

# GiiC

geriatrics  
interprofessional  
interorganizational  
collaboration

# Caregiver Support

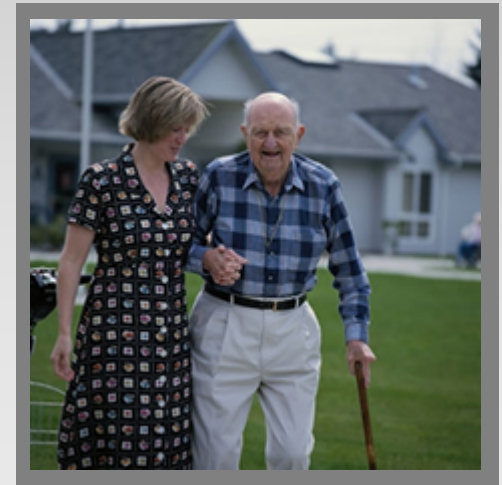


## Strategies for the Interprofessional Team



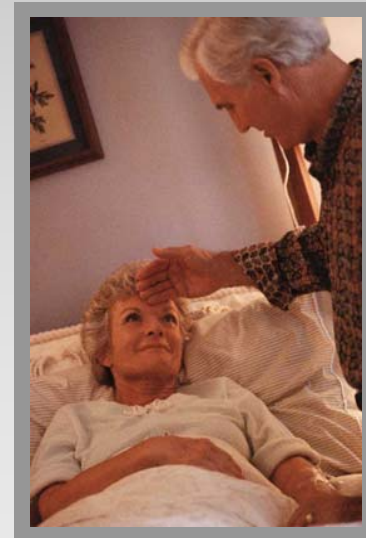
# Who are caregivers?

- as older people become increasingly frail, they may not be able to manage all of their lifestyle needs
- caregivers provide important assistance to these individuals in helping them meet their day-to-day needs
- it has been estimated that nearly 50% of community dwelling seniors are being assisted by family or friends (Canadian Study of Health and Aging Working Group, 1994)
- 94% of community-living seniors with dementia are being cared for by family or friends
- the largest proportion of caregivers are spouses, with the majority being women



# Caregivers do important work and can become burdened

- caregiver's sense of well being is strongly correlated with the need for an individual to move into a care institution
- caregivers perceive their own health to be worse than that of the general population, and research shows:
  - decreased immune system function
  - increased cardiovascular problems
  - higher rates of depression and anxiety
  - more social isolation
  - increased psychotropic drug use
  - some evidence of increased mortality (Schulz and Beach, 1999)



# Factors that predict higher caregiver burden

- female caregivers compared with male
- closer kinship ties, evidence that spouses have higher burden than adult children
- increased age of caregiver
- low income causing financial stress
- high perceived stress
- low life satisfaction, self-esteem, or self-mastery
- low levels of social or community support
- looking after dementia patient with challenging behaviours
- poor prior relationship with care recipient
- co-habiting with care recipient

# Increasing challenges for the caregiver

- caregivers report less burden when they use information seeking problem solving strategies to deal with challenges
- higher burden reported from those who use emotional based strategies (eg. criticism, anger, hostility, over-involvement)
- can affect care recipient – increase in behavioural problems has been measured in dementia patients when caregivers resort to emotional strategies (Vitaliano et al, 1993)
- there may be times over the course of a patient's illness where more support is required by the caregiver (Cohen et al, 2001):
  - when a significant diagnosis, such as dementia, is made
  - when care recipient can no longer be left alone
  - when institutionalization needs to be considered
  - during end stages of a patient's illness

# Screen for caregiver burden

- helpful things to inquire about include: the patient's status, the caregiver's health and coping strategies, the level of support from family or friends, use of community resources (Parks and Novielli, 2000; Cohen et al, 2001)

Suggested screening questions:

- 1) Has being a caregiver caused you a lot of stress lately?
- 2) Have you been feeling down or blue, or get angry more easily?
- 3) What have you been doing to cope with these feelings?
- 4) Has your loved one been having more difficulties, such as behavioural problems?
- 5) Do you see your family and friends as often as you'd like?
- 6) Do you have help from others, like family, friends, or neighbours, when needed?
- 7) Do you have help from community agencies or support groups?

- utilize tools like the Zarit Burden Interview (Zarit et al, 1980)
- consider a home assessment to evaluate and to educate

# Finding ways to support the caregiver

## 1. Education – encourage problem-solving coping strategies

- about the patient's illness(es), what to expect, how to deal with problems that might arise or with emergencies
- home management and caregiving strategies, environmental modifications, assistive aids
- available help from community programs and services
- advance planning and preparation for the future



# Finding ways to support the caregiver

## 2. Provide and encourage strong social support

- acknowledge their important role and be available to talk
- encourage the caregiver to look after their own health
- caregiver should protect time to visit friends and relatives and pursue their own interests
- encourage the caregiver to accept help from others
- refer to community resources that can offer support (eg. CCACs, day programs, community centres, respite stay facilities, homemaker services, volunteer or companion services, specialized hospital programs)



# Finding ways to support the caregiver

## 3. Offer psychological support

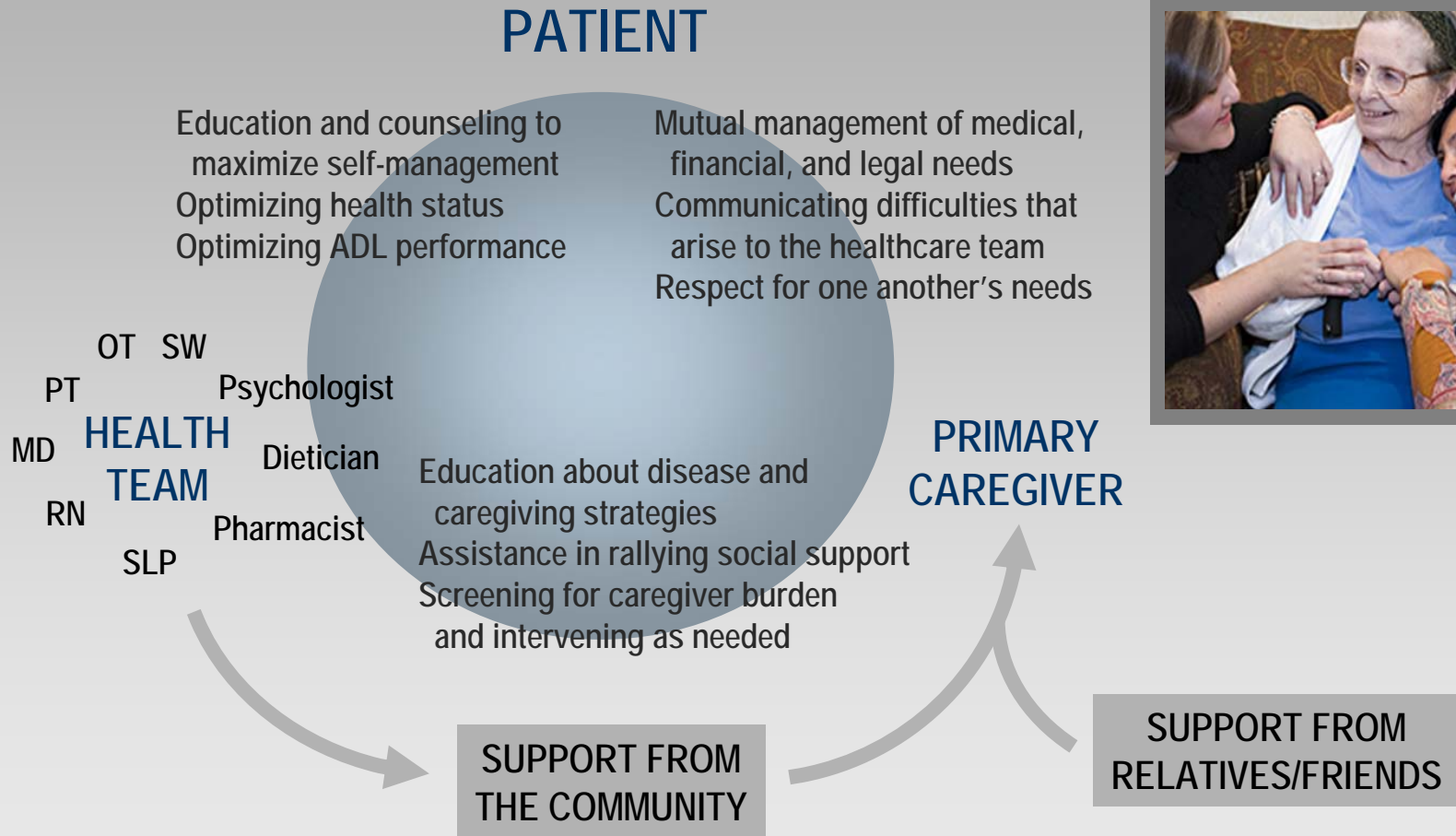
- foster strong communication between the health team and the caregiver, and be available to talk (perhaps via telephone)
- provide or refer to individual counseling, family therapy, or group support sessions as the need arises
- in extremely burdened caregivers, individual therapy (eg. referral to a psychiatrist) has been shown to be more effective than group interventions (Knight et al, 1993)



A report on caregiver preferences (Colantonio et al, 2001)

- 1) Telephone support from a professional
- 2) Telephone support from a fellow caregiver
- 3) A newsletter
- 4) Volunteer support
- 5) Support via computer
- 6) Support via group interventions

# Supporting the patient and caregiver as a team



By Dan Gibson



Working with the elderly turned out not to be the rewarding career choice Jim thought it would be.