

Feasibility and Preliminary Mental Health Outcomes of a 6-Week Virtual Support Program for Family Caregivers of Persons With Dementia

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BACKGROUND & SIGNIFICANCE

- Family caregiving for a relative with dementia is a stress-inducing event that increases risk for depression and anxiety.
- Caregiver focus groups identified that inadequate social supports and poor dementia-related health literacy further increase stress.
- In African American/ Black families, the risk for Alzheimer’s disease or other dementia types is elevated relative to other ethnoracial groups. The increased incidence of pain and chronic diseases, such as hypertension and diabetes, likely contributes to this increased risk.
- Few culturally responsive and readily accessible interventions exist that address caregiver psychosocial health needs—particularly for non-spousal caregivers.

OBJECTIVE

To test the feasibility, acceptability, and potential mental health benefits of a 6-week, caregiver co-created, virtual, synchronous support program for family caregivers of persons with dementia.

METHODS

- Single-arm pilot behavioral clinical trial
- Inclusion criteria
 - Self-identified Black/ African American
 - 18+ years of age
 - English speaking
 - Related to or close personal relationship with a person 55+ years old who has an ADRD diagnosis or evidence of cognitive impairment
 - Regular access to a smartphone, computer, or other device with internet access
 - Provides monitoring and assistance in activities of daily living or other care tasks for the care recipient
- Measures
 - Revised Scale for Caregiving Self-Efficacy
 - PROMIS Global Health (v1.2)
 - PROMIS Emotional Distress Anxiety (4A)
 - PROMIS Emotional Distress Depression (4a)
 - Psychological Stress Measure 9
 - Personal Resource Questionnaire (PRQ2000)

Analysis: Descriptive statistics, pre-post effect sizes (Hedges’ g), and sensitivity analysis (Wilcoxon signed-rank tests)

RESULTS

Table 1: Participant Demographics

Characteristic	Value
Sample Size	N = 23*
Age, mean (SD)	54 (10.79)
Female	18 (78.26%)
Education	
High School Diploma or GED	2 (8.7%)
Some College or Higher	21 (91.3%)
Relationship Status	
Single	9 (39.13%)
Married or Partnered	11 (47.83%)
Widowed	1 (4.35%)
Divorced	2 (8.7%)
Employment Status	
Employed Full-Time	10 (43.48%)
Employed Part-Time	3 (13.04%)
Retired	5 (21.74%)
Hypertension	6 (26.09%)
Diabetes	2 (8.7%)
Care Recipient Relation	
Parent	16 (69.57%)
Grandparent	3 (13.04%)
Spouse or Partner	3 (13.04%)
Other Relative	1 (4.35%)
Care Recipient Activities of Daily Living (ADL) Mean (SD)	14.61 (5.16)**
Care Recipient Instrumental Activities of Daily Living (IADL) Mean (SD)	2.35 (1.94)***

* Participants engaged in 1 of 6 groups, ranging from 2-5 individuals per group
** ADL scores range from 0-20, with lower scores indicating increased disability
*** IADL scores range from 0-8, with lower scores indicating higher levels of dependence

Table 3: Participant Post-Intervention Outcomes

Outcome	Mean Change (95% CI)	Hedge’s g	Wilcoxon p
Depression	-2.41 (-5.62, .792)	-.314	.175
Anxiety	-1.11 (-4.96, 2.73)	-.121	.382
Stress	-2.61 (-9.17, 3.95)	-.166	.44
Global Mental Health	2.53 (-.61, 5.67)	.336	.05
Global Physical Health	2.55 (-.98, 6.09)	.301	.063
SE - Obtaining Respite	11.04 (-5.49, 27.58)	.278	.485
SE – Controlling Upsetting Thoughts	-4.23 (-11.64, 3.16)	-.239	.573
SE – Responding to Disruptive Behaviors	-2.35 (-8.04, 3.34)	-.172	.448
Perceived Personal Resources	4.39 (-2.11, 10.89)	.282	.162
Adaptive Coping	.09 (-2.28, 2.45)	.015	.982

Figure 1: Participant Post-Intervention Open-Ended Survey Comments

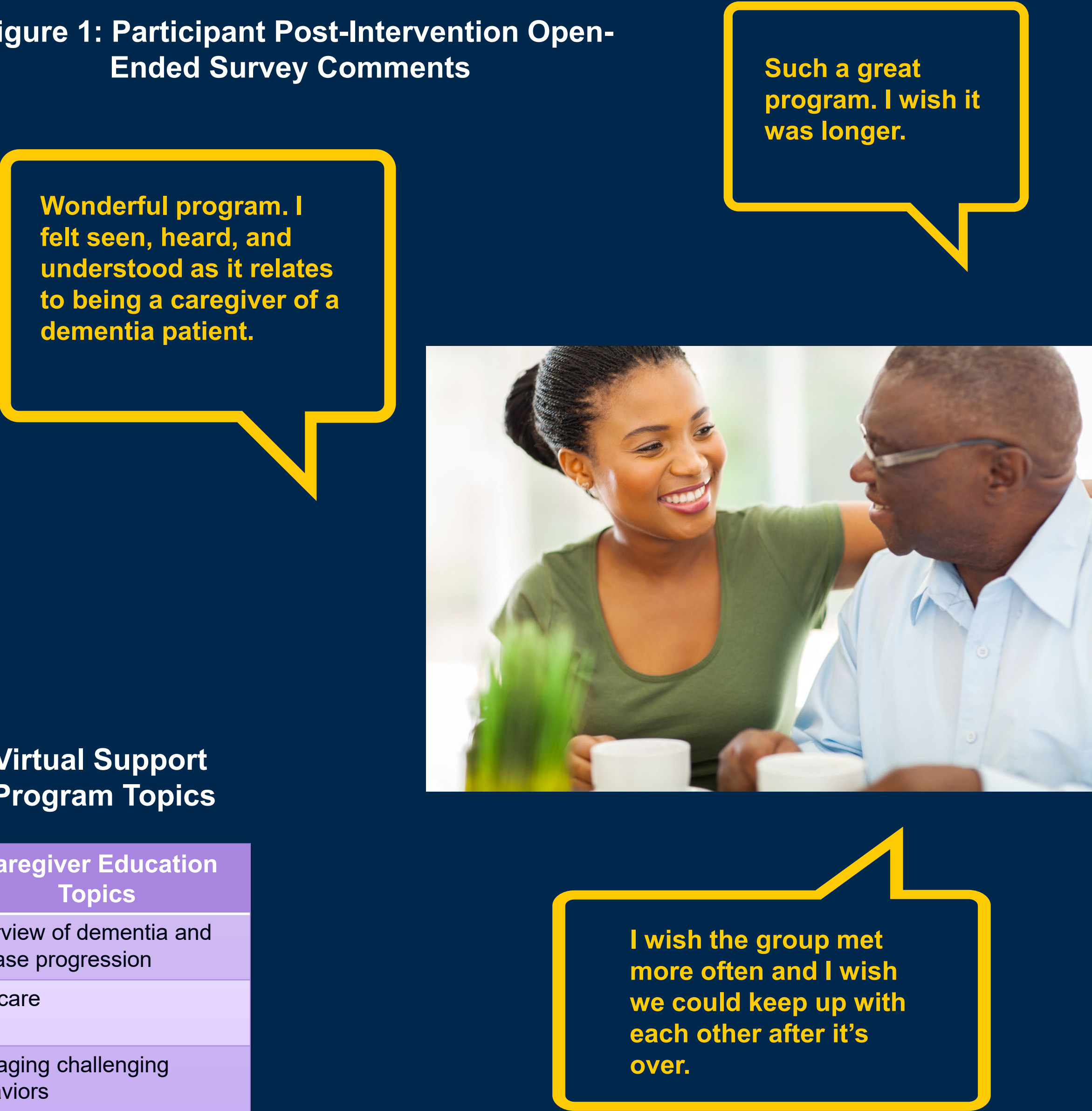


Table 2: Virtual Support Program Topics

Week	Caregiver Education Topics
1	Overview of dementia and disease progression
2	Self care
3	Managing challenging behaviors
4	Pain management
5	Accessing support
6	Advanced directives and end-of-life planning

CONCLUSIONS

- Intervention effect sizes were small but consistent with early-stage community-based interventions.
- This 6-week synchronous virtual support program was both feasible and acceptable to a variety of African American/Black family caregivers residing in rural and urban locations across the United States.
- Direction and consistency of modest effect sizes across participant health and caregiving self-efficacy outcomes support further study.
- Virtual caregiver support interventions may be a scalable strategy for improving disparities in caregiver mental health.

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