

Target Area: Anxiety, Depression, Stress & Adjustment

<p>McCallion, Toseland & Freeman (1999) <i>Journal of the American Geriatrics Society</i> 47(2): 203–214</p>	<p>PEDro score – 5 / 10</p>
<p>Method/Results</p>	<p>Rehabilitation Program</p>
<p>Design:</p> <ul style="list-style-type: none"> ➤ Study type: RCT. ➤ Population: n=66 nursing home residents patients with moderate to severe dementia and their families. Participants were from 5 skilled-care nursing homes. ➤ Groups: <ol style="list-style-type: none"> 1. Family Visit Education program (n=32, 6% male, M=86.44± 6.59 years. 2. Usual care group (n=34, 35% male, M=85.53 ± 6.65 years. ➤ Setting: Nursing home. <p>Primary outcome measure/s:</p> <ul style="list-style-type: none"> ➤ Multidimensional Observation Scale for Older Subjects (MOSES). ➤ Cornell Scale for Depression in Dementia (CSDD). ➤ Cohen–Mansfield Agitation Inventory (CMAI). ➤ Geriatric Indices of Positive Behavior (GIPB). ➤ Management of Problem Behaviors (MPB). ➤ Measures of visit satisfaction, hassles and management strategies for family members. <p>Secondary outcome measures:</p> <ul style="list-style-type: none"> > None. <p>Result: Participation in FVEP had a positive impact on residents' depression, irritability and problem behaviours. Significant interaction effects were found for mood related and physical signs of depression, and agitation levels, with reductions for the FVEP versus increases for the usual care group. Verbal behaviours were significantly greater in the FVEP group, while noninteractive behaviours were found to decrease for FVEP but increase for usual care participants over 3 months.</p>	<p>Aim: To improve the quality of interaction between family members and nursing home residents with moderate to severe dementia, and to reduce problem behaviours and feelings of depression, irritability and withdrawal.</p> <p>Materials: A written intervention manual, participant workbooks, and training videotape are available.</p> <p>Treatment plan</p> <ul style="list-style-type: none"> ➤ Duration: 8 weeks (9 contact hours). ➤ Procedure: 4 x 1 ½ hr group sessions and 3 x 1 hr family conferences. ➤ Content: <ul style="list-style-type: none"> – <i>Family Visit Education Program:</i> Groups sessions involve: <ol style="list-style-type: none"> 1. Education regarding Alzheimer's Disease, typical cognitive, affective, and behavioural presentations, caregiver strains and the impact of family interactions. 2. Training in effective verbal and nonverbal techniques for communication. 3. Training in memory aids such as memory albums and audiotapes. 4. Training in activities that promote interaction. Family sessions included observation of interaction with in vivo feedback and face-to-face feedback with the family members not in the presence of the resident. Specific feedback is given regarding the family's implementation of strategies taught in the group sessions. – <i>Usual Care group:</i> Participants engaged in the usual social and recreational programming offered by each nursing facility.