

Dementia Care Shared by Caregivers: From Professional to Caregiver

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Introduction

Dementia care service has been led by occupational therapists in psycho-geriatric units and dementia care day centers over the years. Our Society also launched a mutual support group for 10 dementia families led by an occupational therapist in 2006. Its ultimate goal is to slow down the cognitive, behavioral and ADL deterioration of the dementia and maintain their daily functioning in an activity approach. We simultaneously provided substantial on-site training and supervision for caregivers in terms of knowledge, skills and technical support. They could gradually develop competence of designing and conducting different kinds of activities for the dementia. They could successfully lead the group on their own since October 2007. Such encouraging outcome obviously underscores that caregivers can play more active role, or in an ambitious sense, can be a significant workforce in providing dementia care in the community.

Purpose of the Project

The main purpose is to introduce a new "peer-led" service model through which caregivers are strengthened and equipped in running the mutual support group. We so aim at empowering caregivers in terms of caring skill and knowledge, peer support, skills in planning, organizing and leading a self-help group for dementia families.

Material & Methods

Our group has been held once a week and lasted for 3 hours every session. We adopt a self-help and mutual-help approach which encompasses and facilitates the following group dynamics: sharing data, dialectic process, discussing taboos, all in the same boat, mutual support, mutual demand, individual problem solving, rehearsal and strength in numbers.

Peer leaders are chosen and trained up to design, prepare and implement different group activities composed of memory technique, multi-sensory stimulation, reminiscence, behavioral modification, home modification and ADL training. Our therapist mainly provides on-going support, supervision and consultation in the group process. Activities such as cognitive training, qigong exercise and cooking activities are also included, and above all, all these activities are shared and led by caregivers.

Results

The dementia can maintain good physical health as well as high level of happiness and mutual support among dementia families are the most crucial outcome indicators. In sum, the success of our peer-led mutual support group is mostly contributed by those caregivers' love and care, involvement and commitment.

Conclusions

Dementia population in Hong Kong will be increasing rapidly in the forthcoming decade. Service demand is expected to be continuously unmet in the existing service model. Thus, we as professionals should take a proactive step to further refine and consolidate the peer-led service model that can considerably mobilize caregivers' participation in fulfilling such drastic demand in the near future.