

Couples communication in dementia: Development of an in-home intervention to improve dyadic communication in caregivers and their dementia-diagnosed partners.

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PURPOSE

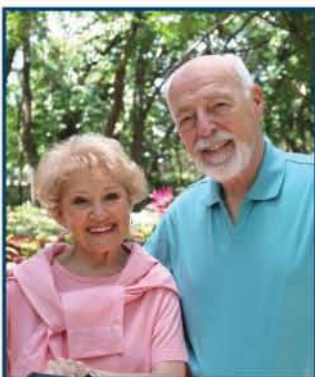
To examine the feasibility and acceptability of the CARE (Communicating About Relationships and Emotions) Intervention for couples in which one partner is diagnosed with Alzheimer's disease or a related dementia.

DESIGN

Program evaluation questionnaire: Semi-structured, tape recorded interview at post test session.
Main Study: Quasi-experimental, one group pretest/posttest

SAMPLE

Adults age 55 and over, 14 married couples
Community-dwelling, one spouse attending program for memory disorder



Sociodemographics

	Caregivers (CG)	Care Receivers (CR)
Males	N=5, 16.7%	N=11, 36.7%
Females	N=11, 36.7%	N=5, 16.7%
Average Age	77.38 (SD 9.64)	80.31 (SD 7.031)
Education (yrs)	15.3 (SD 3.052)	14.06 (SD 2.32)
MMSE scores	28.06 (SD 4.65)	16.81 (SD 7.94)
Duration of Marriage	46.49 (14.61) 17-60 years	
Years of Caregiving	3.99 (1.84)	

MEASURES

Evaluation Questionnaire

1. What was it like to participate in the communication program?
2. What did you like best? Least?
3. What was the longest period of time that you practiced communication between sessions?
4. If you skipped some practice sessions, what was going on in your life that you were unable to practice?
5. What problems occurred that you did not anticipate?
6. Were there any communication challenges that were not discussed in the program?
7. Is there anything else that you would like to say about your participation in this project?

INTERVENTION

10 - 60 minute weekly home visits were delivered over 10 weeks

Goals: CG - to better understand/ respond to emotional/ communication changes in the CR.

CR - to maintain communication at the highest possible level.

Based on a model of stress appraisal, self efficacy and family systems

Program manual designed to promote treatment fidelity and active CG participation

- Intervention
- 1) CR alone 10-15 minutes for supportive conversation
 - 2) 10-20 minutes support and education with CG
 - 3) Worked with couple 10-20 minutes using coaching and role modeling
 - 4) Couple conversed for 10 minutes at end of session about any topic of their choice (videotaped).
 - 5) Participants were asked to practice strategies daily between sessions

Session Topics

Week	Content
1	Introduce program and assess CG's knowledge, attitudes, and personal communication style. Needs assessment of type and severity of communication problems.
2	Overview stages of dementia, common communication changes in dementia, introduction to recommended strategies.
3	Communication basics: Paraphrasing, simplifying communications, clarifying vague pronouns, waiting for a response - Task-focused and emotion-centered communication
4	Questioning: how to question and when to use different types of questions
5	Relationship issues: Avoiding conflict and responding honestly without being harsh
6	Understanding CR's nonverbal communication
7	Adapting a message to partner's cognitive ability and stage of dementia
8	Communication challenges I: responding to CR negativity and fears
9	Communication challenges II: setting limits and responding to repetitive questions and demands
10	Importance of communication to decrease isolation and to strengthen the marital relationship.

RESULTS

Interviews were analyzed by investigator using content analysis to derive themes from data.

- CGs valued learning to support their partner's communication efforts
- CGs reported more understanding and valuing of partner's communication efforts
- Most CGs found practice between sessions burdensome
- CRs enjoyed conversing with interventionist for 10 minutes
- Couples found it difficult to maintain a conversation with each other for 10 minutes and thought time should be decreased and not videotaped every session
- Some CGs were disappointed that CRs were not more responsive to them
- CG suggestion: provide videotaped conversation between interventionist/CR as a model

CHALLENGES

- "We have no problem communicating"- CG reluctance to acknowledge problems or need to change
- CGs more aware of spouse's deficits as program progressed
- Changing long held patterns in CG communication (e.g. discomfort with silence)

CONCLUSIONS

- CARE Intervention was enjoyable for most couples and gave CGs a new lens with which to view their partner (more aware of partner's emotional needs, more appreciation of current relationship)
- Number of sessions should be tailored to needs of couple
- Practice between sessions not realistic