Development and Feasibility Evaluation of a Web-based Intervention for Family Carers of Persons with Dementia Residing in Long-Term Care

Wendy Duggleby, PhD, RN
University of Alberta
Laura Cottrell, PhD(c)
University of Alberta
Welcome

• Q&A session

• Please submit your Qs online during presentation

• We will answer as many Qs as time permits
Reminder: Survey & Webinar

• **Survey will pop up on your screen after webinar**
  • Feedback on how to improve webinar series

• **Webinar slides & video available for viewing online within 1-2 days at:**
  • cfn-nce.ca/news-and-events/webinars
Reminder: Upcoming Webinars

Register at:

• **Wednesday, August 29, 2018 at 12 noon ET**
  Anticipatory Long-term care Electronic Resident Triage Tool (ALERT) for Canadian Long-term Care Homes – CFN-funded Catalyst Grant Program – Michelle Grinman, University of Calgary and Greta Cummings, University of Alberta

• **Wednesday, September 12, 2018 at 12 noon ET**
  Mixed Methods feasibility study of group peer support interventions to engage the public in ACP – CFN-funded Catalyst Grant Program – Doris Barwich, University of British Columbia
CFN 2018 National Conference

- **September 20-21, 2018 in Toronto, Ontario**

- To register and view more details, visit our conference website: [http://www.frailtyconference.ca/](http://www.frailtyconference.ca/)
Presenters

Development and Feasibility Evaluation of a Web-based Intervention for Family Carers of Persons with Dementia Residing in Long-Term Care

• Professor and Endowed Nursing Research Chair in Aging and Quality of Life, in the Faculty of Nursing at the University of Alberta
  • Areas of research interest include gero-oncology, psychosocial oncology, family caregivers and palliative and end-of-life care

• PhD candidate in the Faculty of Nursing at the University of Alberta
  • Primary research interests are in aging, palliative and end-of-life care and qualitative methods
Development and Feasibility Evaluation of a Web-based Intervention for Family Carers of Persons with Dementia Residing in LTC

Wendy Duggleby, PhD, RN
Research Chair in Aging and Quality of Life
Director of Innovations in Seniors’ Care Research Unit
Faculty of Nursing University of Alberta

Laura Cottle, MSN, RN
PhD candidate Faculty of Nursing
University of Alberta

Canadian Frailty Network Webinar
August 15, 2018
Objectives

1. Describe the processes of adapting an existing intervention to caregivers of persons with dementia residing in LTC

2. Understand the role of family carers in the development and revision of the intervention

3. Discuss future directions based on the findings of the feasibility study
Study Team

**Principle Investigator:**
- Wendy Duggleby, University of Alberta

**Co-investigators:**
- Jenny Ploeg, McMaster University
- Carrie McAiney, McMaster University
- Jasneet Parmar, University of Alberta
- Jayna Holroyd-Leduc, University of Calgary
- Shelley Peacock, University of Saskatchewan
- Kevin Brazil, Queen’s University, Belfast
- Cheryl Nekolaichuk, University of Alberta
- Sunita Ghosh, University of Alberta
- Dorothy Forbes, University of Alberta
- Sharon Kassalainen, McMaster University

**Knowledge Users:**
- Arlene Huhn, Alzheimer Society of Alberta & NWT
- Kathy Classen, Covenant Health
- Sandra Woodhead Lyons, ICCER
- Sharon Baxter, CHPCA
Advisory Committee Members

- Brenda Bell (Caregiver)
- Bernie Travis (Caregiver)
- Brian Wilson (Caregiver)
- Arlene Huhn (AS of Alberta/NWT)
- Jasneet Parmar (Covenant Health Seniors Wellness Initiative)
- Kathy Classen (Covenant Health Seniors Wellness Initiative)
- Sandra Woodhead Lyons (ICCER)
- Tim Bowen (Covenant Health)
- Sheli Murphy (Covenant Health)
- Tracy Humphry (Covenant Health)
- Sharon Baxter (CHCPA)
Thank You to:

- Laura Cottrell (Trainnee)
- Jillian Parragg
- Marina Ricco
- Kathya Jovel-Ruiz
- Jenny Swindle
- Joanne Ward
Contributing Partners:

- Alzheimer Society of Alberta/NWT
- ATMIST
- Canadian Frailty Network
- Covenant Health
- University of Alberta Faculty of Nursing
- Innovations in Seniors’ Care Research Unit
Background

- Based on Transition Theory, we developed an online psychosocial supportive intervention for Family Carers of Older Persons with dementia living in the community.

- My Tools 4 Care was evaluated in a pragmatic mixed method randomized control trial and found to have positive outcomes for carers.

Welcome

This site is intended to support care partners of persons with dementia. Care partners are family members, friends, or neighbours who provide some type of support. My Tools 4 Care can be used on your home computer, your laptop, your tablet and your smart phone. It is based on research studies and what other care partners have told us.

Activities and Resources

In this site you will find activities where you can write things down or upload pictures and documents that you feel will help you.

You will also find resources, reading materials, important contact information, and suggestions. There is also a place to store what health information you want to share with others. You can add or delete parts as you wish.

You may choose to use different sections of My Tools 4 Care depending on what you feel you need. There is no need to complete any of the activities if you don't want to. It is up to you.

Privacy

Anything you post in My Tools 4 Care is confidential. Please be sure to read the Privacy Statement before you begin.

About My Tools 4 Care

To access My Tools 4 Care you will need to start by creating an account. Click on Register to begin. Once you have an account, you'll be able to access all of the resources and activities. There is no cost to register or to use My Tools 4 Care.

For help with this website, please contact us at livingwithhope@mns.ualberta.ca.

We hope My Tools 4 Care will help support you in the important work you do.
How to use My Tools 4 Care

My Tools 4 Care was developed to help you as a care partner as you care for a person with dementia. It is based on a research study and what other care partners have told us. My Tools 4 Care can be used as you wish, by you and those close to you. These activities will "save as you go" so you can come and go as you please.

My Tools 4 Care is divided into 6 sections: 1) About Me (activities for you to engage in); 2) Common Changes to Expect; 3) Frequently Asked Questions; 4) Resources; 5) Calendar and 6) Important Health Information (you can store what information you wish to share with others). You may choose to use different sections depending on what you feel you need. There is no need to complete any of the activities if you don't want to. It is up to you.

You can add or delete parts as you wish. You can print any page directly from your browser.

We hope that My Tools 4 Care will be of help to you. You may also consider accessing support groups and/or counsellors for further information and support.

Now go to the menu and choose any section to begin.

Some activities you can look at:

- About me
- Common changes to expect
- Frequently Asked Questions
- Resources
- Calendar
- Important Health Information
Research Questions

- What revisions should be made to My Tools 4 Care adapting it to the needs of family caregivers of older persons with dementia residing in 24 hour care facilities?

- Evaluate My Tools 4 Care - In Care for ease of use, feasibility, and acceptability and satisfaction with the toolkit?
Study Participants

- **Study inclusion criterion:** 1) Family or friends ≥ 18 years of age who provide physical, emotional, or financial care to persons who are ≥ 65 years of age who have Alzheimer’s Disease or related dementias (ADRD) and reside in a 24 hour care facility; 2) English-speaking, and 3) access and able to use a computer and have an email address.

- **Study exclusion criterion:** Family caregivers caring for a person with who: 1) has died, or 2) resides outside of a 24 hour care facility (e.g. in the community).
Three-phased mixed method approach with qualitative and quantitative data collected from stakeholders and family caregivers of older persons living with frailty residing in 24 hour care facilities.
Phase 1
Review of My Tools 4 Care and recommend changes

- Two focus group interviews (August 2016) with 9 family caregivers recruited through the Alzheimer Society of Alberta & NWT to review My Tools 4 Care and make suggested changes

- Survey of Covenant Health LTC Site Administrators to collect suggested changes to the online toolkit; 11 sent out, 3 returned
Focus Groups-Objectives

1. To explore the post-placement transition process for caregivers of family members with dementia to inform revisions of the online support tool (MT4CInCare)

2. ”How do family caregivers of persons living with dementia describe the changes and difficulties they experienced after their family member was placed in a 24-hour care home”? 
# Focus Group Participant Characteristics N=9

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<td>Number of months living in LTC, mean (SD)</td>
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Focus Group Questions

- Please tell us about the biggest changes you have experienced in caring for your family member once they were admitted to a 24-hour care home

- What would help you with these changes?
Methods

- Thematic analysis (Braun & Clarke, 2006)
- Transition theory
- Interpretive analysis
Findings

- Living with loss
- Relinquishing
- Redefining the caregiving role
- Rediscovering and recreating a new self
Transitions

- Physical and Mental Health
- Roles and Relationships
- Responsibility for giving and negotiating care (physical – ADL’s and psychological)
- Environment (physical and social)

Redefining the caregiving role

Rediscovering & recreating a new self

Living with loss

Relinquishing
Transitions
- Physical and Mental Health
- Roles and Relationships
- Responsibility for giving and negotiating care (physical - Activities of Daily Living and psychological)
- Environment (physical and social)

Coming to terms
- Acknowledging the changes (reality)
- Renewing Everyday Hope

Connecting
- Actively seeking information
- Searching for options
- Connecting with trusted experts

Redefining Normal
- Defining new standards
- When to worry

My Tools 4 Care Transition Framework

- Timely Communication
- Information
- Support Networks
- Self Care
My Tools 4 Care In Care Transition Framework

**Transitions**
- Physical and Mental Health
- Roles and Relationships
- Responsibility for advocating and negotiating care
- Environment (physical and social)
- Communicating and working with staff to provide care

**Coming to terms**
- Acknowledging the changes (reality)
- Renewing Everyday Hope
- Dealing with Guilt
- Dealing with Loss

**Connecting**
- Actively seeking information
- Searching for options
- Connecting with trusted experts

**Redefining Normal**
- Defining new standards
- When to worry

**Timely Communication**
- Information
- Support Networks
- Self Care
My Tools 4 Care-In Care: New

About Me

- How Can I Manage the Guilt I feel?
- Working Together
- Advocating for Care
- Goals for Care at the End of Life
MT4C Compared to MT4C-In Care

**MT4C**
- Common Changes to Expect
- Frequently Asked Questions

**MT4C - In Care**
- Revised based on Focus Group interviews
- Revised based on Focus Group Interview
## MT4C Compared to MT4C-In Care

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<td>Grieving and Loss</td>
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<td>Transitioning to LTC</td>
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Removed from MT4C

- Planning Ahead: Legal and Financial Issues, Advance Care Planning
- Calendar
- Important Health Information
- Behavior Tracking Record
- **Development of MT4C - In Care** based on the findings from Phase 1 and with assistance of the research and advisory committees and ATMIST.

- **Field Testing of MT4C - In Care** Family caregiver participants from Phase 1, research and advisory committees were asked to field test MT4C - In Care to ensure that the instructions were clear and it is easy to navigate.
My Tools 4 Care - In Care

Welcome

This site is designed to support family and friends caring for a person with dementia. Whether you are a caregiver, family member, friend, or neighbour who provides some type of support, My Tools 4 Care - In Care can be used on your home computer, your laptop, your tablet, or your smart phone. It is based on research studies and what other caregivers told us.

Accessing My Tools 4 Care - In Care

To access your My Tools 4 Care - In Care account, you will need to log in using your email address and password. Once you have logged in, you will be able to access all of the resources and activities. There is no cost to register or use My Tools 4 Care - In Care.

For help with this website, please contact us at

What is My Tools 4 Care - In Care?

In this site you will find activities where you can write things down or upload photos and documents that you feel will help you. You will also find resources, reading materials, important contact information, and suggestions. You can add or remove parts as you wish; no one else will see it unless you choose to share it with them.

You may choose to use different sections of My Tools 4 Care - In Care depending on what you need. There is no need to complete any of the activities if you don’t want to do it up to you.

Privacy

Any information you post in My Tools 4 Care - In Care is confidential. Please be sure to read the Privacy Statement before you begin.

No one will see the information you post unless you choose to share it with them.

Terms of Use

Please review the Terms of Use before you continuing using this site.

We hope My Tools 4 Care - In Care will help support you in the important work you do.

This project is funded by

[Logos of funding agencies]

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How to use this toolkit

This is a toolkit to help you as a carer (caregiver) prepare for possible changes or events, so you can support your family member with dementia in care. “In care” means receiving 24-hour care in a facility, for example long-term care. It is based on a research study and what other carers have told us. This toolkit can be used as you wish, by you and those close to you. No one else will see it unless you share it with them.

This website has 4 sections: 1) About Me (activities for you to engage in); 2) Common Changes to Expect; 3) Frequently Asked Questions; 4) Resources. You do not have to go through the sections in order. You can choose to use different sections of this toolkit depending on what you feel you need. There is no need to complete all of the activities if you don’t want to. It is up to you.

We hope that this toolkit will be of help to you. You may also consider accessing support groups and/or counsellors for further information and support.
About me

This section consists of activities about you. It may help you to reflect on your past, present and future experiences both as an individual and carer. You are encouraged to think about changes in your life, along with your hopes and goals.

Each of the activities in this section has a brief guide to give you ideas about how you may wish to start them. It is your choice how you do the activities.

You can keep this private or share it with others. That is up to you.

Some activities you can look at:
- Where I am
- What helps me?
- My goals as a carer
- Everyday hope
- What am I doing for myself today?
- How can I manage the guilt that I feel?
- Working together
- Advocating for care
- Goals for care at the end of life
Where I am

Some people find it helpful to write or talk about their story. You might find it useful to write your story here. Think about the following questions: Who are you? What brought you to this point in your life? What strengths might you draw upon?

Guide: Begin to write your story, below. This is to help you reflect and understand where you are right now in your life as well as the past/where you've been in your life. This is your story. You can start anywhere. You can also continually update your story.

- There is no right or wrong way to write your story – just start and don't worry about finishing it
- Your story can include major changes in your life (both emotional and physical)
- You can write in paragraph form or bullet form, whatever you find helpful
- Pictures can also be part of this story: for instance, post a photo of you in the past and a photo of you in the present

Click here to add your thoughts
What helps me?

Some days may be challenging. Being reminded about all the things that give you strength might help you.

Guide: Think about the things or people that help you and give you strength. For example, think about activities or accomplishments that made you feel your best. What or who makes you feel good or strong?

- Begin to write a list of what/who gives you strength (e.g., family supports, friendships, volunteering, spiritual practice, support meetings, hobbies, successes)
- Someone else can help you write a list
- Or take pictures of what gives you strength

Click here to add your thoughts
My goals as a carer

Describing your goals can help you become aware of your current situation and personal expectations.

Guide: Write below your thoughts about your goals as a partner in your family member/friend’s care (this may change over time).

- Think about changes your family member/friend may experience in the near or distant future. How might these changes affect what you want for your family member/friend? For yourself?
- Develop your goals as a carer. Start with short attainable goals
  - One way to do this is to work towards setting SMART goals:
    - Specific (Developing a well defined goal e.g. the who, what, where, when and why of the goal)
    - Measurable (Knowing what you will see, hear and feel when you reach your goal. Breaking your goal down into its measurable components)
    - Attainable (Weighing the effort, time and other costs that the goal will take to achieve)
    - Realistic (Creating a goal that can be achieved with available resources and knowledge)
    - Timely (Making sure you have enough time to achieve your goal and that it is relevant to present circumstances)
  - What roadblocks might you encounter while working towards these goals? How might you overcome these roadblocks?
  - Discuss your goals with others, in particular facility staff
Everyday hope

Some people find that writing and then thinking about what gives them hope can be useful to gain or keep a sense of hope.

Guide: Hope is important for everyone, but especially for people who may be experiencing grief and loss (also see the Resources section for information on grief and loss). Write below what gives you hope today. Thinking about what helps you to have hope today is an exercise you can do every day. Some ideas include:

- Make note of what reminds you of hope or gives you hope (for example, you could upload a photo, poem, song or piece of music)
- Think about how you might connect with your family member/friend when you next visit, which may help you to feel hopeful

Connecting with Hope
This is a video that reflects the hope experience of family caregivers of persons with dementia living in Long Term Care Facilities. It was funded by the Nursing Research Chair in Aging and Quality of Life (15 minutes).
Use the following link to see the film: Connecting with Hope

Click here to add your thoughts
What am I doing for myself today?

You need to keep yourself healthy and well (physically, mentally) in order to support others. It’s up to you. No one else is able to do this for you. Below are two activities that may help:

Guide: Make a list of practices that help you to manage the stress related to your caregiving. Decide what you want to do (not what you should do, or have a need to do) and write some ideas below. For example, going for a walk, or connecting with other carers. Plan for what you might do for yourself as your routine may have recently changed (and may continue to change).

- How much will you do?
- When will you do it?
- What resources do you need to do it?

Guide: Set a timer for 5 minutes. Do something for yourself.

- Breathe deeply
- Stretch
- Look out the window
- Read for pleasure
- Go for a walk
- Call a friend

Don’t worry if you can’t do it today, try again tomorrow.

A way of connecting with other carers is through the ASANT Cafe. This online community is listed in the Resources section.
How can I manage the guilt that I feel?

Guilt is a difficult and complex emotion. It is normal to feel guilty after your family member/friend moves into a care facility. You are not alone. Most caregivers feel some guilt after their family member/friend moves. Guilt may be related to feeling responsible for their illness. You may blame yourself for their move to care, and feel as if you “didn’t do enough.” You may feel guilty that your family member/friend is not going to get the same care that you provided. You may also feel guilty because you feel some relief that you are no longer responsible for your family member/friend’s care around the clock.

Below is a written activity that may help you deal with your guilt.

Outline:
- Write a list of what you feel guilty about (no need for explanations – this is your confidential list)
- Beside the list, write some ideas that you can do to address the underlying reason for the guilt
- What is one small thing that you can forgive yourself for, today?
- Imagine if this list belonged to a friend, what would you tell them?

For more information and other activities – please see the Resources section.
Working together

Working with care facility staff so they can meet your family member's unique needs requires communication and relationship building on both sides.

Guide: Think about how you would like to communicate and work with staff at the facility your family member/friend is at. Answer the questions below to get some ideas about what to communicate with staff.

- What do you want the facility to know about you and your family member/friend (make a short list of points to share – this can also include pictures)?
- What should your health care providers know about your family member/friend as a person to give them the best care possible?
  - What would you want any staff member to know about you/them as a person?
  - Likes, dislikes, hobbies, interests, favourite foods, previous occupation
  - Are there special qualities you would want them to see?
  - Are there key roles or relationships you want them to know about?
  - Are there specific concerns, or important beliefs, you would want them to be aware of?
- Get to know the staff who are caring for your family member/friend. Make a list of their names.
- Make a list of what is most important to you about the care provided for your family member/friend (i.e. My wife is very proud of her appearance).

Also see the Resources section on tips for communicating with staff.
Advocating for care

An important practice for carers of a person in care is advocating for them, meaning acting to support them, when they can’t or choose not to speak for themselves.

Guide: Begin to write your advocacy plan by thinking about the questions below.

1. What are you hoping to accomplish for your family member/friend? (What is your goal or desired result)?
2. What is your message?
3. Who should you talk to? Who needs to know about your goal?
4. Consider the perspective of the person or persons you are talking with.

For tips on advocacy and communicating with staff; see the Resources section.
Goals for care at the end of life

Guide: Write your thoughts about the goals of care you wish for your family member/friend to receive as they approach end of life, based on previous discussions or understanding of your family member/friend's wishes. Remember to consider supports that you need as well.

1. Think about the changes your family member/friend may experience as they approach end of life
2. Begin to write what type of care you would want your family member/friend to receive at the end of life
3. What is most important to your family member/friend?
4. Discuss this with other carers and family/friends.

The facility and staff may want more detailed information, but this activity is to get you to begin to think about the goals for care at the end of life, now.

You can also see the Preparing for the Future question prompt sheet in the resources section, designed by and used with the permission of Genevieve Thompson*. It was designed to help family caregivers of persons living with dementia communicate more effectively with family members and care facility staff.

*Thompson, Genevieve. 2015. Preparing for the Future: Learning about Dementia and Care near the End of Life. Dignity in Care: Manitoba Palliative Care Research Unit (Unpublished).
Common changes to expect

This section contains information on what changes to expect. Other carers said they had changes in their lives. You may or may not have these changes.

- Negotiating/Advocacy of Care
- Roles/Relationships
- Environmental Changes
- Physical, Mental and Spiritual Health
- Daily Activities – Everyday Tasks

Examples of changes:

- What are possible changes in negotiating for care?
- What are possible changes in roles and relationships?
- What are possible environmental changes?
- What are possible physical, mental, and spiritual health changes?
- What are possible changes in your daily activities?
Frequently Asked Questions

Other people with a family member/friend with dementia in-care have asked questions about the changes they may experience and the supports available to them. In this section, the most common questions are listed with answers developed in consultation with the Alzheimer Society of Alberta and the Northwest Territories. We hope these are helpful to you.

You will have many other questions that are not listed here. The resources listed in the next section may help you find the best place for answers.

Is there a list of contact names and numbers of people who may be of help to me?
See a list of services and telephone numbers in the Resources Section of the toolkit.

Are there books or websites available that would be of help to me?
See a list of resources in the Resources section of the toolkit.

What do I do if my family member's doctor won't talk to me?
Talk with the staff at the facility to see if they can help you connect with your family member's doctor, or give you additional information.

Is counselling available?
Contact your family physician or mental health organization in your community.

I feel isolated. Are there support groups available?
Contact your Alzheimer Society to learn about support and support group options.

Is there someone to help me communicate with my family member through this process?
Communication can be difficult at times. The most important thing is to keep trying. Contact the Alzheimer Society or care facility staff for more help.

Why does my family member have changes in appetite and activity level?
Often people with dementia have a change in appetite for many different reasons. Talk to the facility staff, Alzheimer Society or your family doctor to get more information specific to changes in appetite or activity levels in your family member.
Fact sheet: older adults and loneliness

Current studies on loneliness suggest that it has harmful impacts on mental and physical health similar to smoking or alcoholism. Loneliness is an issue present in all age groups, but older adults might be at an increased risk because of frequent experiences of loss (such as their spouse, family members, and peers), and the movement away from their established social networks to move closer to children or into a long-term care facility. Fortunately, there are various ways that loneliness can be prevented or reduced. Through a review of available literature on loneliness, the following was found:

How is loneliness defined?
There are two types of loneliness:

1. Social Loneliness - lack of social integration
2. Emotional Loneliness - lack or loss of close attachment

What are the risk factors for loneliness?
Loss of a spouse; living in a nursing home or assisted living facility; reduced social activity; increased physical disabilities; increased feelings of irritability, nervousness and uselessness; financial struggles; infrequent contact with family and friends; and receiving community care are all factors that may increase the risk of becoming lonely.

What are the health effects from loneliness?
Loneliness is associated with hypertension; metabolic syndrome; obesity; mortality; being inactive; decline in activities of daily living and mobility; poor cognitive function; and increased mortality.
Phase 3
Feasibility Study of MT4C In Care
Data Collection Procedures

Baseline (N=37)
- Demographic Form
- SF-12v2
- GSES
- HHI
- NDRGEI
- HSSUI

Access to MT4C In Care

1 Month (N=31)
- SF-12v2
- GSES
- HHI
- NDRGEI
- Transition Toolkit Checklist
- Satisfaction with MT4C In Care

2 months (N=30)
- SF-12v2
- GSES
- HHI
- NDRGEI
- HSSUI
- Transition Toolkit Checklist
- Satisfaction with MT4C In Care
- Interview
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Everyday hope

Some people find that writing and then thinking about what gives them hope can be useful to gain or keep a sense of hope.

Guide: Hope is important for everyone, but especially for people who may be experiencing grief and loss (also see the Resources section for information on grief and loss). Write below what gives you hope today. Thinking about what helps you to have hope today is an exercise you can do every day. Some ideas include:

- Make note of what reminds you of hope or gives you hope (for example, you could upload a photo, poem, song or piece of music)
- Think about how you might connect with your family member/friend when you next visit, which may help you to feel hopeful

Connecting with Hope
This is a video that reflects the hope experience of family caregivers of persons with dementia living in Long Term Care Facilities. It was funded by the Nursing Research Chair in Aging and Quality of Life (15 minutes).

Use the following link to see the film: Connecting with Hope

Click here to add your thoughts
MT4C-InCare Ease of Use: 1 and 2 Months

- Directions Were Clear
- Was Sure About Each Activity
- Online Format is Easy to Use

Comparison between 1 month and 2 months.
MT4C-InCare Feasibility: 1 and 2 Months

- Enough Energy to Complete Activities
- Enough Time to Complete Activities
- Able to Complete All Wanted Activities
- Online Format is Convenient

1 Month vs 2 Months
MT4C-InCare Acceptability: 1 and 2 Months

- Increased Ability to Deal with Significant Changes
- Would Recommend to Someone Else

1 Month vs 2 Months
HHI Mean Scores

HHI Total
HHI Factor 1: Temporality and Future
HHI Factor 2: Positive Readiness and Expectancy
HHI Factor 3: Interconnectedness

Baseline 1 Month 2 Months
Insights

Feasibility Study
- No comparison group
- Small Sample size
- No Changes in Physical or Mental Health on the SF12v2

MT4C In Care
- Is easy to use, feasible and acceptable
- Potential to Increase Hope, Decrease Loss and Grief
NEXT STEPS
Questions?

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Post-webinar survey
Survey will pop up on your screen after webinar
• Feedback on how to improve webinar series

Project contacts

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Next webinar

Register at:
• Wednesday, August 29, 2018 at 12 noon ET
  Anticipatory Long-term care Electronic Resident Triage Tool (ALERT) for Canadian Long-term Care Homes – CFN-funded Catalyst Grant Program – Michelle Grinman, University of Calgary and Greta Cummings, University of Alberta