Cognitive Behaviour Therapy (CBT) for family carers

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with thanks to Penny Rapaport
Overview of presentation

- What is CBT?
- Does it make a difference?
- Recent developments
What is CBT?
What is CBT?

CBT is a talking therapy based on the premise that the way we think about a situation affects the way we act.

- The focus is on ‘dealing with the here and now’ rather than the past.
- The therapist and client work together in changing the client’s behaviours, or their thinking patterns, or both.
For example....

- Changing unhelpful thinking patterns e.g.
  - Overgeneralisation
  - Personalisation
  - Emotional reasoning
  - Jumping to conclusions

- Practicing helpful coping strategies e.g.
  - Goal setting
  - Problem-solving
  - Relaxation techniques
  - Communication skills
More about CBT (see www.babcp.com)

- CBT can be offered:
  - as individual (one-to-one) sessions
  - to couples, families or as part of a group
  - through written or computer-based packages

- Duration varies, typically between 5 and 20 weekly sessions lasting 30-60 minutes each.

- The client and therapist discuss specific difficulties and set goals. CBT is not a ‘quick fix’. It involves hard work during and between sessions, and after treatment ends.
.....as recommended by NICE

NICE CG42 recommendations include:

- for carers,
  • psychoeducation
  • dementia-care problem-solving (individual, group, telephone, internet)
  • psychological therapy for psychological distress, including CBT

- For people with dementia:
  • CBT (possibly involving carers)
Does it make a difference?
Evidence from research trials

- Cochrane review (Vernooij-Dassen 2011)
  - Cognitive reframing reduces psychological morbidity but does not alter appraisals of coping or burden

- Latest large-scale randomised controlled trial of CBT for anxiety and depression in family carers of people with dementia = STrAtegies for Relatives Trial (START; Livingston, BMJ, 2013)
  - 8 session manual based coping intervention based on Gallagher-Thompson manual
  - Delivered on 1-to-1 basis by psychology graduates
START: Carer Characteristics

- Family members providing at least weekly support to a person referred to memory services or admiral nurse services within the previous year

<table>
<thead>
<tr>
<th></th>
<th>Intervention (N=173)</th>
<th>TAU (N=87)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>62 years (18-88)</td>
<td>56 (27-89)</td>
</tr>
<tr>
<td>Employment</td>
<td>37% employed</td>
<td>55% employed</td>
</tr>
<tr>
<td>Kinship</td>
<td>45% spouses</td>
<td>36% spouses</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>76% white</td>
<td>75% white</td>
</tr>
<tr>
<td>Caseness - Anxiety</td>
<td>49%</td>
<td>55%</td>
</tr>
<tr>
<td>Caseness - depression</td>
<td>21%</td>
<td>20%</td>
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</tbody>
</table>
START Content of therapy (Livingston 2013)

- Psychoeducation
  - dementia
  - stress
  - understanding behaviour in dementia

- Behaviour management

- Stress management inc relaxation

- Pleasant events

- Maintenance plans
The START intervention is effective

- Significant differences between CBT and usual care at 8 months
  - Mean HADS-T scores lower -1.80 points (95% CI: -3.29 to -0.31; p=0.02)
  - Less case-level depression (Odds ratio (OR) = 0.25 (95% CI 0.08 to 0.81))
  - Carer quality of life was higher (mean difference= 4.09; 95%CI 0.34-7.83)

- Non significant trends:
  - People with dementia whose carers were in the intervention group had a better quality of life than those in the control group
  - Carers in the intervention group reported less abusive behaviour towards the care recipient than those in the control group

- Benefit still evident at 2 year follow-up
Recent developments

- Online CBT for carers
- CBT for anxiety and depression in people with dementia (Spector & colleagues)
Online CBT for carers

What is iCareFamily?

iCareFamily is a stress management skills training program for caregivers of individuals with memory problems, funded by the National Institute on Aging.

In collaboration with Stanford University, the Alzheimer's Association and other organizations, we have created online training videos to help caregivers to overcome stressful situations in their caregiver role.

The goal of this program is to teach skills, provide tools and resources, in order to enhance the coping with caregiving and improve quality of life.

Communication and troubles cognitifs

Si votre proche souffre de troubles cognitifs, la communication avec lui ne peut pas s’établir de la même façon qu’avant.

Il faut savoir que malgré ses problèmes cognitifs :

- Votre proche possède une mémoire affective, c’est-à-dire qu’il peut se souvenir de l’émotion vécue sans se souvenir de l’événement ayant provoqué cette émotion.
- L’exemple de Jeanne

- Votre proche ressent votre état émotif. Vous pouvez donc lui communiquer, sans vous en rendre compte, votre anxiété, votre agitation, votre stress, votre tristesse. À l’inverse, vous pouvez aussi lui transmettre votre bonne humeur et votre joie.
- L’exemple d’André

- Votre proche désire communiquer même s’il en est incapable de la même façon qu’avant. S’il ne peut s’exprimer avec des mots, il le fait par ses comportements.
- L’exemple de Wilaid

Caregiving info & articles
- Stages of Dementia
- Difficult Behaviors
- Communication
- Deep Breathing Technique
- Resources
- More...

Featured Training Video
- Introduction
- About Dementia
- Dealing with Stress
- How to Relax
- Pleasant Activities
- More...

iCareFamily Tools
- Library
- Forums
- Support
- Store
- About iCare
Personalised, interactive online CBT

- Online, interactive CBT for carers of people with dementia ‘Caring fro me and you’ at final stages of development (Fossey, Oxford)

- Forthcoming trial funded by the Alzheimer’s Society

http://www.alzheimers.org.uk/caringformeandyou
CBT for anxiety in people with dementia
(Spector et al 2012)

- Single blind randomised controlled trial
  - 10 session CBT (n=25) vs usual care (n=25)

- Participant eligibility
  - Person with dementia (DSM-IV criteria) and significant anxiety
  - Community dwelling
  - Family carer willing to participate
  - Able to give informed consent
  - Willing to discuss thoughts & feelings

- Participant characteristics
  - Mean age 78 years (sd 7); 60% female
  - mild to moderate range; MMSE median 23; CDR 0.5-2 median 1
  - Rating Anxiety in Dementia scale (RAID) Mean: 19.73 (12-35)
Spector et al Results

- CBT, tailored to individual needs and supported by family members, was acceptable, feasible and effective

- Memory was not the main barrier to participation

- There was no measurable benefit to family carers

- The impact endured, sometimes beyond the person with dementia’s memory of the therapy or the therapist
Conclusions

- CBT is a valuable approach and can be delivered in a range of formats to best suit individual needs
- However, it is not a panacea
Acknowledgements

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- Views expressed are those of the speaker