

Evaluating the Effectiveness of Caregiving Interventions

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Unlike many issues in family life education, the effectiveness of caregiving interventions has received considerable attention. Although many of the early studies simply looked at satisfaction with the services, and rarely used comparison groups, recent work has examined these interventions more rigorously. A recent article by Knight, Lutzky, and Macofsky-Urban (1993) provides one of the most complete reviews of this literature. These authors examine the results of 18 studies of caregiving intervention that measure the effects of programs on caregiver distress, which includes caregiver burden, depression, anxiety, hostility, and other measures of negative affect. These studies also included a comparison group against which the results of the intervention could be compared. Often, the comparison group was receiving routine care.

Knight and his colleagues organize the results of their analysis according to four types of common interventions: 1) group programs that teach coping skills and problem-solving, and encourage support among caregivers; 2) individual interventions, which employ counseling and teaching techniques; 3) respite, which offers housekeeping and other routine maintenance to families; and 4) other health and social services. Individual interventions generally show moderately strong effects on caregivers; group interventions show small, but positive effects. Respite programs show moderately strong effects on caregivers, social and health services appear to have little effect on caregiver distress--although they result in positive effects on families unrelated to distress. Overall, these results indicate significant promise among these types of interventions.

PROGRAM DESIGN IMPROVEMENTS. Although promising, interventions designed to relieve caregiver distress can be improved, and evaluation efforts can be refined. There are two central problems with many of the interventions. First, program designers often develop their intervention models with little attention to theoretically sound principles. Most programs are based on general topics and issues likely to be of interest, but not linked in any particularly meaningful way. One of the most powerful and successful interventions was carefully based on a stress and coping model with a long research history (Toseland et al., 1990). Programs based on theory are more likely to target the variables that can be affected by program activities. Stronger and more grounded interventions are important for program developers to consider in designing new programs.

Another important program issue is the length of time needed to produce changes in caregivers. Many of the group programs lasted eight weeks, although researchers report anecdotal evidence that this is not a sufficient amount of time to produce change. Likewise, the amount of respite offered in programs was estimated to be only about half the amount that most caregivers reported as helpful.

EVALUATION DESIGN IMPROVEMENTS. A significant problem for evaluators of caregiver interventions is that participants are likely to self-select into programs. One solution to this issue is to use a wait-list control design. In this type of design, all caregivers are offered the program, but some must wait longer to participate; data are collected on these groups during the waiting period. In other cases, researchers will need to obtain extensive caregiver characteristics to enable comparison of various types of treatment regimes. Knight and his colleagues also report that, in several instances, both control and treatment groups improved. Evaluators need to report more carefully on the services and supports offered to comparison or control groups so that instances of no effects for the treatment groups can be better understood.

Evaluators also need to pay attention to the choice of outcomes. The Zarit Burden Inventory, a common measure, appears to be insensitive to possible changes in caregivers. Knight and his colleagues recommend the use of the Brief Symptom Inventory and the Montgomery subjective burden measure because of their greater sensitivity to changes in distress levels.

SUMMARY. Overall, the results of these evaluation studies suggest that several promising interventions for caregivers exist. With further program refinements and improved evaluation methodologies, effectively reducing caregiver distress is a promising outcome.

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