

THE FAMILY SOCIAL ASSISTANCE COUNSELLING IN ALZHEIMER'S DEMENTIA

Sanda POPEANGĂ

Teofania Foundation Arad, Romania

Tel: 0040-722-692515 E-mail: sanda_popeanga@yahoo.com

Abstract

The present study can be enrolled in the context of social studies centred on the assistance of elderly people, with emphasis on Alzheimer's dementia. In the socio-medical problem of such a condition, the first person to be affected is the patient who has Alzheimer's, but we can't ignore the effect of this illness on the family of the patient. The study offers such data on the intervention for families which have a member who has developed Alzheimer's dementia.

Keywords: dementia, Alzheimer, family, social assistance

The present paper aims at highlighting the role of social work in counselling and specialized services, in the existence of elderly people, with an accent upon Alzheimer's dementia.

„The aging of the population is a phenomenon that has been observed in all the countries. Medical breakthroughs and improved living conditions after the second World War have caused an annually increase in the number of people that reach above 60 years old. Although we must be happy about this, it is necessary to underline that old age shows great dissimilarities between people. Actually, we should not talk about old age, but old ages. The specialists distinguish between regular old age, successful old age and pathological old age. Unfortunately, an important number of men and women are victims of different forms of dementia, among which the most frequent one is the well-known Alzheimer's. The understanding of the processes of aging, which make our aging a happy time in life or a total wreck, represents a research topic of many scientist” (Fontaine, 2008: 11).

The diversity of mental health problems of elderly people has an important place among the interests of the World Health Organisation specialists. Thus, they have presented in an accessible language for the masses the most frequent signs of dementia: „A decline of the memory that leads to deficitary functioning in everyday life.

- A drop in the intellectual skills which leads to a deterioration in thinking and processing information, in a way that reduces everyday adaptability.
- Disruptions of consciousness, that result in sleepiness, lack of will etc.

- Reduction of emotional control, that leads to changes in social behaviour or in motivation
- The symptoms must be present clearly for at least 6 months” (Smith, 2005: 13)

In 1906, the German physician Alois Alzheimer, after rigorous research, starting from the autopsy of the brain of a deceased woman, who was mentally ill, shows two abnormalities in the cerebral normality. The first consists of the fact that numerous “neurofibrilae”, structures which normally extend from neurons like the branches of a tree and about which we know now that transmit nervous influxes from each cell to the one around it, were entangled. Evidently, the cells that are affected by these entanglements of nervous ways can’t communicate normally with the rest of the brain.

The second anomaly was the presence of areas, or plaques of amyloid, a strange substance, without asperities, without an internal visible structure, between the brain cells and around them, often seeming to replace neurons and occupying a great area that should normally be for the cells. (Smith, 2005: 17)

Throughout the world, in the medical field, there are approximately 3000 scientists who have interests in studying the brain and its aging. The brain being the most intelligent and complex organ of the human body, the research around it are likewise, starting from anatomical, physiological, chemical, biochemical and genetic aspects. It can be surely stated that the decrees in mental functioning has as a major cause the annihilation of synapses between nervous cells. There are three systems which constantly interact and maintain the viability of the brain cells, and they are: the blood flow, the capacity to communicate and the capacity to self-repair. These being dependent to one another, any anomaly in one is reflected in the activity and connexion of the others (apud Smith, 2002). Alzheimer’s dementia manifests itself mainly through a decrees in the general functioning, with implications in the personal field (eg.one forgets that one has eaten), in the relational field (one doesn’t recognise loved ones), in movement (one forgets where one lives or how to get from one point to another).

In order to be near to the person suffering from Alzheimer’s and also near the family or close ones, in the theories of social work, the accent is mainly upon the intervention of the specialists from the field of social work.

An exact diagnosis is difficult to establish – „The geriatric evaluation is a multidisciplinary approach aimed at the medical and psycho-social assessment of the patient, at establishing a correct diagnosis and at identifying the adequate strategies for prevention, treatment and rehabilitation” says Luiza Spiru, president of Ana Aslan International Foundation.

The bio-psycho-social assessment is made by the geriatric social worker, who initiates a vast area of activities, starting with the preliminary evaluation, which represents the onset for further evolution of the case. During the evaluation, the social worker who is in direct relation to the elderly person „formulates preliminary hypotheses about the most adequate ways of intervention and determines goals, based on the way that the elderly person functions in the

biological and psycho-social process of aging” (Stanciu, 2008: 47). Furthermore, in social work, it is considered necessary to intervene through specialized services, which can enhance the functionality of the family of the patient with Alzheimer's.

In the western countries, in the public system of services addressed to the family, which come to meet the families' needs, family counselling and therapy services have been founded. These services, originally oriented on the children or on couples, address now the integrated evaluation of the problems and the way in which these problems affect the family as a system, the way in which they affect relations and behaviours within the family.

Family counselling represents the social support offered to the families that are passing through a crisis situation, functional or not, a situation that class for a mobilisation of personal and social resources in order to favor the adaptation of the family to changes. The process of giving social support to the family is a developmental and restructuring process for the relations within families, which takes time and systematic actions based on techniques that can eventually guarantee:

- Relationships that allow a full development of the family members' capacities
- Promotion of wellbeing of family members according to their needs
- Improvement in family climate, of bad communication, of approaching and performing role tasks, of the functionality of the family system
- Improvement of the problems that affect family members, that requires a concentrated group effort in order to be solved.

The main objectives of family counselling are: the efficient resolution of everyday life with which families are confronted, dealing with transition situations in the family's life cycle and facilitating the adaptation to imposed changes; adjustment of individuals in being conscient of certain needs, emotions, negative thoughts and behaviours and problem situations; listening, understanding and accepting inadequate feelings of the persons involved in the counselling process; identifying causes for the problematic situations and alternative solutions to the present situation; help in surpassing inherent difficult situations of the family life cycle, especially when a family member has Alzheimer's, situations which are usually joined by anxiety, fear, depression, anger, fear, deficitary relations.

Considering the situational complexity which appears in the life of the patient with Alzheimer's, I have established, as a purpose for this research, to highlight the role of social work from the point of view of specialized services, in the existence of elderly people, with an accent on the family of the patient with Alzheimer's.

Thus, I've established the following objectives for the research part of this paper:

- Decreasing the family-patient stress through interventions from the point of view of social work.
- Enhancing the accessibility of social services

- Decreasing the risk of abandonment in care institutions through assistance from the family of the patient with Alzheimer's.

The hypotheses of the research are:

Hypothesis 1 – Information about Alzheimer's dementia for the families who have a member with Alzheimer's are insufficient.

Hypothesis 2 – Information about the role of social work in Alzheimer's dementia are minimal in their families.

Hypothesis 3 – There is a need of creating new specialized services in order to support the patient with Alzheimer's and the patient's family.

Instruments used in the study: Because of the impossibility to obtain official, consistent data, from a numerical point of view for my topic, I had to resort to a qualitative study.

“The dictionary of qualitative instruments” defined the qualitative research as “any empirical study in human and social sciences which has the following characteristics: 1)the research is conceived from a comprehensive point of view, 2)approaches the object of study in an open and extensive way, 3)includes a data research obtained with qualitative methods, of methods that do not involve any quantification in the moment of data collecting (...), 4)gives the opportunity of a qualitative analysis of the data in which words are directly analysed through other words, without being processed numerically, and 5)ends with a story or a theory” (Scârnci, 2007: 27, apud Muchielli, 2002).

The research methods I've chosen are the case study – a method of longitudinal research, and field observation, and as an instrument I've chosen a questionnaire. The purpose of using this instrument, which is atypical for qualitative studies, is to graphically highlight the researched problem.

The presented case studies refer to five families, each having a member with Alzheimer's dementia. The studies from this paper are presented in a comparative manner. “Writing case studies with the purpose of highlighting similarities and differences of the cases involves comparative manner in writing” (Chelcea, 2007: 135).

To all five families, I've applied an open and closed questions questionnaire, referring the researched topic.

Study Results

After the data collection I've encoded them thematically, establishing a few conceptual categories, which are common to all of the five cases, which contain subcategories, as in the matrices:

1. Illness
2. Evaluation
3. Information from the social worker
4. Expectances from the specialists and/or from the state
5. Major problems in family

In the first category, named „Illness” I've included all the data that contain information about Alzheimer's disease and the evolution of this disease. I have

synthetized this category for all the five cases in the „Illness” matrice, as in table no. 5.I.

Table no. 5.I. „Illness” Matrices

Case nr.	Listed syndroms	Knowledge about disease evolution
1	Yes	Yes
2	Yes	Yes
3	Yes	Yes
4	Yes	Yes
5	Yes	Yes

From the analysis of the „Illness” matrices, it results that the percentage in knowledge about Alzheimer's is 100%

This fact is due to the relationship between the psychiatrist and the family, because, monthly, a family member meets the psychiatrist and obtains from him all the relevant medical information.

Subsequently, hypothesis no. 1:

Information about Alzheimer's dementia for the families who have a member with Alzheimer's are insufficient. – *is not confirmed.*

The second category, named „Evaluation”, contains the data which refer to the evaluation of the patient with Alzheimer's and the patient's family, carried out by the social worker. . I have synthetized this category for all the five cases in the „Evaluation” matrice, as in table no. 5.II.

Table no. 5.II. „Evaluation” Matrices

Case no.	Patient evaluation	Family evaluation
1	No	No
2	Yes	No
3	No	No
4	No	Yes
5	No	No

From the analysis of the „Evaluation” matrices we conclude the following:

- In the subcategory „Patient evaluation”, in 20% of the cases, the patient was evaluated and in 80% of the cases the patient wasn't evaluated;
- In the subcategory „Family evaluation”, in 20% of the cases the family was evaluated and in 80% of the cases the family wasn't evaluated.

At a simple read of these percentages, we can observe that both the evaluation of the patient with Alzheimer's as well as of the patient's family are inconsistent and are far from what social assistance theories state.

In the category „Information received from the social worker” I've included all data concerning the information, received or not, from the social

worker who had visits the families to make the social inquiry needed for the evaluation of the case. I've synthesized this category for all the five cases in the „Information received from the social worker” matrices, as in table no..5. III.

Table nr. 5.III. „Information received from the social worker” matrices

Case no.	Law	Benefits	Counselling services	Other services
1	No	No	No	No
2	No	Yes	No	No
3	No	No	No	No
4	No	Yes	No	No
5	No	No	No	Yes

From the analysis of the „Information received from the social worker” matrices it results that:

- By turning each category into percentages we can conclude that:
- from the point of view of the „Law” subcategory the No answers are 100%;
- from the point of view of the „Benefits” subcategory, the Yes answers are 40% and the No answers are 60%;
- from the point of view of the „Counselling services” subcategory, the No answers are 100%;
- from the point of view of the „Other services” subcategory, the Yes answers represent 20% and the No answers are 80%.

The reading of the percentages shows that the laws and regulations concerning the patient with Alzheimer's and the counselling services are virtually unknown to their families, and the benefits available for a patient with this dementia and other types of services stipulated by the law are rarely known

Consequently Hypothesis. 2 – “Information about the role of social work in Alzheimer's dementia are minimal for their families”, has been confirmed.

In the “Expectances from the specialists and/or from the state” category, I included all the data that contain information regarding expectances and suggestions that families have from the state authorities, and they can be found in the matrices Expectances from the specialists and/or from the state”, as listed in Tabel No.5. IV.

Analysing the „Expectances from the specialists and/or from the state” matrices, it results in:

-we have complete answers from all the five cases just for the subcategory named „Counselling services”, thus, 80% of the families need counselling, and 20% do not express such needs. For the other subcategories, the respondents' expectances are expressed as following: nursing services 20%, day care 60%, and financial facilities 40%. The information from the matrices which are incomplete are due to

the fact that family members hadn't had such information neither from the social worker, or from other sources.

**Table no. 5.IV. „Expectances from the specialists and/or from the state”
Matrices**

Case no.	Counselling services	Nursing services	Day care	Financial facilities
1	Yes	-	Yes	-
2	Yes	Yes	Yes	-
3	Yes	-	Yes	-
4	No	-	-	Yes
5	Yes	-	-	Yes

In the „Major family problems” category I've included all the data that contain information on the main difficulties and problems the families listed as being confronted in the daily care of the Alzheimer's patient. This category has been synthetized, for all the five cases in the „Major family problems”, as following in table 5. V.

Table no 5.V. „Major family problems” Matrices

Case no.	Care	Communication	Stress/Physical and Psychological Extenuation	Deficitary social life
1	Yes	Yes	Yes	Yes
2	Yes	Yes	Yes	Yes
3	Yes	Yes	Yes	Yes
4	Yes	Yes	Yes	Yes
5	Yes	Yes	Yes	Yes

By analysing the subcategories of this matrices it can be concluded that:

- in percentages, all the subcategories are 100% Yes.

The reading of the percentages shows that because of the problems the family has in the daily care of the patient with Alzheimer's and in the communication with the patient can in time reach a high degree of stress and physical and psychological extenuation, fact being reflected by the deficitary social life, thus the social functioning of the family being disturbed.

Consequently, hypothesis no.3 „There is a need of creating new specialized services in order to support the patient with Alzheimer's and the patient's family” has been confirmed.

Conclusions and limits of the study:

Faced with the problems, the Alzheimer's patient's family has to find by itself the physical, psychological and financial resources, sue to the fact that at the present time they do not benefit from resources of support and long-time care, specialized in social assistance.

Following the research, we can conclude that the „social assistance market” is in need of developing a new branch of social assistance, the gerontologic one, especially because the demographic prognosis regarding the aging phenomenon and the spreading of Alzheimer’s is very grim.

The main limit of this study is the small number of cases that could be presents, mainly because, at the present time, at the level of Arad county there is no information about Alzheimer’s that the public can have access to. Statistical data can be obtained just regarding the number of ill people, after writing an official demand, that will not have a satisfying answer in the legal terms.

This research could have the role of pilot research that can be followed by a vast research, carried out by specialists, that will concern of all Arad county, because only like this a real picture of their situation can be drawn.

In Romania, there are approximately 200.000 people who suffer from Alzheimer’s, from which only 35.000 are diagnosed, the majority of which when it is too late, as stated by the Romanian Alzheimer’s Society during a press conference in the opening of the National Conference on Alzheimer’s (Bucharest, 23-25 february 2012). „The later the illness is discovered, the greater the care cost is. It can be estimated that, by 2025, the number of patients will triple if we consider the demographic data”, as stated by dr. Cătălina Tudose, president Romanian Alzheimer Society (alz.ro).

The German Alzheimer’s Society named the 21st century as the Alzheimer’s century due to the exponential growth in the cases (wissenschaft.de). Throughout the world, the number of dementia patients doubles every 20 years, and one from 10 people with ages over 65 and nearly half of ages over 85 suffer from Alzheimer’s. The estimative number of the people suffering from this disease will grow from 24 million at this moment to 100 million by 2050. The German specialists estimate that in 50 years every 86th person will suffer from Alzheimer’s.

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