



Transfer of Training of Cognitive-Behavioral Intervention for Black Caregivers of Loved Ones with Dementia: Initial Qualitative Analysis

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Background

- The US National Institute on Aging has called for intervention research to address more thoroughly the skills-training and support needs of Black family caregivers (CGs) of older adults with dementia. Black CGs face significant health and emotional challenges, such as worse overall physical health and higher rates of CG burden compared to their non-Hispanic/Latino White peers.
- Recent studies provide evidence of the benefits of cognitive-behavioral interventions (CBIs) on global outcome measures, including perceived physical health, caregiver burden, and self-efficacy. However, research evaluating transfer of training from specific in-session skills-training and support activities to everyday functioning in community settings for CGs and their loved ones with dementia is limited.

Purpose

- This study primarily aimed to: (1) identify the specific components of the ACTS2 cognitive-behavioral intervention that CGs performed during caregiving and self-care activities in the home and community, and (2) assess the relative proportion that each of these components transferred to the home and community setting.

Research Design

- The parent study was a 2-arm randomized clinical trial (active vs. waitlist) comparing changes in CG depression, physical health, and problem severity from pre-treatment to post-treatment. Waitlist subjects received a second administration of post-test measures after completion of the ACTS2 12-session skills-training and support program.
- The study focused on a qualitative analysis of transfer of training using semi-structured interviews conducted a minimum of 6 months following the intervention.

12-Session Program Inclusion Criteria

- CGs were eligible for participation in the 12-session program if they:
 - 1) were a family member or significant other of an adult (>59 years) with progressive dementia
 - 2) Spent at least 6 hours per week in providing direct care to the care recipient
 - 3) Scored >9 on the Patient Health Questionnaire-9 (depression module)
 - 4) Were 18 years of age or older

Data Collection & Analysis Strategy

Participants

- 47 African-American CGs, 41 women and 6 men, participated in the ACTS2 study. The mean age, years of education, and months of dementia caregiving are 60.09 (*SD* = 10.52), 15.23 (*SD* = 2.55), 41.79 (*SD* = 40.00), respectively.
- 28 CGs were in the active and 19 CGs were in the waitlist condition who subsequently became active.

Semi-Structured Interviews

- CGs and their 3 facilitators received follow-up interviews after CBI program completion. This analysis focused on questions from CG follow-up interviews about application of skills and strategies outside the program sessions themselves.
- Two questions specifically addressed transfer of training: Do you use the skills or strategies used that were discussed in during the ACTS2 program? and What impact, if any, has the ACTS2 program had on your caregiving activities?

Analysis Strategy

- Interviews were transcribed and coded using a standardized codebook to identify topics relating to caregiving and CG resources.
- We consolidated responses to the transfer of training questions from all included interviews into a single file for aggregated analysis.

Results

Program Component: Relaxation

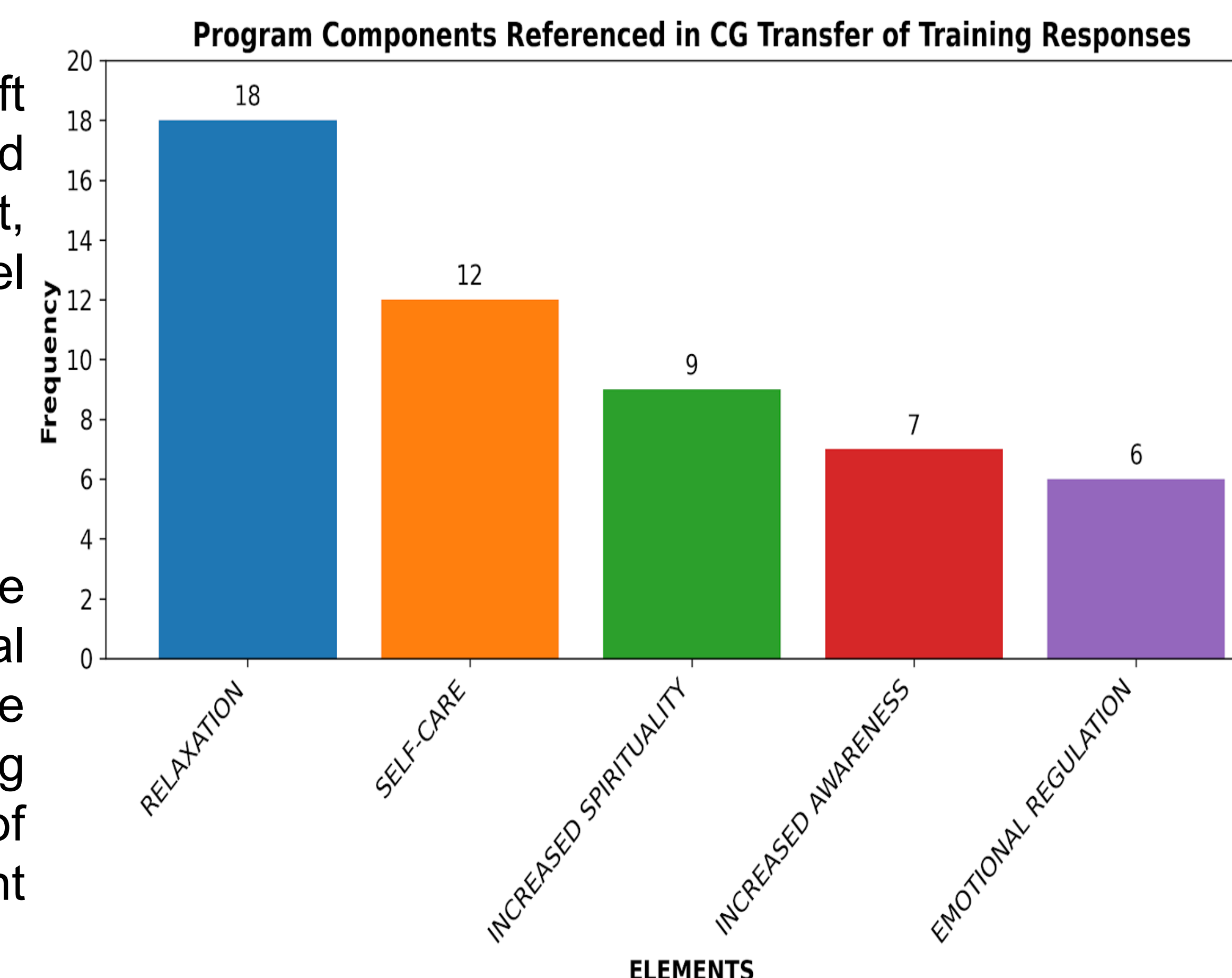
- The most frequently referenced program component was Relaxation, emerging 18 times throughout all interviews. Participants often recalled relaxation techniques and strategies learned from the ACTS2 12-session skills training program. Participants reported decreased stress from engaging in activities including listening to soft music, breathing routines, and meditating.
- "Deep breaths [...] do things like devotional readings [...] listen to music and you know walk around outside and exercise" to "deal with stressful situations" when speaking about dealing with the pressures of life as a caregiver."
- "Just taking a moment just to let my mind drift into a place and solitude and peace. And even if it means, like listening to soft, something that's gonna bring that stress level down."

Program Component: Increased Spirituality

- References to increased spirituality were observed in 9 instances. A variety of spiritual approaches that transferred beyond the ACTS2 program were mentioned including prayer, meditation, and scripture. A subset of participants reported increased involvement in faith communities.
- "It taught me to go to another level of Christianity."
- "It makes you pray more."
- "I will turn on the [...] Catholic channel [...] we have a chapel that comes by [...] and a girl comes from the church itself, they will all pray with her and give her communion. So, it has quite a big impact."

Program Component: Self-Care

- This program component was observed in 12 instances, usually in reference to prior neglect of self-care due to caregiving demands. CGs reported greater self-care awareness and described intentional efforts towards prioritizing well-being.
- Participants reported increased ability to meet their own needs by engaging in activities including exercising, crocheting, and walking.
- "It really made me take more time for myself. Learn to do that. Because that was probably one of the things that I was probably lacking in the most."
- "Sometimes caregivers need to take care of themselves. All of that has really helped me to see what is going on."



Conclusion

- Relaxation was the most commonly referenced program component in CG responses to transfer of training questions, followed by self-care and increased spirituality.
- Future directions include enrolling additional family CGs and seeking feedback on transfer of training from additional key informant groups like 12-session program facilitators and ACTS2 community partners.