

**Psychoeducation Intervention to Reduce Stress and Burden of Informal Caregivers of
Dementia Patients**

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Introduction

Persons with dementia experience changes in behavior and functional dependence, which increases with the severity of the disease. Since the illness is progressive, taking care of a person with dementia changes continuously and it has a significant psychological effect on the caregiver. Research conducted by Chan et al. (2021) found that many caregivers often experience depressive symptoms, increased stress and social isolation, which is detrimental to both the caregiver and the patient. The Government of Hong Kong, through the Hospital

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schemes in their early development stages and from a healthcare staff perspective, informal caregivers do not receive appropriate support to improve their quality of life. The aim of this paper is to propose an evidenced-based psychoeducation intervention to relieve caregiver's burden of caring for dementia patients and improve their mental well-being.

Psychoeducation and Stress Process Model

Psychoeducation interventions combine behavioral, cognitive and education strategies to promote the psychological wellbeing of the caregiver and the person with dementia.

Psychoeducation was initially used in the family treatment of patients with schizophrenia and it mainly included four key components. The first component entailed basic education for the

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Additionally, the intervention was meant to prevent relapse, manage crises, and prevent suicidal thoughts (Sarkhel et al., 2020). Although psychoeducation was first used to treat schizophrenia, Frias et al. (2020) suggest that it is also applicable to many problems including those experienced by informal caregivers caring for patients with dementia. Alves et al. (2020) highlight that when psychoeducation is designed to help participants understand dementia and manage behavioral changes, it has therapeutic benefits and lessens the emotional burden experienced by the caregiver.

According to Lindeza et al. (2020), the person caring for a family member with dementia can experience stressors such as anxiety and depression because the process is demanding. The Stress Process Model (SPM) will help to explain the relationship between the sources of stress,

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the primary appraisal, the individual assesses the beneficial and detrimental aspects of the stressors. The secondary appraisal involves assessing whether one can do anything to prevent harm or improve the likelihood of positive outcomes. Through this cognitive appraisal process, individuals decide if an encounter affects their happiness (Wang et al., 2023). On the other hand, coping helps regulate emotional responses to stress (emotion-focused coping) and addresses

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can be triggered when solutions fail and it can help the person to have positive emotions and stimulate re-appraisal. This process can encourage the individual to collect coping resources such

as social support. The SPM model will provide a basis for designing psychoeducation as an intervention for caregiver stress with an aim to identify coping strategies.

Psychoeducation as an Intervention

The proposed intervention will use educational techniques and cognitive-behavioral strategies to help the informal caregiver understand the process of dementia acknowledge and cope with their emotions and reactions. Informal caregivers require information about the disease, respite care, available services, benefits, and recognition of their role. Additionally, they need to be able to

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have a positive influence on the emotions and behavior of the caregiver (Padmanabhan, 2022).

Prior research has recommended psychoeducation as the most common strategy used to alleviate caregiver burden (Silaule et al., 2024). Psychoeducation intervention is used with groups of families, with individual families and with or without the presence of the patient. The psychoeducation intervention should be individualized and aimed to target the current needs and situation of the caregiver rather than a “one size fits all” approach (Whitlatch & Orsulic-Jeras, 2017). The author further notes that education alone does not show significant mental health

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Psychoeducation intervention conducted by a trained practitioner to help alleviate caregiver burden has proved to be effective for stress reduction. As suggested by Chan et al. (2023), the practitioner-client relationship is crucial thus the practitioner should establish rapport, an atmosphere of support, trust and empathy. This also promotes active participation and makes the

information about dementia, such as the type, prevalence, cause, and treatment. The goal of the educational session is to improve the knowledge and skills of dementia and related issues (Whitlatch & Orsulic-Jeras, 2017). When delivering the education, the practitioner can use

care (Liu et al., 2018). This step focuses on training the caregiver on stress management techniques such as mindfulness exercises, relaxation, sleep and goal planning for their life and dementia care (Wang et al., 2023). Additionally, the caregiver should be made aware of the available community resources and the need to seek help from social support.

In conclusion, a substantial number of evidence supports the effectiveness of psychoeducation as an intervention for caregiver stress and burden. The Stress Process Model offers a further explanation of stressors and stress coping, which can be used as a guide to regulate emotional response, address the source of stressors and seek social support.

References

Alves, G. S., Casali, M. E., Veras, A. B., Carrilho, C. G., Costa, E. B., Rodrigues, V. M., & Dourado, M. C. N. (2020). A Systematic Review of Home-Setting Psychoeducation Interventions for Behavioral Changes in Dementia: Some lessons for the COVID-19 Pandemic and Post-Pandemic Assistance. *Frontiers in Psychiatry*, 11.

<https://doi.org/10.3389/fpsy.2020.577871>

Alzheimer Society of Canada. (2024). *Reducing caregiver stress*. <https://alzheimer.ca/en/help-support/im-caring-person-living-dementia/looking-after-yourself/reducing-caregiver-stress>

Chan, C. Y., Cheung, G., Martinez-Ruiz, A., Chau, P. Y. K., Wang, K., Yeoh, E. K., & Wong, E. L. Y. (2021). Caregiving burnout of community-dwelling people with dementia in Hong Kong and New Zealand: a cross-sectional study. *BMC Geriatrics*, 21(1).

<https://doi.org/10.1186/s12877-021-02153-6>

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<https://www.info.gov.hk/gia/general/202403/27/P2024032700205.htm>

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