

Dementia Action Alliance 16th September 2014

Cognitive Behaviour Therapy (CBT) for family carers

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with thanks to Penny Rapaport

Overview of presentation

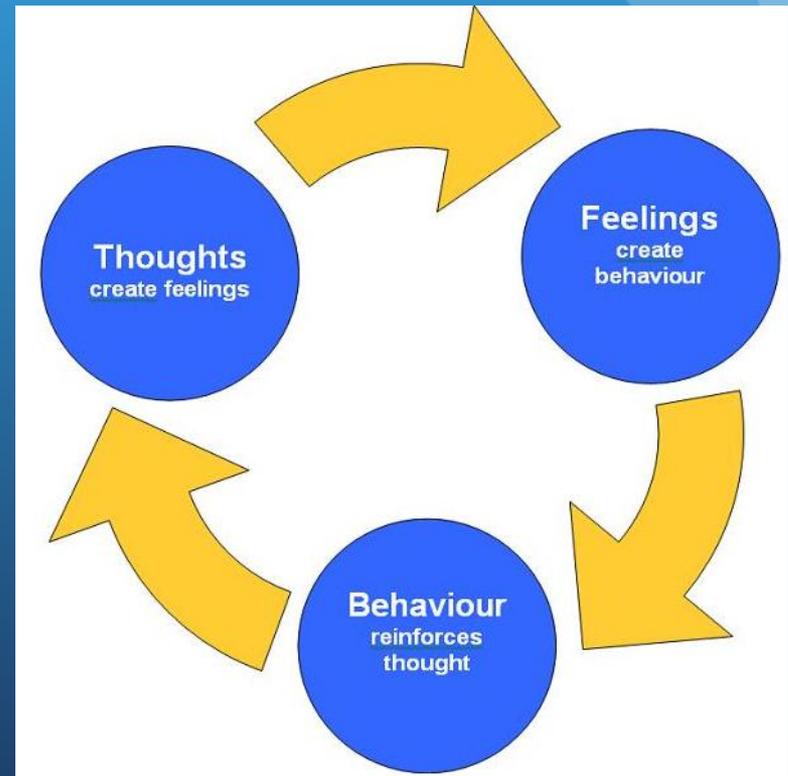
- What is CBT?
- Does it make a difference?
- Recent developments

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.

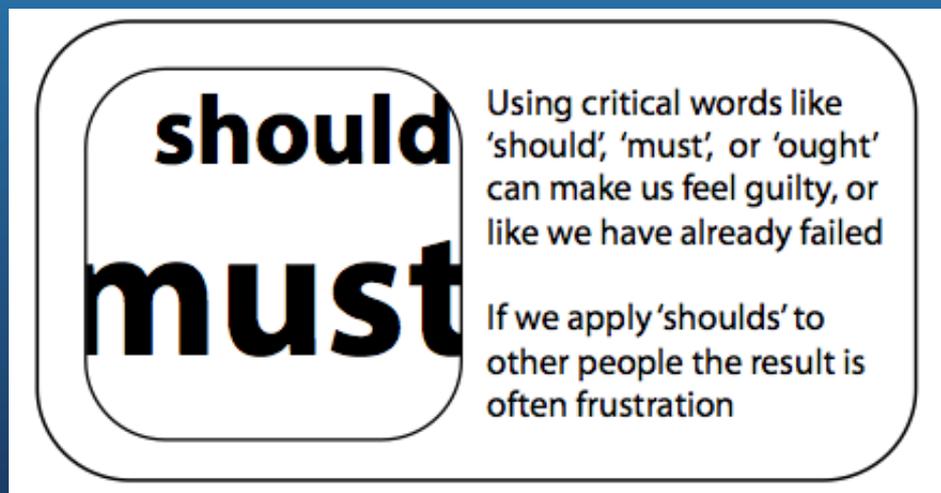
- The focus is on ‘dealing with the here and now’ rather than the past.
- The therapist and client work together in changing the client’s behaviours, or their thinking patterns, or both.



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

	Intervention (N=173)	TAU (N=87)
Age	62 years (18-88)	56 (27-89)
Employment	37% employed	55% employed
Kinship	45% spouses	36% spouses
Ethnicity	76% white	75% white
Caseness - Anxiety	49%	55%
Caseness - depression	21%	20%

START Content of therapy (Livingston 2013)

- Psychoeducation
 - dementia
 - stress
 - understanding behaviour in dementia
- Behaviour management
- Stress management inc relaxation
- Pleasant events
- Maintenance plans

START Outcomes

- 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

iCareFamily Online Information and Stress Management Training for Family Caregivers

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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.

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

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[Recherche avanc e >>](#)

Aidant au quotidien

Communication >>

Communication et troubles cognitifs

- Les 6 cl s de la communication
- Capter l'attention de mon proche
-  tablir un climat favorable
- Structurer mes conversations
-  tre plus attentif

G rer ses  motions

Trouver du soutien

Relations familiales

Communication et troubles cognitifs

Si votre proche souffre de **troubles cognitifs**, la communication avec lui ne peut pas s' tablir de la m me fa on qu'avant.

Il faut savoir que malgr  ses probl mes cognitifs :

- Votre proche poss de une **m moire affective**, c'est- -dire qu'il peut se souvenir de l' motion v cue sans se souvenir de l' v nement ayant provoqu  cette  motion.

[L'exemple de Jeanne >>](#)

- Votre proche ressent votre  tat  motif. Vous pouvez donc lui communiquer, sans vous en rendre compte, votre anxi t , votre agitation, votre stress, votre tristesse.   l'inverse, vous pouvez aussi lui transmettre votre bonne humeur et votre joie.

[L'exemple d'Andr  >>](#)

- Votre proche d sire communiquer m me s'il en est incapable de la m me fa on qu'avant. S'il ne peut s'exprimer avec des mots, il le fait par ses comportements.

[L'exemple de Witold >>](#)



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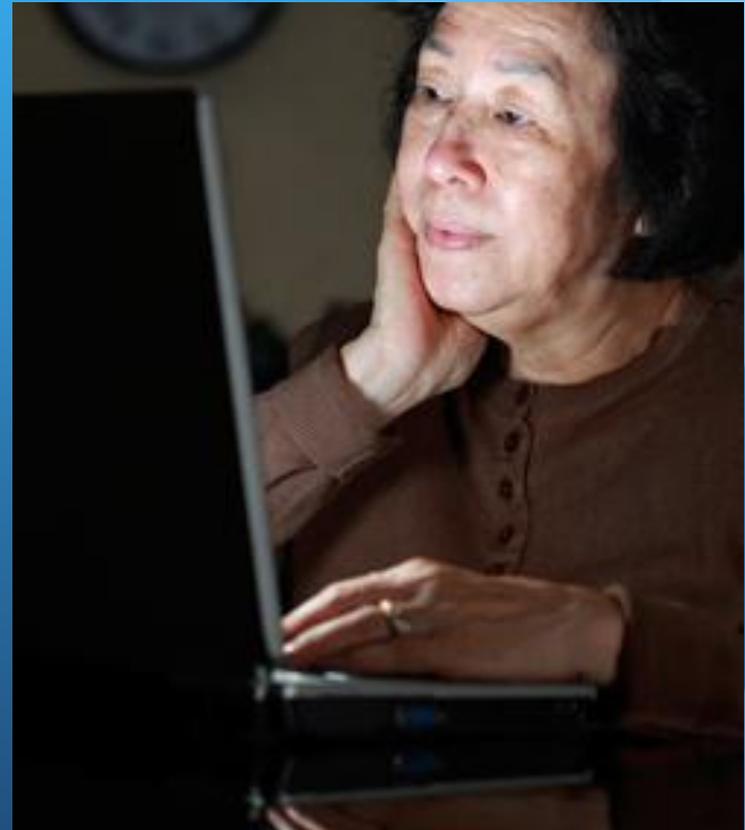
Vos questions

Que faire et comment r agir quand mon proche r p te toujours la m me chose?

[En savoir plus >>](#)

Personalised, interactive online CBT

- Online, interactive CBT for carers of people with dementia 'Caring for 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

- With thanks to Penny Rapaport for providing details of the START trial
- ‘I can’t forget to worry’ is a Research for Patient Benefit award to Dr Aimee Spector (UCL & NELFT)
- Views expressed are those of the speaker

