

Effect of Acceptance and Commitment Therapy on Primary Family Caregivers of Community-Dwelling People Living with Dementia

Hyejeong Yang¹, Hyun-Ju Seo^{2*}, Dahee Kim¹

- ¹College of Nursing, Graduate School of Chungnam National University, Daejeon, Republic of Korea
- ²College of Nursing, Chungnam National University, Daejeon, Republic of Korea

INTRODUCTION

- Family caregivers of people living with dementia (PLWD) experience substantial psychological distress and caregiving burdens.
- However, existing education- or information-based interventions do not sufficiently alleviate emotional distress among family caregivers of PLWD, which indicates the need for evidence-based psychosocial interventions.

Why ACT?
Acceptance and Commitment Therapy (ACT) promotes psychological flexibility through acceptance, cognitive defusion, present-moment awareness, self-as-context, values clarification, and committed action.

- Previous studies suggest that ACT may reduce depressive symptoms and improve psychological well-being among dementia caregivers.

Study Aim
To evaluate the effects of an Acceptance and Commitment Therapy (ACT) intervention on:

- Psychological flexibility
- Caregiver burden
- Depressive symptoms
- Health-related quality of life

METHODS

1. Study Design

Quasi-experimental study with a wait-list control group.

2. Participants

Intervention Group ; IG (n = 39)

Control Group ; CG (n = 39)

Inclusion Criteria

- Aged 19 years or order
- Primary family caregiver of a people living with dementia
- Providing home-based caregiving for ≥3 months

Exclusion Criteria

- Cognitive or communication difficulties
- Caregivers of people living with dementia who are institutionalized in a long-term care facility or nursing hospital

3. Program Adaptation Process (Phase 1)

Expert Panel (6 Experts)
2 Nursing Professors, 1 Psychiatry Professor, 1 Neurology Professor, 2 Dementia Care Specialists

Content Validity Assessement
Evaluation of relevance, clarity, and applicability of each session

Program Revision
Based on expert feedback and recommendations

Final ACT Program
(7-session intervention)

4. Procedure (Phase 2)

Pretest (T0)
Both groups

ACT Program
(1 session/week, 60 min)
IG : ACT intervention
CG : Wait-list (usual care)

Posttest (T1)
Both groups

5. ACT Program (7 Weekly Sessions)

Session	Theme & Content
1	Introduction & Defusion : Stepping back from unhelpful thoughts and emotions.
2	Acceptance : Accepting difficult caregiving experiences.
3	Contact with the Present-Moment : Focusing on the present through mindfulness.
4	Self-as-Context : Observing thoughts and emotions without judgment.
5	Values : Identifying personal values and meaning.
6	Committed Action : Engaging in value-based actions.
7	Integration & Closure : Consolidating skills and planning future practice.

6. Measures (Korean version)

1) Psychological flexibility : Acceptance and Action Questionnaire - version 2 (AAQ-II)

2) Caregiver burden : Short-form Zarit Burden Interview (ZBI-12)

3) Depressive symptoms : Patient Health Questionnaire-9 (PHQ-9)

4) Health-related quality of life : Health-Related Quality of Life instrument with 8 Items (HINT-8)

7. Data Analysis

- Baseline homogeneity will be assessed using chi-square tests and independent t-tests.
- Intervention effects will be evaluated using analysis of covariance controlling for baseline scores.

ANTICIPATED RESULTS

- ACT participants are expected to demonstrate greater psychological flexibility than those in the control group.
- ACT participants are expected to report lower caregiver burden and depressive symptoms than those in the control group.
- ACT participants are expected to report better health-related quality of life than those in the control group.

ANTICIPATED CONCLUSIONS

- The findings of this study are expected to provide empirical evidence for the effectiveness of ACT as a community-based nursing intervention and to inform the development of tailored support programs for family caregivers within dementia care systems.

CONTACT



*Hyun-Ju Seo:
hjseo20@cnu.ac.kr

Ethical considerations and conflicts of interest
The study was approved by the Institutional Review Board of Chungnam National University



REFERENCES

- Hayes, S. C., Levin, M. E., Plumb-Villardaga, J., Villatte, J. L., & Pistorello, J. (2013). Acceptance and commitment therapy and contextual behavioral science: examining the progress of a distinctive model of behavioral and cognitive therapy. *Behavior therapy*, 44(2), 180–198.
- Hellis, E., & Mukaetova-Ladinska, E. B. (2022). Informal Caregiving and Alzheimer's Disease: The Psychological Effect. *Medicina (Kaunas, Lithuania)*, 59(1), 48.
- Sun, Y., Ji, M., Leng, M., Li, X., Zhang, X., & Wang, Z. (2022). Comparative efficacy of 11 non-pharmacological interventions on depression, anxiety, quality of life, and caregiver burden for informal caregivers of people with dementia: A systematic review and network meta-analysis. *International journal of nursing studies*, 129, 104204.