

L. Michelle Butner-Kozimor, MS

Dept. of Human Development & Center for Gerontology, Virginia Tech

INTRODUCTION

- Caregivers of person's with dementia (PwD) experience burden and stress due to the caregiving role (Cox, 2013), affected by the severity of memory and cognitive impairment, PwD functioning, and behaviors associated with dementia (Kim, Chang, Rose, & Kim, 2011)
- CG stress and burden may negatively influence health outcomes (Schulz & Martire, 2004)
- CGs turn to various coping strategies during times of stress
- Objective:** To understand CGs of PwD use of social support and religious and spiritual coping as coping mechanisms and potential impacts on physical and psychological outcomes, in line with the Stress Process Model (Pearlin, Menaghan, Lieberman, & Mullan, 1981).

STUDY SAMPLE

Using listwise deletion to account for missing data in variables, the total effective sample size was 431 CGs with data from baseline and follow-up.

Variable	Mean	Stan. Dev.	Range	Skewness	Kurtosis
MMSI_Baseline	12.946	7.182	0-28	-.056	-.913
RMBPC_Baseline	24.968	10.542	0-61	.429	.105
BURDEN_Baseline	18.589	9.853	0-45	.231	-.674
SocialSupport_Baseline	21.668	6.875	1-37	-.191	-.510
Pos Religious Coping_Baseline	2.118	2.648	0-9	1.265	.619
CES-D_FollowUp	8.132	6.150	0-30	.783	.147
HealthProblems_FollowUp	2.237	1.658	0-9	.899	.766

METHODOLOGY

REACH II intervention delivered over a six-month time period. Caregivers attended nine at home and three telephone individual sessions, and five structured telephone support groups. Variables used in the current analyses:

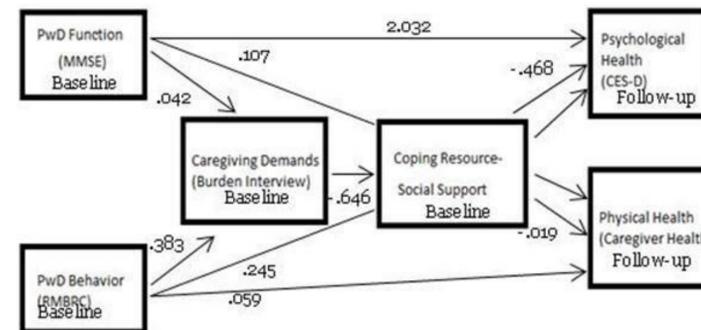
- Independent variables at Baseline:** Mini-Mental State examination (MMSE), Revised Memory and Behavior Problem Checklist (RMBPC), CG Burden (Burden Interview); Positive Religious/Spiritual Coping (six items from the Brief RCOPE positive coping subscale)
- Dependant variables at Follow-Up:** CG total health problems (12 common health problems), CG Psychological Health (10-item CES-D scale)

PATH MODELS

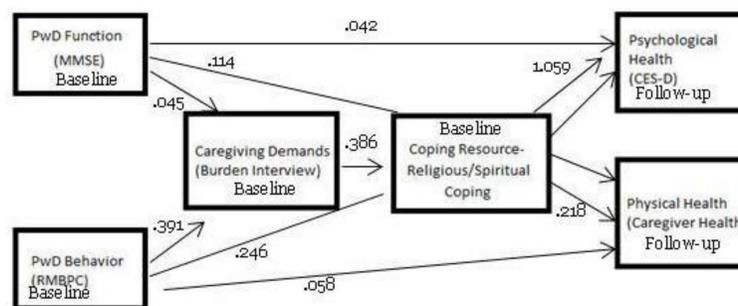
Model	X ² m	df	X ² d	dfd	RMSEA	NNFI	CFI
Initial Model 1	89.53*	6	—	—	0.17	0.30	0.72
Modified Model 1	31.99*	5	-57.54	1	0.11	0.73	0.91
Second modified Model 1	11.01*	4	-20.98	1	0.063	0.91	0.978
Initial Model 2	104.56*	6	—	—	0.18	-0.04	0.58
Modified Model 2	18.81	5	-85.75	1	0.077	0.82	0.94
Initial Model 3	91.85*	9	—	—	0.14	0.40	0.74
Modified Model 3	25.44	8	-66.41	1	0.07	0.86	0.95

*p=0.00, **p=0.027

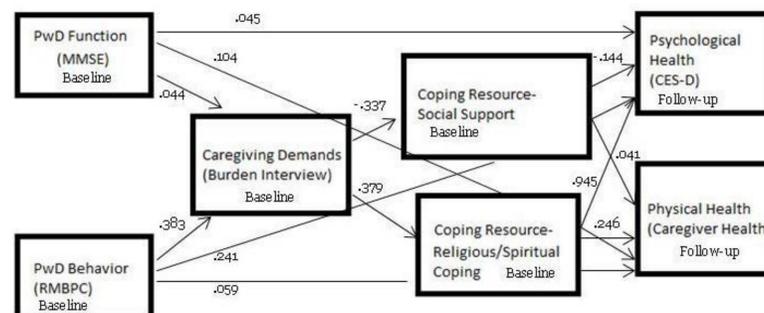
Model 1: Path model utilizing social support as a coping resource



Model 2: Path model utilizing religious and spiritual coping



Model 3: Path model utilizing both social support and religious and spiritual coping



ANALYSIS & RESULTS

In order to compare religious and spiritual coping and social support coping mechanisms as resources to improve caregiver physical and psychological health outcomes, I analyzed three path models, using single measures of each latent variable.

Model Modifications

Modified Model 1	Freely estimate error for element 4,4 of the theta-epsilon matrix, which is the measurement error in Social Support
Second modified Model 1	Freely estimate theta epsilon on element 5,1, which is the error for CES-D and MMSE
Modified Model 2	Freely estimate the error for element 4,4 of the theta-epsilon matrix, which is the measurement error for religious and spiritual coping
Modified Model 3	Freely estimate the error for element 4,4 of the theta-epsilon matrix, which is the measurement error for religious and spiritual coping

CONCLUSIONS

Relying on sources of social support may be an important coping mechanism that CGs can use when faced with stress and burden, as friends and family can provide tangible support with caregiving tasks and respite opportunities.

While CGs may use religious and spiritual coping strategies, it is harder to capture any possible benefits on supporting physical and psychological health.

Formal service providers can work with CGs to increase the size of social support networks, as well as strengthen CG confidence in and reliance on social support networks.

Relying on sources of social support during times of high stress and burden can reduce negative health outcomes for caregivers, positively impacting not just caregivers, but also care recipients, other family members, and close friends.