於我們如何成功的老 化

(Rowe & Kahn, 1998).

- 社交和從事生產力的志願工作
- 身體與意志的活動，如行為刺激
- 健康的吃
- 正面心靈
- 使用科技



Discussion & Questions



謝謝