Maladaptive cognitions and automatic thoughts, and their associated emotional responses, interfere with effective management of challenges associated with a relative's MCI. Helping care partners identify their own distorted thinking and adopt rational alternatives to assessing their situation can foster adaptive responding and greater well-being.

MANAGING COGNITIVE DISTORTIONS

CATASTROPHIZING
Believing the situation is far worse than it really is

I’m fearful of what she’s going to do. That puts more [work] on me. I am always going behind her, looking and watching, and thinking she is going to fall in the bathroom or something like that. It is always on my mind. So, I am like old Mother Hubbard. — Dale, age 82

I have not been pleased at all, and I don’t know where to go to find out anything. I have been to my friends who are psychiatrists and psychologists they all seem to say go to your medical doctor and go through a process. Where are things never will change. — Ethan, age 69

Strategies:
• Redefine catastrophic reactions by validating both Dale’s and Ethan’s perceived and real fears.
• Provide care partners with tools for seeking information about MCI and identifying community resources available to support them and their family member.
• Support Dale through offering concrete, adaptive suggestions, such as using walkie-talkies, installing physical supports around the house, and subscribing to a home alarm system.

DICHOTOMOUS THINKING
Perceiving issues as either black or white: not being able to find a middle ground.

But sometimes I feel like I have a pretty full plate and then again it’s okay. No real in-between. — Hester, age 70

I can’t ask for miracles, and I wouldn’t dare ask for miracles, but if he goes down, that’ll really kill me, and I think then I will ask for miracles. He’s my rock. — Melba, age 65

Strategies:
• Teach Hester time management techniques that will allow her to focus on activities that give her the greatest return.
• Give permission to Hester and Melba to schedule “scary time” but limit to only 15 minutes per day.
• Acknowledge examples in daily life where Hester experiences successes under pressure.
• Challenge care partners to discuss the polarized opposites of their thought patterns and come up with alternative, more moderate ways of thinking or managing their situation.

PERSONALIZATION
Interpreting negative events as indicative of one’s flaws or negative characteristics.

I felt like he didn’t like me. I felt like he was more of an enemy rather than my — Mary, age 72

First of all he doesn’t like being told what to do. That is frustrating, because I try and help him and he thinks, ‘You think I’m helpless. You think I am an old man.’ That is the most frustrating part. I want to help him and I can’t. And he gets mad and I get a little annoyed. — Alicia, age 63

Strategies:
• Assist Mary and Alicia in identifying “the facts” of the situation.
• Remind care partners to assess each situation and “pick their battles” wisely.

MAGNIFICATION
Exaggeration of negative attributes.

When he asks me the same question over and over again, and I give him the same answer over and over again, and he still does it and I’ll say, “I already told you three times now.” I said, “How many times am I gonna have to tell you?” And finally, I do raise my voice. I don’t scare and yell. — Octavia, age 82

He wants control over everything. I don’t feel like I can live my own life in any degree without being scrutinized by him. — Louise, age 65

Strategies:
• Provide Octavia and Louise accurate information about behavioral and personality changes often associated with MCI.
• Teach care partners to take a brief “time out” to separate themselves from the stressful situation.
• Remind Octavia to forgive herself when she externalizes frustrations, accepts her humanity, and reframes the opportunity as a chance for positive growth.

METHODS

A mixed methods approach consisting of surveys and semi-structured, open-ended interviews focusing on:
• Range of couple activities
• Amount of time spent together
• Division of household responsibilities
• Ways of showing care or affection toward one another
• Management of everyday life

Interviews and self-report surveys administered during initial visit and at 1 year follow-up. Participants recruited from 3 memory clinics across Virginia.

Sample Characteristics:
• 68 spouses/partners of elders diagnosed with MCI
• Age: 52 - 89 years (M = 71.0, SD = 8.8)
• Married Partner: 1 - 67 years
• Education: Elementary school (7%) to graduate/professional degree (12%)
• Employment status: Employed full-time (15%) or retired (73%)
• Annual household income range: $12,000 - $100,000 (less than $2000/month (33.3%)
• Personal health status: Excellent (11%); Good (65%); Fair (20%); Poor (5%)
• Importance of religion in personal life: 87% indicated “Very Important”

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Purposive, non-probability, cluster sampling techniques were employed yielding a goal of 68 participants. Participants were recruited from 3 memory clinics across Virginia (Richmond, Roanoke, and Norfolk). The convenience sampling technique allowed for the recruitment of a specific target group of caregivers who wished to participate in this study.

The purpose of this study was to identify both problematic and successful ways in which care partners respond to and cope with their spouses’ memory changes. We used qualitative interview data to identify cognitive distortions displayed by care partners that can contribute to their anxiety, as well as evidence of resilience that can help alleviate their distress. These findings point to recommendations for strategies aimed at managing cognitive distortions and enhancing resilience.

Changes in older adults’ memory often results in heightened anxiety and distress for family caregivers due to changing family roles and increased dependence of the person with MCI. In previous work, family members have reported taking on new responsibilities such as paying bills, driving, and making major decisions on their own, without benefit of spousal consultation. Some also described an increased clinginess of their loved one with MCI.

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MOTIVATIONAL RESILIENCE

Positive psychological growth is grounded in positive understanding and development of past, present, and future emotions, and individual traits. Resilience for coping with stressful situations such as a loved one being diagnosed with MCI may be fostered through evaluation of intrinsic strengths and virtues. Increasing awareness of the direct relationship between thoughts and emotions builds greater emotional balance, inner strength, and resilience, resulting in optimistic thinking and swift recovery from the effects of stress.

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EMOTIONAL WELL BEING

Yes, it is a challenge. But, I guess, you just have to take it one day at a time, and hope for the best. And, if worse comes to worst, you just have to make your decisions and live with them, you know. — Gloria, age 71

I don’t tilt around and feel sorry for myself because that’s very damaging. I maintain a social life, and church really helps with that. We’ve made some nice friends at church. I also do volunteer work and have a new puppy. It all helps. — Forbes, age 64

Strategies:
• Gloria’s response reinforces the value of teaching care partners to set boundaries at work, in the community, and with family.
• To promote positive well-being, assist care partners in identifying their strengths, positive attributes, and personal successes.

BALANCED PHYSICAL AND MENTAL HEALTH

Take care of yourself. Exercise at the Y. Exercise will help your memory, your cholesterol. I think that taking care of yourself, having a backup support system in place so that you do have time for yourself and talking about things before they happen you know planing for what if’s, looking at the options that are available and not waiting until something has fallen in your lap and then going, oh my God, what do I do now? — Juanita, age 67

Strategies:
• Juanita’s approach reinforces the importance of urging care partners to engage in individual and social activities they find enjoyable and support.
• Encourage care partners to build and maintain strong personal relationships to provide grounding, support, and balance.

Juanita’s suggestion about “planning ahead” can help reduce fear and anxiety common among care partners.