

GOING TO STAY AT HOME

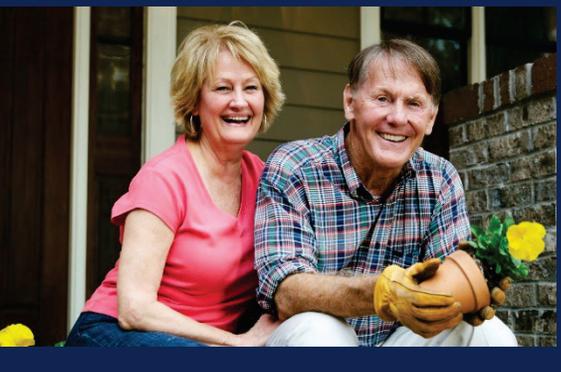
AN EVALUATION OF A RESIDENTIAL EDUCATION PROGRAM FOR CAREGIVERS OF PEOPLE LIVING WITH DEMENTIA

PROGRAM

The carer program consisted of didactic sessions, small group discussions, skill modelling and role play. Caregivers attended 14 sessions, focusing on psychological support to reduce distress, depression and psychological morbidity; education about dementia; improving coping and home care skills, problem solving and behaviour management techniques; developing support systems; and planning for the future. **The program for the person with dementia** consisted of activities that focused on sensory and cognitive stimulation, physical activity, reminiscence, environmental orientation, creativity, social interaction and relaxation. The cottage provided resources for domestic activity (e.g. kitchen, barbeque area, laundry and garden) and outings were arranged in the local area with destinations based on personal interests of the participants. If participants were willing, sessions were provided to discuss memory loss and the changes this had brought to participants' lives and relationships.

BACKGROUND

Caring for a person with dementia is stressful. Caregiver training programs and respite care can reduce this stress and help maintain persons with dementia living longer in the community. We evaluated a program that combines nursing home respite and carer training in a week-long, intensive and comprehensive residential program for both carer and person with dementia.



METHOD

Ninety dyads of a person with dementia and their carer, in groups of 3-6 dyads, volunteered to participate in a 5-day residential training program and were followed-up 3, 6 and 12 months later. The primary outcome was carer depression; secondary outcomes were measures of caregiver burden, number of needs met, and person with dementia behavioural symptoms, quality of life and function.

RESULTS

Carer depression and burden were unchanged despite decreasing function in persons with dementia. Caregivers' met needs increased and behavioural symptoms in persons with dementia decreased, both significantly. Compared to a group of persons with dementia admitted for routine residential respite care there was a marked reduction in permanent placement over 12 months.



CONCLUSIONS

Going to Stay at Home assisted family carers to successfully maintain their person with dementia at home. Although the program did not decrease caregiver distress or burden, it was notable that it neither increased, even given declining function of the person with dementia. Carers' coping and home care skills, problem solving and behavioural management improved. The *Going to Stay at Home* program provides a workable model that combines respite with effective caregiver education to help families better cope with this deteriorating condition.

Gresham, M., Tsang, R., Heffernan, M., Brodaty, H. (2014) Study Protocol of the Going to Stay at Home program: evaluation of a residential care training program to reduce dementia carer distress and burden. *SpringerPlus*, 3:330. doi:10.1186/2193-1801-3-330
 Gresham, M., Heffernan, M., Brodaty, H. (in press). The Going to Stay at Home program: combining caregiver training and residential respite. *International Psychogeriatrics*, doi:10.1017/S1041610218000686