





CareACT Internet-based ACT for Enhancing the Psychological Flexibility of Elderly Caregivers

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Depression (BDI-II)

Background: It's well known that stress, low quality of life and depression are relatively common problems among caregivers. The proportion of elderly caregivers is rapidly increasing, which emphasizes the need for new support systems for caregivers. Internet-delivered psychological interventions are one possible approach, offering benefits as they are more easily to achieve for caregivers who often are home-bound with their relatives.

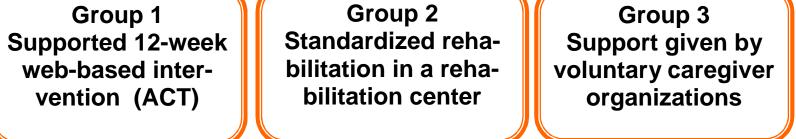
Aim: This study will examine whether a telephone-supported Acceptance and Commitment Therapy -based online psychological intervention aiming at enhancing wellbeing would be an effective alternative for promoting caregivers quality of life and alleviating depressive symptoms and psychosocial burden.

Method: The effects of an ACT-based online intervention on caregivers' burden, depressive symptoms, anxiety, quality of life, psychological flexibility, personality and physical performance will be studied by quasi-experimental study design comparing three groups of caregivers. Data collection will be conducted at three time points; baseline, 4 months and 10 months.

The first wave of the intervention and data collection is underway. We will present the preliminary results for the first two measurement points (pre and 4-month) for the intervention group, and discuss the caregivers' experiences of the webbased intervention.

AIM OF THE STUDY

This study will examine whether an ACT-based online psychological interven on aiming at enhancing wellbeing is an effec ve alterna ve for mee ng the needs of caregivers. We will compare the Internet-based wellbeing program against a standardized rehabilita on program carried out in rehabilita on centers and TAU to find out the most effec ve ways on promo ng caregivers quality of life and allevia ng depressive symp-

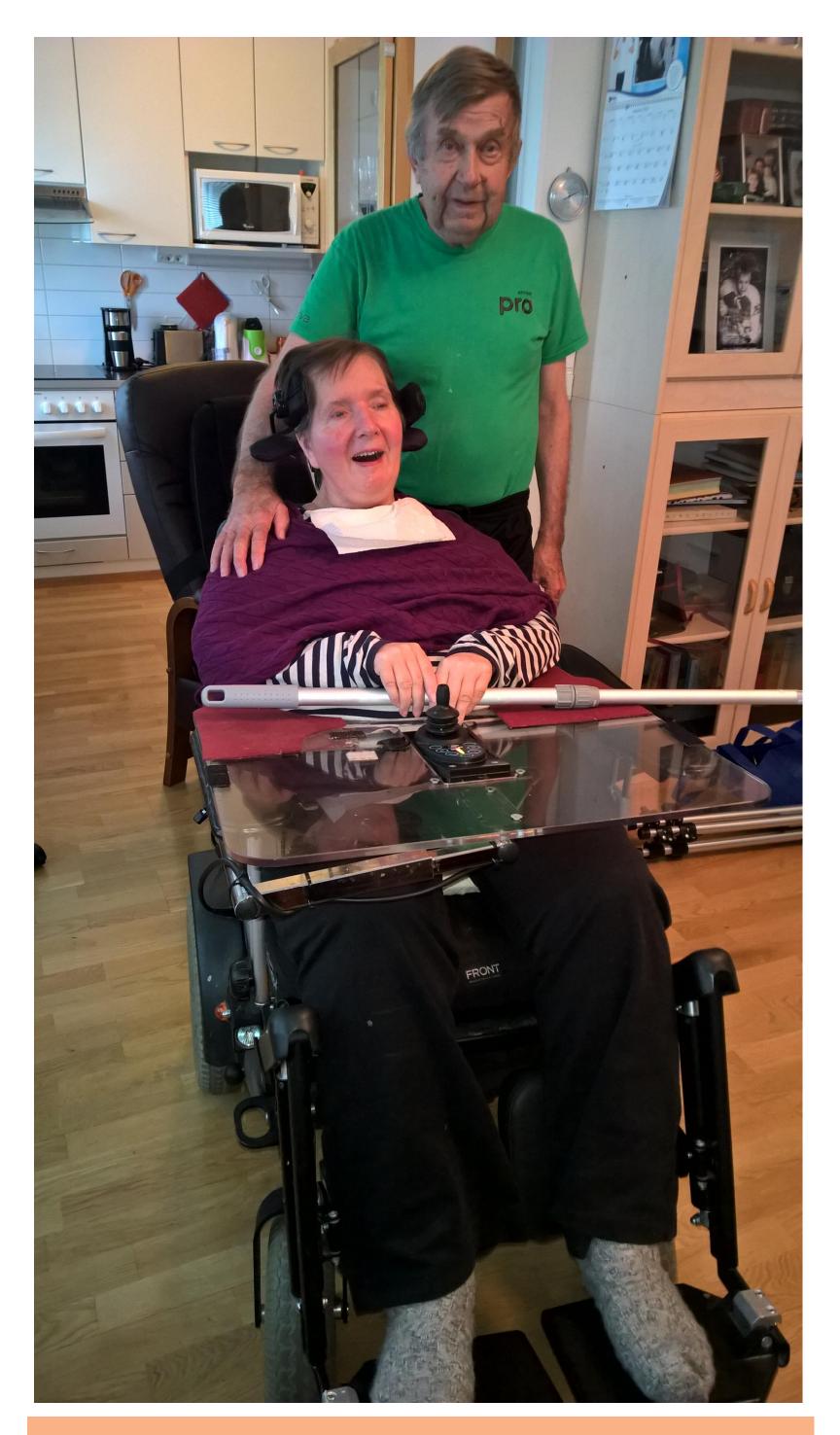


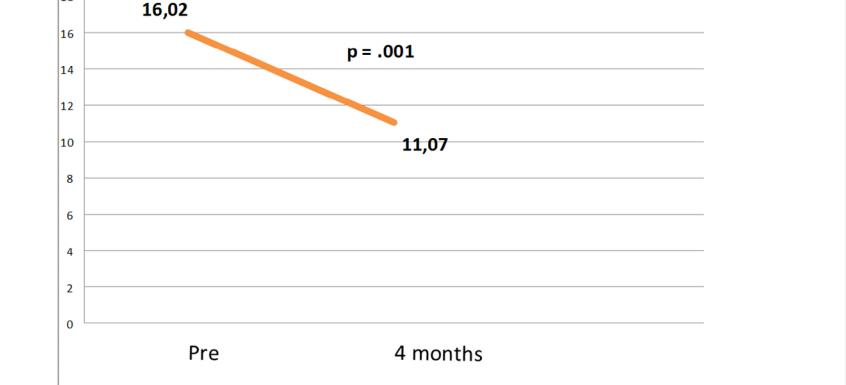
INTERVENTION (GROUP 1)

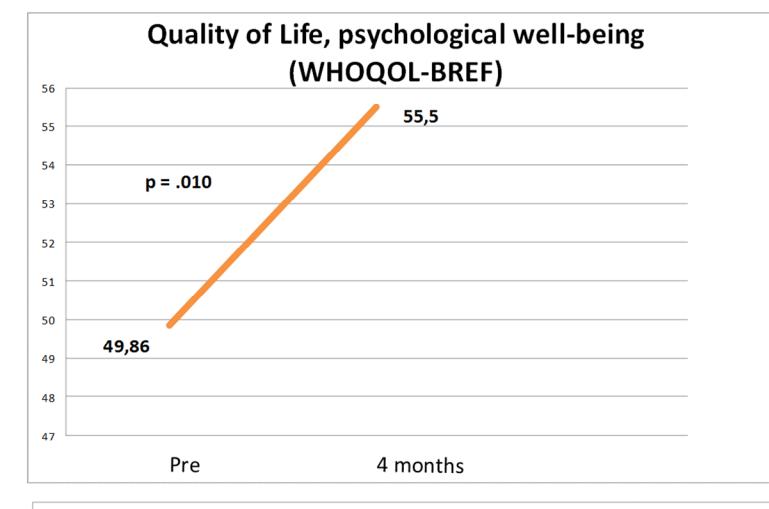
In the first wave, 35 caregivers (Mean 72.1 years) started the 12-week supported web-interven on January 30th, 2017. Psychology students (n=13) interviewed the caregivers before (pre) and a er the webbased interven on (4 months) and introduced them to the web program <u>h ps://omapolulla.fi/</u>. The web-based interven on consisted of 6 modules based on the processes of ACT. A er each module (2 weeks), caregivers completed an assignment related to the process, and their support person (student) gave them a 10-15 min phone call.

RESULTS OF THE 4 MONTH MEASUREMENT FOR THE INTERVENTION GROUP, FIRST WAVE OF THE DATA COLLECTION (N=28)

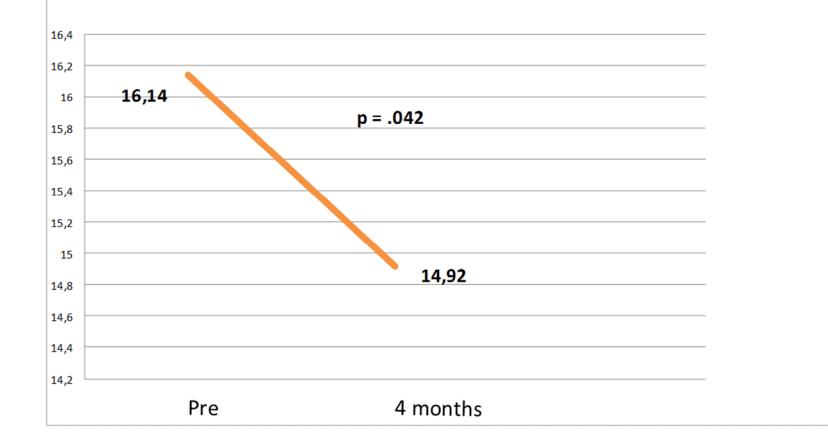
A er the 12-week web-based ACT interven on, depression, nega ve impact of caregiving and suppression of thoughts showed a significant decrease and experien al avoidance a nearly significant decrease. In addi on, quality life of increased. These are preliminary results of the first wave of the interven on and only of the interven on group. We will con nue with data collec on in autumn 2017.







Negative impact of Caregiving (COPE Index)



toms. The research ques ons are as follows:

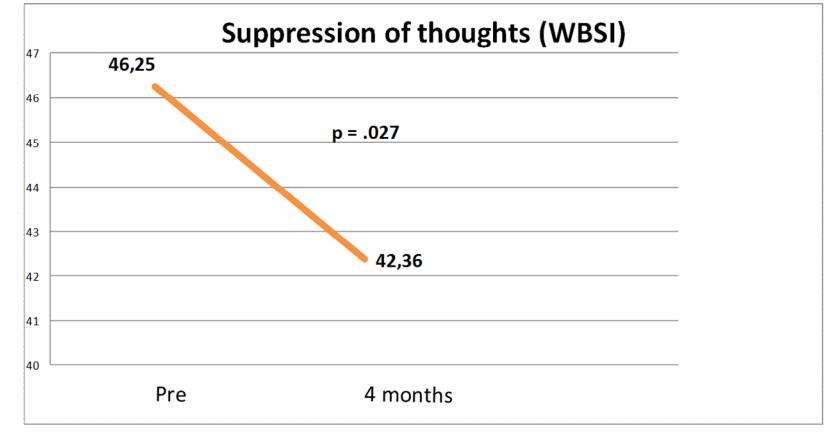
1. Does the supported web-based interven on alleviate burden and depressive symptoms and increase quality of life more than standardized rehabilita on or usual care during 10-months follow-up? 2. Does the caregivers' baseline sense of coherence, psychological flexibility and personality modify the effects of the interven on?

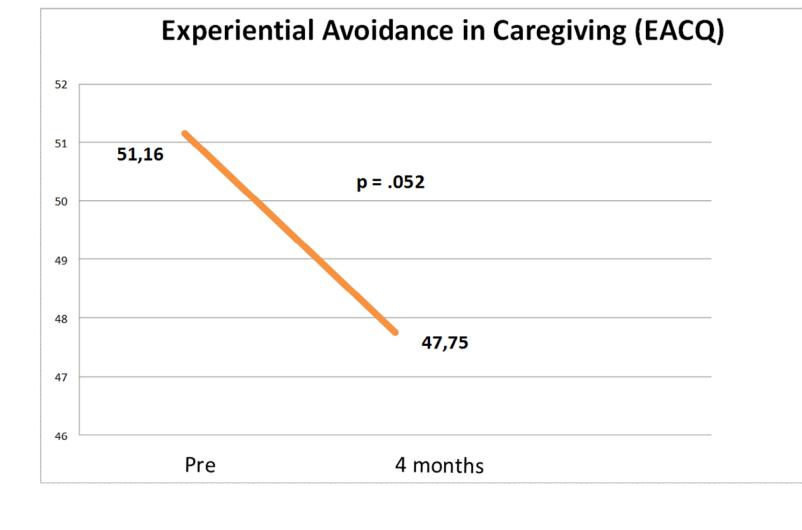
STUDY DESIGN

The effects of an ACT-based online interven on on caregivers' burden will be studied by quasi-experimental study design comparing three groups of 60+ caregivers. Group 1 (n=50) will receive a telephone-supported 12week ACT-based web-interven on; group 2 (n=50) will receive the standardized rehabilita on program in a rehabilita on center; and group 3 (n=50) will receive support given by voluntary caregiver organizations (TAU) (n=50). Data collec on will be conducted at baseline, 4 months and 10 months follow-up.

MEASUREMENTS

Caregivers' burden: COPE-index (McKee et al., 2003) Depressive symptoms: BDI-II (Beck 2004) Quality of life: WHOQOL-Bref (Skevington et al. 2004) Anxiety: GAD-7 (Spitzer, 2006) Sense of coherence: SOC-13 (Antonovsky 1987) Psychological flexibility: AAQ-II (Hayes et al. 2004) Experien al avoidance in caregiving: EACQ (Losada et al., 2014) Thought Suppression: WBSI (Wegner & Zanakos, 1994) Personality: The Short Five (S5; Konstabel et al. 2012).





Physical Performance (SPPB; Guralnik et al., 1994)

CONCLUSIONS

- Preliminary results at 4 months for the interven on group (Group 1) are encouraging.
- However, elderly caregivers are a challenging group, and a telephone supported webinterven on may not be enough to meet the needs of this fragile group

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