

TD-P-007 STAR-C-TELEMEDICINE: ACCESSIBLE CAREGIVER SUPPORT



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Background: Caregiving for persons with Alzheimer's Disease and Related Dementias (ADRD) can contribute to psychological distress, including depression and burden. Individualized education and support programs can help reduce these negative aspects of caregiving, but stigma, inconvenient meeting times, lack of respite care and transportation challenges interfere with program usage. To address these barriers, professionals are using Internet-based programs (known as "telehealth" or "telemedicine") to provide support. Many of these options are group-based or automated (without a live interventionist). Of concern, few of the telehealth interventions found in the literature are individually-based interventions tailored to the needs of the caregivers. More options for one-on-one, effective, person-centered telehealth interventions are needed. STAR-C is an example of such an intervention and is well-suited for translation into a direct-to-home telehealth program. The aim of this pilot was to assess the feasibility and acceptability of STAR-C when delivered via direct-to-home telehealth video-conferencing. **Methods:** In this mixed-methods study we administered the 8-week STAR-C intervention via telehealth direct-to-home video-conferencing. This included teaching caregivers about the triggers for bothersome behaviors and how to avoid the triggers. Caregivers were assessed prior to and after the intervention with measures of depression, burden and desire to institutionalize. Qualitative data from the sessions and one focus group provided depth to our findings. **Results:** Of the 16 caregivers enrolled (Tables 1, 2), four withdrew and nine have completed post-intervention testing. None withdrew due to technical difficulties. To date, 100 % of the caregivers who completed STAR-C were satisfied with this telehealth program. There were some easily-resolved technical issues. Quantitative measures show a reduction in burden, depression and

Table 1
STAR-C-TM demographics (n = 15: 1 withdrawal prior to data collection)

Caregivers	
Age (mean, SD, range)	63, 11.6, 30-74
Sex, (% women)	67%
Race (% white)	93%
Number of years caregiving (mean, SD, range)	3.8, 2.4, 0.5-8
Care-recipients	
Age (mean, SD, range)	70, 5.8, 61-82
Sex, (% women)	47%
Race (% white)	93%
Number of years with dementia (mean, SD, range)	2.9, 2.3, 0.5-8
Montreal Cognitive Assessment (n=13)	13.6, 8, 0-26
Both	
Distance from OHSU, miles (mean, range)	45, 3-154
Income, (% reported, "I can't make ends meet")	6%

desire to institutionalize (significance is unknown due to small sample size) (Table 3). Qualitative findings revealed a positive experience for most caregivers: "It's been a wonderful tool for me to lean on." **Conclusions:** These early findings indicate that implementing STAR-C using telehealth technology is an acceptable option for these caregivers, suggesting that this technology can fill a wide gap in caregiver support. More work is needed to successfully translate STAR-C into a telemedicine program; this pilot lays the foundation.

Table 2
STAR-C-TM Enrollment and Feasibility

Enrolled	16
Withdrawn	4
Completed	9
Intervention active (pending)	3
Set-up time (mean, range)	32, 10-120
Intervention time (mean, range)	46, 23-63

Table 3
STAR-C Telemedicine Pre-Post Measures

Measures	Pre (n=9)	Post (n=9)
Revised Memory and Behavior Problem Checklist (RMBPC) Frequency Total	47.2 [29 - 69]	43.3 [28 - 56]
RMBPC Reaction Total	32.7 [10 - 59]	26.4 [6 - 54]
Screen for Caregiver Burden (SCB) Objective Total	12 [7 - 19]	11.1 [8 - 18]
SCB Subjective Total	40.2 [28 - 58]	36.9 [28 - 46]
Desire to Institutionalize Question 6	1.3 [1 - 2]	1.1 [1 - 2]
Center for Epidemiologic Studies Depression Scale Total	17.3 [4 - 38]	15.7 [0 - 36]
Modified Conflicts Tactics Scale Response	11%	0%

TD-P-008 A PILOT STUDY WHICH SUPPORTS STAFF TO ENGAGE OLDER ADULTS IN RESIDENTIAL CARE WITH TABLET DEVICES



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Background: Tablet devices are starting to be used to engage older adults in residential care. However, support for staff is required for successful implementation. There is scarce knowledge in the area of what methods could assist staff to accept and engage with this new technology, and what applications (apps) the residents may use. **Methods:** Prior to introduction of the tablet devices in residential facilities, staff were administered a questionnaire to elicit information regarding previous experience using tablet devices and what training methods staff would like to feel more confident to engage residents with these devices. The type, frequency and duration of app usage by residents was recorded. **Results:** Three residential aged care facilities located in Melbourne, Australia, which