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Psychological Needs of the Caregiver

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Psychological Needs of the Caregiver

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Disciplines

Psychology

Comments

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Psychological Needs of the Caregiver

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Disclosures

- Employee of Dordt College

Caregiving

- Central Elements:
 - Basic Activities of Daily Living (ADL's)
 - Instrumental Activities of Daily Living (IADL's)
 - Medical support
 - Emotional support /comfort

(Adelman, Tmanova, Delgado, Dion, & Lachs, 2014)

Caregiver Burden Defined

- “The extent to which caregivers perceive that caregiving has had an adverse effect on their emotional, social, financial, physical, and spiritual functioning”

(Zarit, Todd, & Zarit, 1986)

Informal Caregiving

- Unpaid family or informal caregivers provide as much as 90% of in-home long-term care
- 2009: 43.5 million unpaid caregivers provided care to persons > 50 years old
- 2013 Study: Informal dementia caregiving cost = \$56,290 avg. per patient annually

(Adelman et al., 2014)

Caregiver Burden: Risk Factors

- Gender
- Education Level
- Residing with Recipient
- Depression
- Social Isolation
- Financial Stress
- Hours Spent Providing Care for Recipient
- Perception of Choice

● (Adelman et al., 2014)

Caregiving: Physical Health Factors

- Increased blood pressure (higher systolic & diastolic)
- Greater amounts of carotid plaque
- Increased risk of coronary artery disease
- Increased cortisol levels (HPA Axis)
- Suppressed immune function
- Increased cellular aging speed
- Poor sleep quality

● (Fonareva & Oken, 2014)

Caregiving: Neuropsychological Factors

- Impaired Cognitive Wellbeing → Increased Dementia Risk
 - Attention
 - Concentration
 - Processing speed
 - Delayed verbal recall (short-term memory)
 - Executive function

(Fonareva & Oken, 2014)

Caregiving: Psychological Factors

- Depression
 ≈ 30–80% rate (vs. 6–9% of general pop. > 55 y.o.)
- Anxiety
 ...Esp. increased risk of Generalized Anxiety Disorder

(Fonareva & Oken, 2014; Trevino, Prigerson, & Maciejewski, 2018)

Caregiving: Psychological Factors

What are the *specific issues* that cause a caregiver to feel depressed and / or anxious?

Behavioral Disturbance & Stress

- Patients w/ Frontotemporal Lobar Degeneration *or* Lewy Body Disease exhibit signif. more neuropsychiatric problems than Alzheimer's patients
- Conclusion: *Increased* frequency & severity of related patient behavioral disturbances → *Increased* caregiver burden & stress

(Liu et al., 2017)

Behavioral Disturbance & Stress: Implications

- Caregivers will require *different levels* of support, based upon the diagnosis received by the care recipient
 - NOT a “one-size-fits-all” proposition
- With sufficient knowledge / understanding of the disease / disorder, caregiver resilience may be enhanced

Behavioral Disturbance & Stress: Implications (2)

- Medical providers should pay attention to the needs of patient *and* caregiver(s) *alike*...
 - But how often does this really happen?
 - What prevents this from happening on a more consistent basis?

Informal Caregivers & Health System

- Informal Caregivers...
 - Often receive inadequate support from health care professionals
 - Often feel abandoned & unrecognized by health care system

(Lilly, Robinson, Holtzman, & Bottorff, 2012)

Reducing Caregiver Burden: Medical Providers...

1. Draw Caregiver into Care Team
2. Encourage Caregiver to Maintain Self-Care & Health
3. Provide *Education & Information* about Recipient's Needs
4. Encourage Use of Supporting Technology
5. Coordinate / Refer for Care Assistance
6. Encourage Use of Respite Care

(Adelman et al., 2014)

Reducing Caregiver Burden: Caregivers...

1. *Proactively, Assertively* Seek Inclusion in Care Team
2. Ask Questions / Seek Answers
3. *Address Your Own Depression & Anxiety*
4. Allow Yourself the *Dignity* of Personal Time / Space
5. *Delegate* Care Responsibilities as Needed

References

- Adelman, R.D., Tmanova, L.L., Delgado, D., Dion, S., & Lachs, M.S. (2014). Caregiver burden: A clinical review. *Journal of the American Medical Association*, 311(10), 1052-1059. <http://doi:10.1001/jama.2014.304>
- Fonareva, I., & Oken, B.S. (2014). Physiological and functional consequences of caregiving for relatives with dementia. *International Psychogeriatrics*, 26(5): 725–747. <http://doi:10.1017/S1041610214000039>
- Lilly, M.B., Robinson, C.A., Holtzman, S., & Bottorff, J.L. (2012). Can we move beyond burden and burnout to support the health and wellness of family caregivers to persons with dementia? Evidence from British Columbia, Canada. *Health & Social Care in the Community*, 20(1), 103-112.
- Liu, S., Liu, J., Wang, X., Shi, Z., Zhou, Y., Li, J., Yu, T., & Ji, Y. (2017). Caregiver burden, sleep quality, depression, and anxiety in dementia caregivers: a comparison of frontotemporal lobar degeneration, dementia with Lewy bodies, and Alzheimer's disease. *International Psychogeriatrics*, 1-8. <http://doi:10.1017/S1041610217002630>
- Trevino, K.M., Prigerson, H.G., & Maciejewski, P.K. (2018). Advanced cancer caregiving as a risk for major depressive episodes and generalized anxiety disorder. *Psycho-Oncology*. 27, 243–249. <http://doi/abs/10.1002/pon.4441>
- Zarit, S.H., Todd, P.A., & Zarit, J.M. (1986). Subjective burden of husbands and wives as caregivers: A longitudinal study. *Gerontologist*, 26(3), 260-266.