How To Discuss

Family caregivers generally prefer to avoid placing their elderly relatives in nursing homes, yet they struggle with the demands of caregiving. It is important to express empathy toward this situation and offer this program as a means of support. This program emphasizes the importance of self-care for the caregiver as a means toward a more positive outcome for both the patient and caregiver. Caregivers will appreciate your understanding of the fears, frustrations, and isolation that is associated with caring for a loved one with dementia.

⇒ WHAT IS IT?

An individually-tailored dementia caregiver support intervention. It consists of 4 core, individual in-person or telephone sessions delivered over 2-3 months and from a trained REACH consultant. Optional additional and maintenance sessions may be included. All participants receive an initial risk assessment. Counseling is focused on promoting caregiver emotional well-being and provides practical information on topics related to safety and management of troublesome patient behavior. Skills taught include problem-solving, mood management, and stress reduction. All caregiver participants receive a resource workbook full of practical tips and advice.

⇒ WHO IS IT FOR?

Any spouse, adult child or other family caregiver of a person with dementia. The program may be especially appropriate for caregivers that are particularly isolated and would benefit from more understanding and support. The program is may be most beneficial at delaying nursing home placement when provided to caregivers of individuals that are mildly or moderately demented.

⇒ WHAT DOES IT DO?

The original REACH study was administered as a multi-site pragmatic evaluation of various caregiver support interventions. After meta-analysis, the REACH curricula and format was tested among a diverse (Latino, Caucasian, Black) sample of over 640 participants in 5 cities. It showed decreased depression among caregivers, leading to better self-rated health, better sleep quality, and less burden and bother with their caregiving role. A cost-effectiveness analysis showed that the intervention made caregivers more efficient, freeing one extra hour per day not spent caregiving. The study was not followed up long enough (6 months) to detect a difference in institutionalization rate, although a study combining retrospective cohort data from 24 sites in the VA suggested lower costs. A translational study of the abbreviated, 4 session format confirmed benefits when delivered in community settings.