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<td>Lam, Leo Cham Him (林湛謙)</td>
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Practice Evaluation Report: A Social Support Group for Caregivers of Dementia Elderly

Leo C. H. Lam

Abstract

This practice evaluation report aimed to evaluate the effectiveness of a six-session social support group which was targeted at seven caregivers of dementia elderly in the psychiatric centre. The burden of family caregivers with dementia elderly was found that they cannot be ignored. The group was held to empower the abilities of caregivers and to understand more community resources so as to relieve their stress and gain more support. The intervention was designed based on strengths perspective, positive psychology and cognitive behaviour therapy. The interventions were evaluated by natural observation, as well as a pre-post-test and the on-going feedback that I collected from the group members at the end of each group session. Most of the members had shown improvement in observation and from the result of pre-post-test based on the scale. The improvement of members’ performance had suggested that the social support was essential for caregiver of dementia elderly to reduce stress because they have extended the social support network through the group and have understood more how to take care of dementia elderly and to know more about the available formal and informal resources/supports. The psychiatric centre was recommended that the programme could be run in parallel groups. Some group members revealed that they need to take care of their demented elderly. They need to settle the elderly at home or find other family members to look after the elderly when group members went out to join the group session. Hence, parallel groups are suggested and the demented elderly could participate in the group activity which helps to reduce the deterioration process of the cognitive and social functioning of the persons with dementia.

Keywords: social support group; group work; caregivers of dementia elderly; Cognitive behaviour therapy; positive psychology; strengths perspective; Chinese cultural context

Introduction

This is a group practice evaluation report of a six-session social support group that was run for 7 members (41-65 years old) who were caregivers of dementia elderly.
The group will be organised for the caregivers because families are the primary care agent, an enormous source of social support, and a strong contributing factor to recovery, the family-professional relationship should be one of collaboration, avoiding blaming and anthologizing family members. (Lefley, 1996)

As WHO (2003) mentioned, in addition to the obvious distress of seeing a love-one disabled by the consequences of a mental disorder, rejection by friends, relatives, neighbors and the community as a whole can increase the family’s sense of isolation, resulting in restricted social activities, and the denial of equal participation in normal social networks. (WHO, 2003:12)

Hence, the group would provide the platform for caregivers to share about their difficulties with their group members so as to gain the mutual support.

**Literature Review**

**Background**

In Hong Kong, the burden of family caregivers cannot be ignored. According to Yip (2004), it conducted a survey which shows that there is 40% to 60% of people with mental illness may need to be cared by family caregivers. It also found that there was most of the patients (80%) lived with their family members. It culturally implied that family members have to be the primary caregivers of people with mental disorders and have to take primary responsibility for the provision of care for family members, as Yang (1996) mentioned.

Especially, caring for people with dementia has become more common. The supports of family members are often from spouses and adult children. Family members have to be the primary caregivers of people with dementia and have to take primary responsibility for the provision of care for family members. Caregivers are at increased risk for burden, stress, depression, and a variety of other health complications (Fradkin & Heath, 1992). Hence, care need of dementia elderly brings about tremendous burdens and challenges to caregivers.

As Lefley (1996) mentioned, although caregivers may have remarkable resilience and internal strength, they are often untrained and unprepared. Hence, the group hopes to empower the abilities of caregivers and let them understand more
community resources so as to relieve their stress and gain more support.

**Group work approach**

Carer support groups are recognized as being a service aimed directly at meeting the needs of informal carers. Previous research has shown the value of carer groups in offering emotional support and information (Mitchel, 1996). By organizing a group for caregivers, these group members have the opportunity to talk with others in the same situation while working together on the group modality (Erwin, 2013). This frequently, and probably most effectively, takes place informally among members of the group. As for the benefit, group work approach would be adopted.

**Group nature: Support group**

Support group emphasizes on emotional support influence. The group focuses on the ability of the individuals to cope with stressful life experiences. The bonding of the group bases on caring stressful experience which is the commonality of members. Members share their effective coping strategies in coping with a stressful event. Through group activities, the group aims at promoting members’ self-understanding about their resilience and strengths and helping members to overcome loneliness of caring. Members need understanding and emotional support, as well as coping skills developed through their interaction with others who are coping with similar situations (Silverman, 1980). The group uses supportive intervention strategies to foster mutual aids, helps members to enhance their coping abilities so they can adapt to and cope with future stressful life events (Toseland & Rivas, 1984). Katz at al. (1992) pointed out that the support groups give effective functioning on caregivers so that the social support group would be organised for the caregivers of dementia elderly. Within the period of practicum, the group would be in task-centred and worker would facilitate members to participate in the group activities.

**Strengths perspective**

According to Miley (2009), strengths perspective is a way of viewing the positive behaviors of all clients. Social worker should believe that people have potential and ability for change and development. When social workers support this inherent power, they enhance the probability for positive growth. In the
group, workers would help the caregivers focus on their strengths and find rich resources in the community where those strengths of the individual group members and the resources in the community can be used and valued such as visiting District Elderly Care Centre, Day Care Centre or Elderly Activity Centre. In addition, workers would discuss about their coping strategies toward stress in the group so as to build up mutual support among group members.

Positive psychology

According to Seligman (2004), positive psychology is a psychology of positive human functioning will arise, which achieves a scientific understanding and effective interventions to build thriving individuals, families, and communities. Positive psychologists seek "to find and nurture genius and talent" and "to make normal life more fulfilling". In the group, workers would help the caregivers find their own talents and find the positive way to take care of their elderly with dementia.

Seligman (2004) also mentioned positive psychology is concerned with issues: positive emotions and positive individual traits. Positive emotions are concerned with being content with one's past, being happy in the present and having hope for the future. Hence, workers would have some discussion sessions for them to share some their happiness on some issue of caring so as to encourage them to think in positive ways. In addition, positive individual traits focus on one's strengths and virtues. In the group, one of the sessions talks about the coping strategies on reducing stress and solving behaviour problems of dementia elderly patients. Besides providing some methods of relaxing exercises and the skills of solving behaviour problems, group members can share their experiences with each other because each person has his or her coping strategies and strengths.

Cognitive behavior therapy (CBT)

As Scott (1989) mentioned, Cognitive behavior therapy (CBT) which is a form of talking therapy combines cognitive therapy and behavior therapy; a focus that helps people to identify and then modify negative thinking and behaviors that serve to undermine mental health. At the same time, CBT also focused on the aspects of physical Area, behavioral area, emotional area, cognitive area. Hence, it also looks at the way people behave and deal with emotional problems.
CBT with caregivers focuses on identifying and modifying caregiver related beliefs, developing new behavioral strategies to deal with the demands of caregiving, to fostering activities that may promote feelings of wellbeing. Scott (1989) also mentioned that there are a lot of studies showing improved feelings of wellbeing can reduce levels of anxiety and depression and have improvements in sleep patterns.

The sessions are structured to discuss and work towards changing the way members think about caregiving. The focus depends on symptoms and experiences. Homework at the end of each session has been given to members to do outside the sessions.

**Group Arrangement**

The structure of the group is a 75-minute session that is held once a week for 6 consecutive weeks. The group is held in Western Psychiatric Centre activity room. The arrangement of the group activities is described in Table 1.

**Table 1**

**Contents of social skills training group sessions**

<table>
<thead>
<tr>
<th>Session</th>
<th>Date</th>
<th>Theme</th>
<th>Content</th>
</tr>
</thead>
</table>
| 1       | 01/11/2013 | -Introduction, relationship building and symptoms of dementia | -To introduce the aims and goals  
-To introduce symptoms of dementia  
-To build up trust between member-member and member-worker  
-To set group rules  
-To seek group members’ views on the main themes/contents of other sessions  
-To conduct the pre-test (referred to Appendix II) |
<p>|         | Friday     | 腦退化症知多少                              |                                                                        |
| 2       | 08/11/2013 | -Basic Daily Care                           | -To share the needs of treatment such as how to handle dementia elderly with low mood, with psychotic symptoms or forgetting to take |</p>
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Topic</th>
<th>Objectives</th>
</tr>
</thead>
</table>
| 3 15/11/2013 Friday | - Stress management of caregivers | -To share about the daily personal care of their family members with dementia  
- To share the effective communication skills towards their family members with dementia  
- To share their own effective methods as well as useful tips on caring their demented family members  
- To collect members’ feedback |                                                                                                                                                                                                         |
| 4 22/11/2013 Friday | - Community Resources | -To understand the community resources by visiting the agency including District Elderly Care Centre, Day Care Centre, Elderly Activity Centre  
- To share members’ knowledge about available formal and informal resources  
- To collect members’ feedback |                                                                                                                                                                                                         |
| 5 29/11/2013 Friday | -Dealing with behaviour problem | -To discuss about the beliefs and attitudes of care-givers towards the dementia elderly  
- To discuss how to deal with behaviour problems of dementia elderly  
- To share members’ own effective solutions/coping strategies with other members  
- To collect members’ feedback (referred to Appendix III) |                                                                                                                                                                                                         |
Assessment and Evaluation Methods

Natural Observation (Qualitative approach)

In order to assess the generalization ability of the members, the worker assessed through observation in a natural environment such as the participation rate, members’ on-going feedback at the end of each group session as well as participation level of the members to analyze whether each individual response toward questions. During the group sessions, the physical area, behavioral area, emotional area and cognitive area of group members would also be assessed qualitatively. In the area of physical area, the health of group members would be assessed in each session regularly. In the area of behavioral area, workers would also ask group members about their sleeping quality, working efficiency and daily live. In the area of emotional, workers would observe their emotion during each of group session. In the cognitive part, workers would ask them their thought and feeling toward some situations with elderly dementia continuously in order to assess their cognitive part.

Assessment Scale (Quantitative approach)

The scale is modified from caregiver burden scale designed by Zarit (1980). The face validity was enhanced by an examination of the items by the fieldwork supervisor. The scale was divided into 4 main components, including the behavioral, emotional, psychological and physical part of members. The scale is a continuum from total agree to total disagree. Participants answered the scale (from Never to Always). In the scale, Never scores 0, Sometimes scores 1, Often scores 2 and Always scores 3. In the pre-post test, there are 4 main areas, in each area, there are around 3-4 questions.
For 1-3 questions, they measure the physical area. For 4-8 questions, they measure the behavioral area. For 9-10 questions, they measure the emotional area. For 11-13 questions, they measure the cognitive area. After finishing the questionnaire, there is the total score and the result would be compared in pre-and-post tests.

**Outcome evaluation**

The methods to measure goal attainment are one-group pre-test and post-test design, a pre-explanatory design. Workers also add observations to enhance the quality of evaluation data.

**Table 2 Method of evaluation**

<table>
<thead>
<tr>
<th>Methods</th>
<th>Details</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural Observation (Qualitative approach)</td>
<td>Observation in a natural environment such as the participation rate during each of group session</td>
<td>-Comparing the difference in each sessions.</td>
</tr>
<tr>
<td></td>
<td>Collected from the group members’ on-going feedback at the end of each group session</td>
<td>-Observe their change in their performance in each sessions</td>
</tr>
<tr>
<td>Goal achievement assessment (Quantitative approach)</td>
<td>Using questionnaire before and after the group</td>
<td>-Comparing the result of the pre and post-test of the questionnaire, 90% participants get the improvement in the scaling ($\alpha&lt;0.05$)</td>
</tr>
</tbody>
</table>

**Findings**

**Group analysis**

**Nature of group**

The nature of the group was social support group. A directive approach was used facilitate the group. Membership of the group was caregiver of dementia elderly. There were 7 members that were referred by other social worker colleagues in total. The group was closed, which means there were no new incoming members after the first session and the members remained in all sessions of the group. Membership in the group was also voluntary and can join when they were
interested in joining the group.

**Attendance**

In the session 1 and session 2, 3 members were presented. In the session 3, there are 4 members. In the session 4, there are 5 members. In the session 5 and 6, there are also 4 members.

Member X and member L were also only absent for 1 lesson only. Their attendance rate was 83.3 %. In addition, the attendance rate of member W was also around 70%. It shows that members who have joined the group were also interested in the group. Due to their personal issue, they were absent for 1-2 sessions of the group.

The attendance rate was also satisfactory and the table of membership list as well as attendance was also attached (*Appendix I*).

**Participation of group members**

Generally speaking, most of the members participated actively in the group with the positive and supportive atmosphere. Especially member W, she was full of positive thinking and energy. Member W also actively encouraged other members to be more positive. Member M and member L were also influenced by member W and mentioned that member W gave the positive insight for them to change a lot after participation in the group. In addition, member X and member Y also gave the sufficient suggestions and had active participation in each warm up game. After the beginning sessions, members have already participated more actively and felt free to share their opinions.

**Subgroups**

As Corey (1999) mentioned, subgroup usually forms around members’ common or similar values, belief or interest. In the first session, there are no any subgroups because members haven’t got familiar with each other. In the following sessions, subgroup was not found indeed because all members also shared their feelings and thinking together even though they had different background and experience with each other. As Garvin (1987) mentioned, subgroup can enhance the relationship of members but also can sabotage the group by delivering a sense of alienation to the
members. Hence, it also has the positive influence that there was no subgroup in our caregiver group.

**Group atmosphere**

In the first session of the group, there was the positive and supportive atmosphere in the group due to the positive thinking of member W. She motivated other members to stay strong and facilitate them to have the positive thinking into their life. At the same time, workers played more active role on being the guider and leader as the members did not know each other. Fortunately, with the facilitation by workers, all members were also interested in discussion with high motivation.

In the following sessions, members W supported other members. In addition, no conflict was found from session 1 to session 6. It showed that there was a positive atmosphere in the group. In the last session, members were also eager to share their view and discussed about the topic actively. From these behaviors, it found that they were positive, supportive and highly motivated to join the group.

**Leadership**

As Balgopal and Vassi (2004) mentioned, a supportive relationship can guarantee the participation of the members and the success of working relationship. Hence, worker sometimes acted as an educator when talking about how to relax, how to deal with the behavior problem from demented elderly and the reason of dementia. At the same time, worker also facilitated members to share their experience and discuss with other members so as to keep the session going in flow by them. Hence, as the number of sessions increased, the leadership has also shifted between members and worker to members and members.

**Communication pattern**

In the beginning of the group, the communication pattern is leader-centered as members did not know one another. In addition, they did not know the flow of the group session indeed. Hence, the communication pattern was directed from members to worker, from worker to members. As the time goes by, the communication pattern started to change from "members to/from worker “to "members to member". Member Y would share her experience, and then member L would then respond. Afterwards, it initiated the communication pattern from
leader-centered to group-centered in the last session of the group.

**Norm development**

As Douglas (1979) mentioned, the norm is the learned and accepted behavior of members. The high participation and active sharing were the norm in the group. At the beginning of session, member L and member W have also actively discussed about the topic and shared about their experience in taking care of their husband respectively.

In doing so, members are encouraged to share their feeling and views and communicate with others in the group and became active participant such as member X. In the second session, member X was the new comer and was silent. After facilitating by member W and social worker, members X gradually learnt to participate in the group and gave his own views and shared his experiences and feelings.

**Stages of group development**

According to Tuckman (1965), the group development involved the forming, norming, performing stage and adjournment stage. Tuckman mentioned that these phases are all necessary and inevitable in order for the group to grow, to face up to challenges, to tackle problems, to find solutions, to plan work, and to deliver results. This model has become the basis for subsequent models.

In the beginning of the session, the group was in the development stage of forming as members had to build the relationship with each member as well as worker. After that, group members also shared their experience and listened to the others’ stories so as to understand each other in the forming stage.

In the middle of group development - session 3, the group was in the norming stage. As Forsyth (1998) mentioned, in that stage, in-group feeling and cohesiveness are developed. In the task realm, intimate, personal opinions are also expressed. When worker looked into the group, it found that all participants were also active and were able to share their feelings and experiences towards their group members although this was only in the third session of the group.
In the session 5, the group has been in performing stage. Group members have actively moved the group by themselves instead of the high participation of the workers. For instance, member W tried to facilitate the group by asking for the sharing of member X, member S. In addition, after sharing with the member X and member S, member L would then also share by herself. Besides, as members faced the similar difficulty in handling some behavior problem of the elderly with dementia, they shared their knowledge together actively. It found that all participants were also active and were able to share their feelings and experiences with other group members. It had the successful group development with positive and supportive atmosphere.

In the end of session, according to the group development model of Tuckman (1965) which was mentioned by Forsyth (1998), the group has been in adjournment stage. The group members were ready for separation. They could perform in supporting each other by verbal. Some of them could hold hand in hand with other members to give one another support. The group could adjust to termination well finally.

**Individual profile of group members (Qualitative approach)**

**Table 3. Individual profile of group members**

<table>
<thead>
<tr>
<th>Member</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td>Member W is a 60-year-old woman. Her husband aged over 60 and was diagnosed with dementia for more than one year. They live together without other family members. As member S’s health condition was deteriorating, she felt tired to take care of her husband. As S did not want to disturb the medical staff, she resisted to call ambulance when her husband once fell down on the floor. S showed her concern to the medical staff. It seems that she was too considerate to others and avoids seeking help. S has little knowledge in emergency solution when her husband got injury at home. In the later session, S was attentive in the visit. In the question and answer of day care centre, she asked the feedback of the members in DCC for the centre service. She had fun with the members in DCC. In the DECC, she tried the walking aids actively while other were not willing to try. She became more active in the later sessions.</td>
</tr>
</tbody>
</table>
After the group session, S revealed that she gained knowledge about the community resource for carers. She agreed to seek help when she needed help. Sometime she could give emotional support to L and Y, when they felt sad. She was willing to share her personal experience to arouse group discussion.

Y The woman who aged around 40. She lives in Ma On Shan, while her demented father lived in Aberdeen. She needs to take care of her own family; meanwhile she would take care of her demented father. She felt difficult to spend time in 2 families. The burden of care giver makes her stressed. In the group session, she was willing to share her own burden and skill to take care of elderly. She played a supportive role in the group. When S shared her resistance of seeking help from hospital, Y encouraged S to seek help in case of emergency. She also shared her past experience of taking care of her mother-in-law, who was diagnosed with dementia for a decade. The caring experience with her mother-in-law helps her familiarized with the walking aid. She could share her experience and knowledge with the recourse with members in the group. She played an active role in the group. She revealed that the group broadened her knowledge of community recourse and increased her problem solving skills in stress management.

X Member X, who aged more than 60, was the only male in the group. He lived with his wife, who was diagnosed with dementia for many years. In the first two sessions, as he was the only male in the group, he was silent for most of the time. Worker needed to invite X to share his burden. X was attentive when other members shared their experience. Although he did not have similar experience, he could still look at the member who was sharing. It seems that he has own idea in the discussion and wanted to share. He was too polite to let others share. He did not speak actively. Worker needed to provide more opportunity for X in the coming group session. In the later session, he became an active participant in the group. X greeted to the group mates in the beginning of each session. It seems that he was more familiarized with other members in late stage of the group. In the question and answer session, he showed interest in the service and asked for the fee for related service, such as day care fee and meal service fee in DECC.

W In the previous sessions, W was busy in her family chore such as fixing the wheeling chair and needed to attend medical appointment. She was glad to attend the session of agency visit. When members travelled to another agency, she stayed in the taxi with L and S. during the transportation period, she gave encouragement to L and S. she was optimistic to share her personal experience with her dementia husband. Finally, she smiled and felt glad that she could meet different supportive care giver. She thanked worker to provide information of community resource. She played a supportive role in the group.

L L was 50 years old lady who needs to take care of her husband.
In the first session, she shared her burden with tears and felt sad as she felt she was alone. She felt annoyed to deal with the behaviour problem of her husband and found no one could help her.

After joining the group, she made friends with other group mates. She shared with group mates that her husband was not eligible to the PLK Day Care Centre, as her husband was 52-year-old and she did not live within the service boundary. With group mates’ support, she revealed that she would like to explore the potential resource and apply it when her husband get 60-year-old.

She built up good relationship with some group mates. She had more involvement in the group in the later stage of the group. She revealed that she learned to accept the situation and learned coping skill to manage the behaviours problem of her husband. She agreed to other group mates that more patience is needed in caring.

M kept silence in the beginning of the group. She had burden in caring her husband for years. She felt tired in caring with her husband and had little time for relaxation.

M gave thanks to group mates and worker as she gained knowledge in community resource and coping skill. She was glad to make friends with group mate who have similar caring experience. She learned to practice the coping skill at home after the group session. She found that the group could help her to strengthen her knowledge.

Table 4: Result of pre-test and post-test of members’ stress level (Quantitative approach)

<table>
<thead>
<tr>
<th>Member</th>
<th>The Score of Pre-test</th>
<th>The Score of Post-test</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.W</td>
<td>16</td>
<td>13</td>
<td>-3 (Improved)</td>
</tr>
<tr>
<td>2.C</td>
<td>33</td>
<td>19</td>
<td>-14 (Improved)</td>
</tr>
<tr>
<td>3.L</td>
<td>23</td>
<td>19</td>
<td>-4 (Improved)</td>
</tr>
<tr>
<td>4.S</td>
<td>32</td>
<td>21</td>
<td>-11 (Improved)</td>
</tr>
<tr>
<td>5.Y</td>
<td>23</td>
<td>16</td>
<td>-7 (Improved)</td>
</tr>
<tr>
<td>6.M</td>
<td>41</td>
<td>28</td>
<td>-13 (Improved)</td>
</tr>
<tr>
<td>7.X</td>
<td>39</td>
<td>28</td>
<td>-11 (Improved)</td>
</tr>
<tr>
<td>Mean</td>
<td><strong>29.5</strong></td>
<td><strong>19.1</strong></td>
<td><strong>-10.4</strong></td>
</tr>
</tbody>
</table>

According to the pre-group and post-group comparison (Table 1), all members had reduced their stress in cognitive area, behavioral area, emotional area and physical area. Therefore, they had overall improvement through participation in the group. In addition, it showed that there was a significant drop between the mean score of pre-test and post-test so that each of members has the overall improvement after participation in the
group. Hence, comparing the result of the pre and post-test of the questionnaire, over 90% participants get the improvement in the scaling. In the result of the assessment, 6 out of 7 cases have the improved result in which members have totally improved.

### Hypothesis Test Summary

<table>
<thead>
<tr>
<th>Null Hypothesis</th>
<th>Test</th>
<th>Sig.</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>The median of differences between VAR000001 and VAR000002 equals 0.</td>
<td>Related-samples Wilcoxon Signed Rank Test</td>
<td>.027</td>
<td>Reject the null hypothesis</td>
</tr>
</tbody>
</table>

Asymptotic significances are displayed. The significance level is .05.

According to statistical analysis using Related-samples Wilcoxon Signed Rank Test, improvements are statistically significant with a confidence of 97% (p-value < 0.03). The changes are not due to chance.

### Validity of research data

According to Rubin and Babbie (2011), internal validity refers to the confidence workers have that the results of a study accurately depict whether one variable is or is not a cause of another. External validity refers to the extent to which workers can generalize the findings of a study to settings and populations beyond the study conditions. In view of the generalizability of the findings, it should firstly acknowledge that both internal validity and external validity have some links with the extent to which the studies can generalize the findings beyond the study conditions.

### Internal validity

First of all, the duration of the group was around 2 months. It means that the period of pre-test and post-test was also around 2 months. In the short period of time, members may remember the questions of the test so that the result of the test may not totally reliable.

Secondly, because of the same set of questions in the pre-test and post-test, the instrumentation changes can be avoided because the same questionnaires have been used in the group evaluation.
Thirdly, there are some statistical regressions that influence the internal validity because the group members are recruited from the referred cases. It means that the group members have the extent of pressure in taking care of the dementia elderly so that they want to join the group to relieve pressure. In doing so, the group members may be easy to have the improvement in the final stage of the group and the result data would be easy to get the improved result no matter what kinds of group they joined.

Fourthly, as the age of participant were around 40 – 60 years old, they may not be easy to understand all of the questions in questionnaire when they conducted pre-test and post-test. Hence, it would be one of the limitations that the participants might provide the inaccurate information due to misunderstanding of the words

**External validity**

As Rubin and Babbie (2011) mentioned that major factors that influence external validity are the representativeness of the study sample, setting, and procedures.

According to Rubin and Babbie (2011), sample size can also be a critical factor in a study’s generalizability. In the caregiver support group, the size of the group is only 7 group members which is small sample size. It is difficult for generalizing to a universal intervention study and it cannot totally represent the total population.

Besides, Rubin and Babbie (2011) also mentioned that the location of the group and the staff service are also the factors affecting the external validity. As the group held in the western psychiatric centre and service provided from western psychiatric centre may have the difference with the other agencies (different settings) so it would also influence the result of the data as well as the development of group members.

Thirdly, in the recruitment of the group members, the group members come from referred cases so that it is non- probability sample. It means that the ways of choosing target group is the subjective judgment and cause the low external validity.


**Limitation of the evaluation**

In the design of questionnaire, it is modified by catering the needs and objectives of the questionnaire so that the questionnaire does not have enough data based to support the reliability of the questionnaire. As the questionnaire is proved by face validity only, it does not provide enough data to support the reliability of the questionnaire so the result of data would also influence the reliability of the questionnaire.

**Evaluation on Achievement of objectives**

The group aims at enhancing caregivers’ physical and emotional well-being and to reduce members’ burden, as well as to enhance their competence in caregiving.

In order to achieving the goal, there are several objectives planned to fulfilled, including the following objectives:

- Increasing coping skill and problem solving skill in stress management
- Enhancing knowledge about dementia and community resource;
- Creating supporting network in the group

For stress management skill, members agreed that the group provide a platform for them to release their stress by changing their negative thought and coping strategies using cognitive behavioral therapy. Some members revealed that they tried to use the coping skills and problem solving skills at home in order to deal with the behavioral problem and emotional problem of demented elderly family members. Some members learned to use relaxing exercise at home when they felt stressed. More than half of the members agreed the group was helpful in enhancing their stress management skill and identify their negative thinking. This objective was achieved.

For enhancing knowledge, most members revealed that the group could provide them an opportunity to equip more knowledge about dementia including the stage of deterioration and tips of home caring, as well as communication skill. All members agreed the group broadened their knowledge about community resource, including the day care center (DCC) and district elderly community center (DECC). Some members showed interest in those services and would make good use of these services. This objective was achieved.
For creating supporting network, members made friends with each other in the group. In the group sessions, members gave support to one another when someone cried. In the agency visit session, some female members held hands and walked together. Some members took the bus together after the group session. In the last session, members exchanged telephone numbers for future communication. It seems that the group has created a supportive network for the members. This objective was achieved.

Worker’s intervention

Role of worker

Working with the group, a social worker is expected to be knowledgeable and skilful in filling a variety of roles (Zastrow, 2001). According to different situations, the worker often plays complex roles, which are listed in the following.

Table 5 Role of worker

<table>
<thead>
<tr>
<th>Roles</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broker</td>
<td>A broker links individuals and group members in need, who do not know where to seek help, with community services.</td>
</tr>
<tr>
<td></td>
<td>For example, the group members have difficulty in stress management and know little to seek help. Worker might identify and refer those members to the related service.</td>
</tr>
<tr>
<td>Facilitator</td>
<td>A group facilitator serves as a mediator for group discussion.</td>
</tr>
<tr>
<td></td>
<td>The worker invites members to discuss about the way they find useful in stress management and coping with the behavioural problem of demented elderly. The worker invited the silent members to share in the group and summarize the opinion of the members. Worker provided a platform for members to share and create supporting network in helping each other.</td>
</tr>
<tr>
<td>Enabler</td>
<td>In this role, a social worker helps group members to articulate their needs, clarify and identify their problems. The worker is also expected to explore resolution strategies, select and apply a strategy,</td>
</tr>
</tbody>
</table>

and develop their capacities to deal with the problems more effectively.

Workers organize the members and provide opportunity for them to gain access to community resources. Worker invited members to give suggestion each other. Worker tried to develop members’ capacity to deal with stress more effectively.

Programme choice and management

During the group session, workers made use of different kind of resources. Workers used power point to introduce the information of dementia. In each session, a booklet of the detailed information of the session main theme would be distributed to clients. Member could make good use of the booklet at home and shared their learning with family and friends by reading the booklet.

In order to help group members gain better understanding about dementia and care giver relaxation skill, video of care giver’s information was played. Agency visit, including day care center and district elderly community center, was arranged. All participated members were satisfied with arrangement.

Leadership

There were co-workers in the group. Workers worked with each other by thoughtful communication and planning. Before the group session, division of labor was settled in order to make better management.

Workers made use of self-knowledge and respect each client. An open communication atmosphere was created to allow member share they personal experience and concern. In the end of each session, feedback from clients was collected in order to improve the group. Workers were supportive and mobilized member to encourage each other.
**Appropriateness of Group Structure**

**Time**

Most members agreed that the group was good in time management which could finish on time. More than half of group members agreed that the duration of group session was suitable.

**Place**

Some members agreed that they familiarized with the place of the group. They could get access easily. There is only one member felt the location was not easy for her to get access as she lived in Ma On Shan.

**Recruitment**

Workers has made promotion of the group by putting posters on the agency, and invited colleagues to pay attention to the potential clients. The recruitment launched 3 weeks before the first group session. There was sufficient time for recruitment. Members were recommended by medical social workers who accessed the need of clients. There were 8 members recruited in the group, which meet the target number of group size.

**Resource**

Workers made good use of the resources. Worker introduced the community resources for demented elderly. In order to strengthen members’ memory of coping skill, power point and booklet were prepared before each session.

**Limitation**

1. In the caregiver social support group, some group members revealed that they need to take care of their demented elderly in most of the time so that they were actually
difficult to squeeze the time to attend all sessions. They need to settle the elderly at home or find other family members to look after the elderly when group members went out to join the group session.

2. Secondly, as the model of social support group, it should be more freedom for group member to share about their experience and take the control of the group. However, within the time limited of practicum, social worker has taken the initiative and provided the topics and activities for them.

3. For some warm up games, they required too much personal attention from the workers as the instructions of the games. The members could not participate well together. Hence, they would soon lost the interest and felt tired.

Recommendation

1. It is suggested the programme could be run in parallel groups. Parallel groups are suggested and the demented elderly could participate in the group activity which helps to reduce the deterioration process of the cognitive and social functioning of the clients with dementia.

2. Secondly, if the duration of time as well as the number of sessions lengthened, social worker should provide more freedom for them to take what they concern and what they want to discuss depending on their interest and situations.

3. The games could be done with simple instructions. The members were able to pay attention to the workers and would not feel tired. At the same time, the games can also facilitate them to let them feel interest and to maintain their concentration in the following part of the sessions.

Conclusion

To conclude, according to the previous studies, social support was essential for caregiver of dementia elderly to reduce stress because they have extended the social support network through the group and have understood more how to take care of dementia elderly. A social support group can be one of the effective ways to reduce their stress during taking care of dementia elderly. In this group experience, the designed framework had integrated the essence of some traditional
treatment models (including cognitive behavioral therapy, positive psychology and strengths perspective). Different techniques were also used during the group (including shaping, reinforcement, instruction, demonstration, feedback). After the group, not only the objectives were successfully met, the framework but also has provided a wider perspective in understanding the intervention approach of social support group of the target group. The results also suggest that there was the significant result when social support group was organized for the caregiver with dementia elderly.
References


Appendix I: table of members’ attendance

<table>
<thead>
<tr>
<th>Session</th>
<th>Member</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>Attendance per members</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.W</td>
<td>V</td>
<td></td>
<td></td>
<td>V</td>
<td>V</td>
<td>V</td>
<td>V</td>
<td>66.7%</td>
</tr>
<tr>
<td>2.C</td>
<td>V</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Quit the group as not available to attend group</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16.7%</td>
</tr>
<tr>
<td>3.L</td>
<td>V</td>
<td></td>
<td></td>
<td>V</td>
<td>V</td>
<td>V</td>
<td>V</td>
<td>66.7%</td>
</tr>
<tr>
<td>4.S</td>
<td>V</td>
<td></td>
<td>V</td>
<td>V</td>
<td>V</td>
<td>V</td>
<td></td>
<td>66.7%</td>
</tr>
<tr>
<td>5.Y</td>
<td>V</td>
<td></td>
<td>V</td>
<td>V</td>
<td></td>
<td></td>
<td></td>
<td>50%</td>
</tr>
<tr>
<td>6.M</td>
<td>V</td>
<td></td>
<td>V</td>
<td>V</td>
<td></td>
<td></td>
<td>V</td>
<td>33.3%</td>
</tr>
<tr>
<td>7.X</td>
<td>V</td>
<td></td>
<td>V</td>
<td>V</td>
<td>V</td>
<td>V</td>
<td>V</td>
<td>83.3%</td>
</tr>
<tr>
<td>Number of participants</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendance</td>
<td>42.8%</td>
<td>42.8%</td>
<td>57.1%</td>
<td>71.4%</td>
<td>57.1%</td>
<td>57.1%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix II Pre-test of the group

Social Welfare Department Western Psychiatric Centre
Caregiver support group
(Pre-test)

Family caregiver self-pressure detection Scale (Pre-test)

<table>
<thead>
<tr>
<th>Physical Area</th>
<th>Never</th>
<th>Sometime</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 You feel physically uncomfortable when you still have to take care of her/him</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2 Feel Physical burden</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3 Your health become worsen because of the care of him/her</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behavioral area</th>
<th>Never</th>
<th>Sometime</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Disturbed sleep (because the patient cannot sleep at night)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5 Influence to your original travel plan because of the care</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6 Cannot work and affect the income due to taking care of him/her</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7 Influence the contacts with family and friends</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8 You must need to take care of him/her all the time</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emotional area</th>
<th>Never</th>
<th>Sometime</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Your emotion will be affected by him/her</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10 You feel angry when you take care of him/her</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cognitive area</th>
<th>Never</th>
<th>Sometime</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Feel Tired</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12 Fell mentally exhausted</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13 You mentally feel pain when you take care of him/her</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14 Think it is big burden of time due to taking care of him/her</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

| Total Score                                                                    |       |          |       |        |
Appendix III. Post-test of the group
Social Welfare Department Western Psychiatric Centre
Caregiver support group
(Post-test)
A. Carer stress assessment elderly care

<table>
<thead>
<tr>
<th>Family caregiver self-pressure detection Scale (Post-test)</th>
<th>Never</th>
<th>Sometime</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please after reading the following 14 narrative, the case you actually care, circle behind the scores.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physical Area</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 You feel physically uncomfortable when you still have to take care of her/him</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2 Feel Physical burden</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3 Your health become worsen because of the care of him/her</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>Behavioral area</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Disturbed sleep (because the patient can not sleep at night)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5 Influence to your original travel plan because of the care</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6 Can not work and affect the income due to taking care of him/her</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7 Influence the contacts with family and friends</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8 You must need to take care of him/her all the time</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>Emotional area</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Your emotion will be affected by him/her</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10 You feel angry when you take care of him/her</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>Cognitive area</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Feel Tired</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12 Fell mentally exhausted</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13 You mentally feel pain when you take care of him/her</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14 Think it is big burden of time due to taking care of him/her</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total Score</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
15. Overall, after attending the group, can you relieve your stress dementia care for the elderly?

☐ 1. Fully capable (Please go to question 2)  
☐ 2. Could (please go to Question 2)  
☐ 3. Ordinary  
☐ 4. Cannot (please specify reasons: _____________________) (please skip to Section B answer)  
☐ 5. Completely failed to (please specify reasons: ________________)  
(please skip to Section B answer)

16. This group services can relieve your stress dementia care for the elderly in which of the following?  
(Choose more than one)

☐ 1. Increase your nursing care for elderly dementia knowledge and skills  
☐ 2. Improve your relationship with your elderly dementia (eg, how to communicate with him / her)  
☐ 3. Improve your relationships with other family members (such as know how to communicate with other family members)  
☐ 4. Make you feel that there is sufficient support (if any opportunity to communicate with other carers, listen to their views and broaden their carers care network) to help you continue the work of caring for the elderly  
☐ 5. Enable you to get enough emotional support (such as give you an opportunity to express the difficulties faced when caring for the elderly)  
☐ 6. Strengthen confidence in your role as carers  
☐ 7. Other (please specify: __________________________)

B Satisfaction toward the group

1. Do you satisfy the time of the group?

☐ 1. Totally agree  
☐ 2. Agree  
☐ 3. Ordinary  
☐ 4. Disagree (Reason : ________)  
☐ 5. Totally disagree ( Reason : ________ )
2. Do you satisfy the venue of the group?
   □ 1. Totally agree  □ 4. Disagree (Reason: __________)
   □ 2. Agree  □ 5. Totally disagree (Reason: __________)
   □ 3. Ordinary

3. Do you satisfy the duration of the group?
   □ 1. Totally agree  □ 4. Disagree (Reason: __________)
   □ 2. Agree  □ 5. Totally disagree (Reason: __________)
   □ 3. Ordinary

4. Do you satisfy the attitude of the staffs?
   □ 1. Totally agree  □ 4. Disagree (Reason: __________)
   □ 2. Agree  □ 5. Totally disagree (Reason: __________)
   □ 3. Ordinary

5. Does the group satisfy your need?
   □ 1. Totally agree  □ 4. Disagree (Reason: __________)
   □ 2. Agree  □ 5. Totally disagree (Reason: __________)
   □ 3. Ordinary

6. Does the group equip your knowledge and skills of caring?
   □ 1. Totally agree  □ 4. Disagree (Reason: __________)
   □ 2. Agree  □ 5. Totally disagree (Reason: __________)
   □ 3. Ordinary

7. Does the group broaden your social support network?
   □ 1. Totally agree  □ 4. Disagree (Reason: __________)
   □ 2. Agree  □ 5. Totally disagree (Reason: __________)
   □ 3. Ordinary
8. Does the group help you understand the resources of elderly centre?

- □ 1. Totally agree
- □ 2. Agree
- □ 3. Ordinary
- □ 4. Disagree (Reason: __________)
- □ 5. Totally disagree (Reason: __________)

9. Does the group reduce your stress of caring dementia elderly?

- □ 1. Totally agree
- □ 2. Agree
- □ 3. Ordinary
- □ 4. Disagree (Reason: __________)
- □ 5. Totally disagree (Reason: __________)