

Taking Care of a Parent with Mild Cognitive Impairment: An Exploration of Coping Mechanisms

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ABSTRACT

Caregiving is a dynamic process of transitions and changes that evolves over time. Guided by Montgomery and Kosloski's Caregiver Identity Theory (2000), we explored the coping mechanisms employed by adult children providing support to a parent with Mild Cognitive Impairment (MCI) and changes in the use of coping strategies over time. In-depth qualitative interviews were conducted with 11 adult children soon after their parent received a diagnosis of MCI, and again approximately 12 and 24 months thereafter. Two primary findings emerged from our analysis: adult children of parents with MCI (1) employed a variety of coping mechanisms to manage their stress at different times in the care process that included psychological reframing (e.g., acceptance), self-care (e.g., exercise), external engagement (e.g., seeking support) and avoidance (e.g., distancing), and (2) often struggled with their care partner role and the additional and sometimes unexpected responsibilities such as managing money, providing transportation, and assisting with household tasks. Many adult care partners responded to their changing roles by expressing frustration or disappointment, although some still viewed their care partner experiences as generally positive. Consistent with the Caregiver Identity Theory, study participants discussed the stress generated by a perceived incongruity between their expected roles as adult children and the reality of their roles as care partners. Findings suggest that social workers and other mental health professionals who work with adult children of parents with MCI can better assist their clients by educating families about MCI and exploring effective coping mechanisms for dealing with stress.

METHODS

- In-depth qualitative interviews with 11 adult children (-in-law) care partners after parent diagnosed with MCI, repeated at 2 and 24 months.
- Multiple reading of transcripts, family notes, process notes
- Open coding to examine, conceptualize, and categorize narrative data to generate a comprehensive understanding of themes and patterns in the data
- Refined codes
- Compared responses across interview occasions, residential proximity, work status, and other caregiving responsibilities

SAMPLE CHARACTERISTICS

- 11 female aged 38 to 61 ($M = 53$)
- 8 White; 3 Black/African American
- 7 employed; 2 retired, 1 homemaker, 1 unemployed
- 8 cared for mother; 3 cared for father
- 4 co-resided with parents during the study period
- 5 had other caregiving responsibilities



FINDINGS: CAREGIVER IDENTITY

Care partners struggled with incongruence between their intended life roles and their new care-related responsibilities, which often perpetuated feelings of distress

Sometimes I have thoughts . . . I am supposed to have a life, and when my mother was this age she had a wonderful life. She was busy and doing and going and did not have the responsibilities, and I do have the responsibility for her. – Nancy, 53

FINDINGS: COPING MECHANISMS

Care partners used coping strategies consistently over time.

Care partners' coping strategies did not differ by prior experiences with persons with dementia or perceived quality of relationship with their parent.

Strategy 1: Psychological Reframing

Definition: Altering one's perspective of a situation

Care partners adapted their views on caregiving to assist them in coping with their caregiving responsibilities.

Probably I always knew in the back of my mind...when my husband and I bought this house...I probably always knew that we would be the caretakers. – Gail, 52

Strategy 2: Self-Care

Definition: Engaging in behaviors that enhance physical or mental health

Care partners actively sought out activities to combat stresses associated with caregiving like physical exercise or relaxation.

Since I'm retired now, it's important to keep my body up physically . . . I feel much better and the days I don't get to go to the gym, then I go to Curves and workout 30 minutes at Curves. – Laila, 58

Strategy 3: External Engagement

Definition: Seeking interactions and activities externally

Care partners made efforts to locate support and companionship by engaging friends and family outside of the caregiving relationship.

I have a sister-in-law in Maine and I have a sister-in-law in West Virginia. And they came down in September, and we went to Myrtle Beach for a week. I called my brother up and said, "they you have got to come; if I don't get a break, I am going to break." – Arlene, 52

Strategy 4: Avoidance

Definition: Removing oneself from a situation that causes discomfort

Care partners distanced themselves from their parent when they needed a break from the emotional and physical demands of caregiving.

I religiously go see daddy every weekend and the past three weekends this is the longest it's ever been. I haven't gone to see him and the first weekend it was like I'm taking a weekend off, I'm just not going to do anything that I don't absolutely have to do. – Barb, 38

IMPLICATIONS for COUNSELORS

Identify Current Coping Mechanisms

- Help care partners understand that coping strategies can take a variety of forms.
- Expand care partners' view of coping mechanisms by identifying current strategies used and identifying additional strategies they may not have considered.

Adapt Coping Mechanisms

- Recognize that MCI is often progressive; memory declines may increase.
- Assist care partners in conceptualizing how current effective coping strategies might be adapted should their parents experience further cognitive changes.

Adjust Timing of Interventions

- As is suggested by the *Caregiver Identity Theory*, care partners are most receptive to assistance during times of incongruence. Target counseling interventions to align with these times.

Additional Considerations:

- Examine competing demands that may be adding to the care partners' stress.
 - Help identify various life responsibilities including work, and explore how to diminish or prioritize them in a way that helps alleviate stress.
- Explore beyond the adult child care partner-parent with MCI relationship to identify other experiences with dementia.
 - Stressors, and more importantly, strengths, could be revealed through past experiences.
- Discuss care partners' perceptions of the quality of their past and current relationship with their parent with MCI.
 - The history of the relationship can inform current feelings about care giving.