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# Development of a Psychoeducation Tool about Dementia Grief for German Mental Health Providers

## BACKGROUND

Dementia grief can be defined as caregivers' emotional responses to the losses associated with dementia. Experiencing dementia grief is associated with different mental and physical health problems. Little is known about mental health providers' knowledge about dementia grief.

Objective:

In this study, a psychoeducation sheet was co-designed with dementia experts, informal caregivers, and healthcare professionals to raise awareness for the concept dementia grief. It was presented to German mental health providers in an online survey.

## DESIGN

The 381 participants were psychological or medical psychotherapists, medical doctors in the field of psychiatry, psychosomatics, psychotherapy, and neurology. Demographics included their age, gender, profession, special expertise, work setting, years of experience, having a relative with dementia, caring for a relative with dementia, experience treating people of the age of 65 or older, experience treating caregivers of PwD, continued education on grief and loss, subjective competence in assessing and treating grief.

## METHODS

### 1st research question

•Ratings of the psychoeducation sheet's implementation outcomes acceptability, appropriateness, and feasibility

•Data Analysis: Frequencies were calculated

### 2nd research question

•Ratings of the psychoeducation sheet's potential implementation determinants opportunity, capability, motivation, and need

•Data Analysis: Frequencies were calculated

### 3rd research question

•Relationship between the potential implementation determinants and the implementation outcomes

•Data Analysis: Bivariate Kendall's  $\tau_b$  correlations and multivariable proportional odds regression models

## RESULTS

### 1st research question

- acceptability (89.95% agree or completely agree)
- appropriateness (90.50% agree or completely agree)
- feasibility (81.53% agree or completely agree)

### 2nd research question

- capability (96.53% agree or completely agree)
- opportunity (86.28% agree or completely agree)
- motivation (72.94% agree or completely agree)
- need (62.53% agree or completely agree)

### 3rd research question

- For all the correlations between outcomes and potential determinants, Kendall's  $\tau_b$  was positive, with p-values < 0.001 (see Table 1)
- Motivation had the clearest effect on the three implementation outcomes (see Figure 1)

	Implementation outcomes		
	Acceptability	Appropriateness	Feasibility
Potential Implementation Determinants <sup>1</sup>			
Capability <sup>2</sup>	.32 [.22, .41]	.32 [.23, .41]	.35 [.26, .43]
Motivation <sup>2</sup>	.47 [.40, .54]	.47 [.39, .55]	.58 [.51, .65]
Opportunity <sup>2</sup>	.29 [.20, .39]	.26 [.16, .36]	.42 [.33, .51]
Need <sup>2</sup>	.39 [.31, .47]	.33 [.25, .42]	.51 [.43, .59]
Model Control Variables			
Gender			
• Female <sup>3</sup>	.09 [.01, .17]	.06 [-.02, .14]	.10 [.01, .18]
• Male <sup>3</sup>	-.06 [-.14, .01]	-.04 [-.12, .03]	-.08 [-.17, .00]
• Other <sup>3</sup>	-.02 [-.05, .01]	-.02 [-.05, .01]	-.02 [-.04, .01]
Special expertise			
• Behavioral therapy <sup>3</sup>	.15 [.06, .24]	.10 [.02, .19]	.18 [.09, .27]
• Psychodynamic therapy <sup>3</sup>	-.11 [-.20, -.03]	-.08 [-.16, .00]	-.13 [-.22, -.05]
• Psychoanalysis <sup>3</sup>	-.07 [-.12, -.01]	-.04 [-.08, .01]	-.08 [-.14, -.03]
• Systemic therapy <sup>3</sup>	-.04 [-.09, .01]	-.04 [-.09, .01]	-.05 [-.10, .01]
• Other <sup>3</sup>	-.02 [-.07, .03]	.00 [-.04, .05]	-.01 [-.06, .04]

Table 1  
Kendall's  $\tau_b$  correlations (95% confidence intervals) between implementation outcomes and their potential determinants as well as control variables included in the regression models. Significant correlations are printed bold.

<sup>1</sup> Interpretation of the correlations: < .07: Negligible, .07 - .26: Weak, .27 - .49: Moderate, .50 - .71: Strong, > .72: Very strong

<sup>2</sup> Kendall's  $\tau_a$ , <sup>3</sup> Kendall's  $\tau_c$

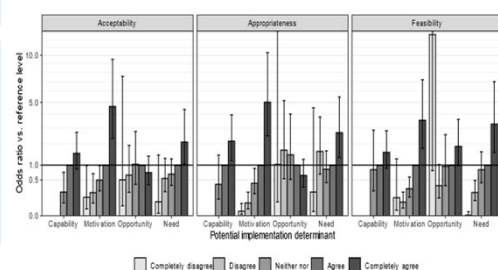


Figure 1  
Estimated adjusted odds ratios (ORs) from the multivariable ordinal regression models and their 95% confidence intervals.

Note: In a proportional odds model, the odds of an implementation outcome to exceed a fixed cutoff are constant across all possible cutoffs. Therefore, it is meaningful to calculate the "OR" of a certain predictor level vs. a reference level (here: "Agree"). By definition, the OR of the reference level vs. itself is always exactly 1 (horizontal line), values below/above 1 indicate odds below/above those of the reference level. Except for the participants' assessment of their opportunity to use the psychoeducation sheet, higher degrees of agreement with the potential implementation determinants are visible (though not always significantly) associated to higher odds of an implementation outcome to exceed a specified cutoff. Since no participant (completely) disagreed with possessing the capability to use the psychoeducation sheet, these two levels are missing in the diagram. The vertical lines represent the 95% confidence intervals.

## CONCLUSION

Responses showed an overall high level of acceptability, appropriateness, and feasibility. Thus, the psychoeducation sheet about dementia grief might be a new helpful tool used by mental health care providers to educate patients and caregivers. More than half of the providers felt capable and motivated to use the sheet, had the opportunity and the need to use it in their clinical practice. Motivation had the clearest effect which indicates that the motivation of healthcare providers should be considered when attempting to implement newly developed interventions or services in healthcare. Overall, disenfranchised grief's visibility has increased through this provider education. This is a first important step towards the enhancement of collective grief literacy towards non-death loss grief and grief in general.