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As researchers continue to define, describe, and understand the multiplicity of caregiver characteristics, complementary efforts are underway to develop interventions tailored to address the continuum of caregiving concerns. The purpose of this issue is to present a sampling of caregiver-focused interventions that represent state-of-the-art procedures currently in use around the country. Although it may be beyond the scope of many speech-language pathologists to provide the types of interventions reviewed, it is important to understand the purposes and derived benefits to caregivers who participate in these programs so that appropriate referrals can be made.

Historically, interventions that provided support to caregivers through group discussions of shared caregiving concerns were the first efforts to acknowledge the needs of caregivers. As McCallion, Diehl, and Toseland's article outlines, support groups are a relatively low-cost method of providing education and social networking to caregivers who may be socially isolated by the caregiving demands of an impaired relative. A variety of support group models have been explored in recent years because of the increasing awareness of each caregiver's unique burdens and constraints, highlighting the need for groups tailored to address specific caregiving situations (e.g., adult child or spousal caregivers, in-home or institutional caregivers).

The specific needs of caregivers have been the focus of some interventions designed to improve caregivers' self-management or patient-management skills. Lovett and Rose's article describes the effectiveness of psychoeducational programs that teach caregivers self-management skills, such as effective problem-solving, anxiety

and anger reduction, and increased life satisfaction. Pinkston's article presents the case for teaching caregivers strategies for changing patients' behaviors, thereby reducing the frequency of problem behaviors and increasing caregivers' feelings of self-efficacy and control. A detailed example of an intervention to improve patient behavior, which is implemented by caregivers, is outlined by Bourgeois. These three articles represent the current focus on developing interventions that produce robust, reliable, and replicable changes in caregivers' and/or patients' behavior that can be maintained over time and can generalize to other situations.

Efforts to improve caregivers' skills for maintaining patients in their homes will undoubtedly continue, supported by the current trends in public policy and health care funding. Nevertheless, nursing home management of elderly patients with dementia cannot be overlooked. As Cox and Ory's article attests, the long-term care needs of older people and their families is a Congressional priority. The National Institute on Aging, specifically, has directed funding to projects that address the long-term care needs of the elderly and their caregivers; its Special Care Unit Initiative seeks to identify the characteristics of special care units in nursing homes, and their effects on residents with Alzheimer's disease, the nursing home staff, and family caregivers. The funding of these evaluation projects in nursing homes is just one facet of efforts to improve the quality of life for nursing home residents. Burgio and Scilley describe an intervention approach that is in concert with new regulations requiring nursing homes to adopt an active treatment model for their residents. As a consequence, caregivers in nursing homes often need training

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in rehabilitation skills; Burgio and Scilley discuss the need for, and outline specific features of, in-service teaching methods that are coupled with formal systems for managing staff performance.

The range of specific interventions now available for caregivers, in home and institutional settings, reflects the variety of challenges faced by those caring for an individual with dementia. Just as some caregivers may be able to handle caregiving responsibilities with relatively little intervention, such as the camaraderie and emotional support found in a support group, others may need more direct, hands-on help in which individually tailored guidance and attention are provided through skills training. In coming years, researchers who study

caregivers' characteristics and their perceived needs, as was described in the first issue of this two-part series, and those who document the effects of the kinds of caregiver-focused interventions described in this issue, will contribute to a better understanding of how to ameliorate caregivers' burdens through interventions that are tailored to individual caregiver needs. With knowledge of available resources and a multidisciplinary outlook on service provision, speech-language pathologists will be able to participate more effectively in providing state-of-the-art care to individuals with dementia and to their caregivers.

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Guest Editor