

Resilient Together for Dementia:
A Qualitative Study of Couples’ Treatment Preferences to
Address Distress Early After Diagnosis

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Sarah M. Bannon, PhD¹, Grace Allison, PhD¹, Sydney McCage, MA¹, Stephan Brandt, PhD¹, Kristen Dams-O'Connor, PhD¹, Christine S. Ritchie, MD, MSPH², & Ana-Maria Vranceanu, PhD³

¹ Brain Injury Research Center, Dept. of Rehabilitation and Human Performance, Icahn School of Medicine at Mount Sinai, New York, NY
² Mongan Institute Center for Aging and Serious Illness, Division of Palliative Care and Geriatric Medicine, Massachusetts General Hospital and Harvard Medical School, Boston, MA
³ Center for Health Outcomes and Interdisciplinary Research, Dept. of Psychiatry, Massachusetts General Hospital and Harvard Medical School, Boston, MA

Couples facing a dementia diagnosis have unmet needs for flexible, skills-based dyadic support to prevent chronic distress and build shared resilience early after diagnosis

BACKGROUND	METHODS	RESULTS	RESULTS, CONTINUED	DISCUSSION & CONCLUSION
- Partners often experience clinically elevated emotional distress (23–50%) around symptom onset and after a formal dementia diagnosis - Unaddressed distress deteriorates partners’ mental and physical health, relationship quality, quality of life, and can exacerbate AD/ADRD symptoms - Existing dyadic interventions for neurodegenerative disease largely target care-partner outcomes; lack of integrated psychological support for both partners Objective: Comprehensively characterize couples’ preferences for a dyadic intervention designed to prevent chronic distress and promote positive adjustment early (within 6 months) after one partner’s dementia diagnosis  SCAN ME	Design: Qualitative study using joint (dyadic) interviews and a hybrid inductive-deductive approach to thematic analysis - Recruited N=16 couples (32 participants) via direct provider referral from neurology, psychiatry, and geriatrics clinics within a large academic medical center (May 2023–January 2024) Eligibility: English-speaking adults; one partner with a chart-documented dementia diagnosis within 2 years (after age 65) showing cognitive awareness of symptoms and capacity to consent - Couples completed a 60-minute joint virtual (Zoom) interview with a clinical psychologist or a supervised research coordinator, guided by a semi-structured interview script Analysis: Framework method with rapid analysis after each interview to assess saturation; formal coding in Dedoose by 2 trained coders (discrepancies resolved with the lead author) into 3 a-priori domains.	Sample: 16 couples- 43.7% interviewed within 2 years of diagnosis, 31.3% at 7–12 months, and 25% beyond 12 months Program format: couples preferred to participate together in most/all sessions (vs. separately) and wanted flexible telehealth and in-person delivery options Program content (8 themes): (1) information on AD/ADRD; (2) open communication about stress; (3) acute stress management; (4) nuanced, flexible thinking; (5) tolerance of uncertainty/ change; (6) coping with loss and meaning-making; (7) collaborative coping; (8) communicating the diagnosis - Partners living with dementia wanted to know what changes to expect; some spouses described dementia education as a “reality check” to counter avoidance or denial - Both partners described difficulty communicating about distress and uncertainty about how to be supportive without causing conflict	Barriers: denial, hesitation, or limited insight in the person with dementia; time, technology, and scheduling constraints (e.g., no home internet, travel priorities, physical limitations for in-person attendance) Facilitators: general interest in learning resiliency skills, described as a “learning experience” or a “first aid kit” for challenging situations; interest in connecting with other couples with similar experiences and timelines after program completion Limitations: sample was predominantly White and well-educated, recruited from a single academic medical center; all couples chose joint (not individual) interviews; the hybrid inductive-deductive approach may have biased findings toward previously documented content - First study to comprehensively characterize couples’ treatment preferences for an early, post-diagnosis dyadic intervention	- Findings support adapting Recovering Together model into a flexible skills-based dyadic program incorporating DBT-informed skills (mindfulness, distress tolerance, communication) alongside education and peer-connection opportunities - Programs should screen for and address denial/hesitation and accommodate cognitive needs (simplified materials, scaffolding, and spaced retrieval) CONTACT Sarah.Bannon@mountsinai.org  