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CENTRO DE REFERENCIA ESTATAL DE ATENCIÓN A PERSONAS CON ENFERMEDAD DE ALZHEIMER Y OTRAS DEMENCIAS Salamanca

RESULTS OF A SELF-ESTEEM GROUP FOR CAREGIVERS OF PERSONS WITH DEMENTIA

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Introduction

Dementia is a major cause of disability and generates a strong impact on the family. In addition, caring for a person with dementia may have a negative impact on the welfare of those who assume the duties of care, the primary caregivers.
Families enter the world of disease without a psychosocial map and often need a guide that provides support and confirms that they are dealing with dementia in the right way. Family therapy is emerging as a major contribution to promote family adaptation to the new reality and the establishment of a new welfare.
Self-esteem is one of the variables related to adaptation and well-being of caregivers. Specifically, high self-esteem is associated with better psychological health by reducing levels of anxiety, depression and burden. At the same time, high self-esteem is associated with increased social support and well-being. In light of these results, we proposed to implement a program of self-esteem based on a systemic family therapy model (Herrero & Beyebach, 2004) in primary caregivers of people with dementia.

Objectives

General Purpose

We aimed to investigate if a program of self-esteem applied to caregivers of people with dementia improved their welfare and thus the welfare of the rest of the family and the patient.

Specific objectives

We expected that the program would achieve the following results on the participants:
- Increase levels of self-esteem and wellness-related indicators.
- Improve social support.
- Lower levels of anxiety, depression and burden.

Method

Sample

The sample was made up of 39 relatives (31 women and 8 men, mean age 57.41 years) of patients with diagnosis of Alzheimer's disease (AD) according to NINDS/ADRAD criteria, with a Global Deterioration Scale (GDS) score of 3 or 4. The sample was obtained from National Reference Center (NRC) for people with Alzheimer Disease and other Dementias (Imserso) in Salamanca, Spain.

Materials

Each participant was assessed before and after the intervention with the administration of the following measures:
- Beck Depression Inventory (BDI) (Beck et al., 1961).
- Anxiety Subscale from the Hospital Anxiety and Depression Scale (HAD-A) (Zigmong & Sanaith, 1983).
- Caregiver burden Interview (CBI) (Zarit et al., 1980).
- Self-Esteem Scale (Rosenberg, 1965).
- Social Support Questionnaire, Short Form - Revised (SSQSR) (Saranson et al., 1987).
- Psychological Well-being Scales (Ryff, 1989).
- Connor-Davidson Resilience Scale (CD-RISC) (Connor and Davidson, 2003).
- State-Trait Anger Expression Inventory-2 (STAXI-2) (Miguel-Tobal, Casado, Cano-Vindel, & Spielberger, 2001).

Procedure

All participants attended seven 90 minute, weekly group sessions. Each session was conducted by two previously trained family therapists. This program (Herrero & Beyebach, 2004) integrates the solution-focused brief therapy approach with narrative therapy and the Model of the Mental Research Institute. The techniques used are classical solution-focused tools, like the Miracle Question, Progress Scales and emphasis on exceptions. The narrative practice of externalization is also an essential ingredient.

Table. Mean scores at baseline and follow-up assessment.

	N	Mean Pre (SD)	Mean Post (SD)	t	*p*
STAXI-2	24	22.25 (6.5)	20.21 (8)	2.83	.009
CBI	36	55.69 (16.72)	49.7 (15.78)	3.47	.001
BDI	39	17.92 (8)	13.72 (8)	3.70	.001
HAD-A	39	12.64 (4.5)	9.41 (4.78)	4.8	.000
Sel-Esteem Scale	39	26.08 (5.34)	32.1 (4.73)	- 7.5	.000
SSQSR 1	38	20 (10.42)	19.16 (9.57)	.79	n.s.
SSQSR 2	37	17.73 (10.23)	18.6 (8.64)	- .98	n.s.
CD-RISC	15	55.33 (15.5)	65.93 (17.38)	- 3.84	.002
Ryff- Autonomy	13	32.77 (4.53)	36.62 (5.37)	- 2.7	.01
Ryff- Enviromental Mastery	13	23.69 (5.2)	25.62 (4)	- 1.26	n.s.
Ryff- Personal Growth	13	27.85 (3.8)	31.38 (4.62)	- 2.33	.03
Ryff- Purpose in Life	13	23.23 (6)	27.62 (7)	- 3.45	.005
Ryff – Positive Relations with Others	13	24.3 (6)	25.85 (6)	- 1.64	n.s.
Ryff - Self-acceptance	13	25.1 (6.68)	24.85 (5.66)	.26	n.s.

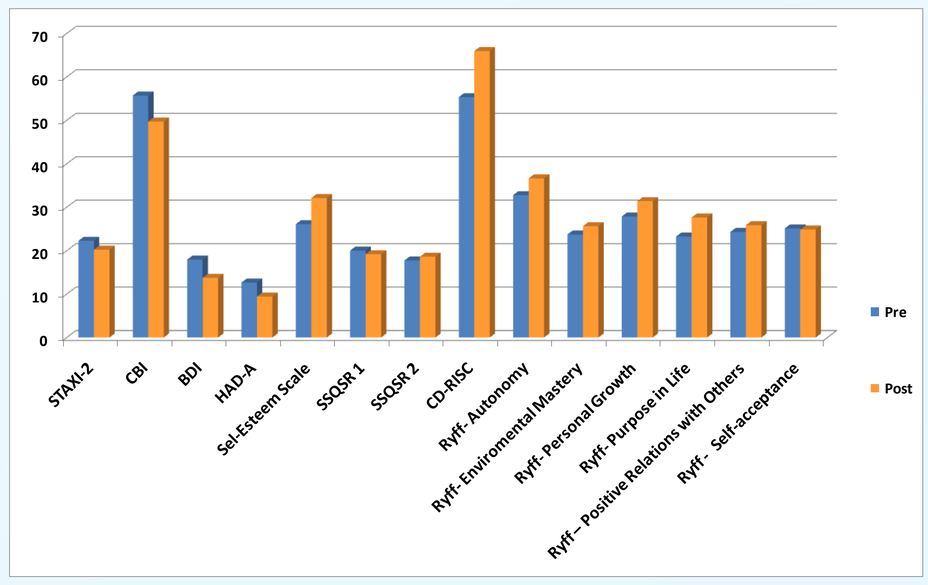

Figure. Comparation of mean scores at baseline and follow-up assessment.

Note: Range and cut-off scores.

HAD-A: 0-21. Cut-off: 8.
STAXI-2: High scores indicate high levels of anger.
CBI: 22-110. Cut-off: 47.
Self-esteem scale:1-40. Cut-off: 29.
BDI: 0-63. Cut-off: 10.
SSQSR1: High scores indicate high levels of social support.
SSQSR2: High scores indicate high levels of satisfaction with support.
Psychological Well-being Scale: High scores indicate high levels of well-being.
CD-RISC: High scores indicate high levels of resilience.

Results

We conducted several T-tests of related samples to compare the results obtained on different scales pre-and post-intervention. The results showed that the administration of the program was followed by a significant increase in Self-esteem Scale ($p < 0.01$), Connor-Davidson Resilience Scale (CD-RISC) ($p < 0.01$) and the following of Psychological Well-being Scales (Ryff, 1989): Autonomy ($p < 0.05$), personal growth ($p < 0.05$), purpose in life ($p < 0.01$). In addition, there was a significant reduction ($p < 0.01$) of scores on the Beck Depression Inventory (BDI), the Anxiety Subscale from the Hospital Anxiety and Depression (HAD-A), the Caregiver Burden Interview (CBI) and the State-Trait Anger Expression Inventory - 2 (STAXI-2).

Conclusions

Our results suggest that the Self-esteem Group Program carried out in Alzheimer's NRC (Imserso) had beneficial effects on the psychological well-being of caregivers of persons with AD, despite their being exposed to a highly stressful situation. Our findings lead us to speculate that this program might also be useful to promote positive relationships in the family and could therefore contribute to a higher quality of care of the dementia patient. In future studies we intend to measure this possible impact of the program on the family as a whole.

References

Herrero, M., & Beyebach, M. (2004a). Lösungsorientierte Selbstwertgefühl-gruppen. *Zeitschrift für Systemische Therapie und Beratung 22,* 239-246.