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THE ABC GROUP FOR CAREGIVERS OF PERSONS LIVING WITH DEMENTIA: SELF-HELP BASED ON THE CONVERSATIONAL AND ENABLING APPROACH

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Abstract

Background. The ABC Group is different from other self-help groups, as well as from psycho-educational groups and the support groups usually organized by the parents associations of Alzheimer patients. The ABC Group is an original self–help group, led by a professional leader, addressed to caregivers of persons living with dementia, based on a new method developed in Italy, presented here for the first time in English: Conversational and Enabling Approach (CEA).

The ABC Group. The CEA is based on focusing the attention on the words exchanged between patient and caregiver during daily life and aims at favouring verbal expression in spite of the speech impairment and the deterioration of the communication function of speech, caused by dementia. In this way CEA aims at helping for the well-being (possible happiness) of both the caregiver and the patient.

The main components of CEA are here described: the Conversational Approach, the point of view of Multiple Identities and of Disidentity, The Elementary Competencies, and the Enabling Approach.

The ABC Group is based on the Twelve Steps proposal. They constitute the synthesis of CEA adapted to the caregiving practice.

A pilot study. This pilot study is carried out trough two ABC groups led following the CEA and a control group. Group A consists of 10 caregivers and 4 group sessions within a 6 weeks period, group B consists of 8 caregivers and 6 group sessions within 8 weeks, and the control group consists of 7 caregivers who have taken part to two informative sessions separated by 8 weeks.

The trial objective is the evaluation of the effectiveness of the ABC Group in modifying the Verbal Behavior of the caregivers, in the sense of greater adherence to the Twelve Steps. Furthermore the trial evaluates the changes of the Verbal Behavior of the patients and of the Caregiver Burden.

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Conclusions. The results of this pilot study suggest the effectiveness of the ABC Group in modifying the Verbal Behavior of the caregivers, in the sense of greater adherence to the Twelve Steps. The Verbal Behavior of the patients and the Caregiver Burden of the caregivers appear unmodified.

Keywords: self–help group, ABC Group, Conversational Approach, Enabling Approach.

Introduction

The groups addressed to the relatives involved with the care of persons living with dementia are generally organized by the Alzheimer's Associations [1,2,3] and can be classified in three categories: *a*) Psycho - educational groups which give information about the illness and the strategies to cope with the Behavioral and Psychiatric Signs and Symptoms of Dementia (BPSD); *b*) Support groups with a professional leader, which want to give psychological help to caregivers; *c*) Self-help groups, with or without a professional leader.

These three categories of groups have the following objectives: *a*) the prevention of BPSD and the improvement of the care (in that case the aim is the well-being of the patients); *b*) e *c*) the comfort and mutual help between the participants (in that case the objective is the well-being of the caregivers).

Starting from this context the ABC Group is placed in a new position: the aim of the group is related primarily to the happiness of the caregiver (possible happiness) and secondarily to the happiness of the person living with dementia. The ABC Group intends to give to the caregiver the experience and the instruments needed to become an expert caregiver in the use of the speech. The satisfaction derived from the feeling of being an expert caregiver is the base on which the possible happiness of the caregivers is founded and secondarily also that of the patients.

The ABC Group is based on Conversational and Enabling Approach (CEA), an original method developed in Italy [4,5,6], freely extracted from distant cultural roots, such as Al-Anon and Alcoholic Anonymous self-help Groups [7], Michel Balint's Training Groups [8], Giampaolo Lai's *Conversazionalismo* (*Conversationalism*) [9,10,11,12].

It is however appropriate to remark that this method intersects a number of works of different Authors.

Tom Kitwood's (TK) *Malignant social psychology* highlights the environment pathogen power on the clinical evolution of the person living with dementia [13]. In a similar way CEA considers in particular the exchanged words as important elements of the environment that can affect the clinical presentation of the illness and the patient happiness.

Many non-pharmaceuticals treatments proposed for dementia are linked in various manners to Carl R. Rogers's (CRR) *Client-centered therapy* [14,15,16]. In a similar way CEA shifts the attention away from the illness towards the patient affected by dementia and the caregiver.

Naomi Feil's (NF) *Validation Therapy* highlights the relevance of emotive aspects in the relationship with the patient with dementia [17]. Similarly a CEA goal is to maintain the Elementary Competencies of the patient affected by dementia and among these the Emotional Competence.

The European Reminiscence Network (ERN) propose Reminiscence Therapy as method to improve the quality of life, of both the patient and the caregiver [18]. Similarly the ABC Group has the objective of improving the happiness of the caregiver and of the patient in each very instant and place of their mutual relationship.

The *Care Manual* of Alzheimer Europe (AE) aims at the harmonization of the person with dementia needs with the caregiver coping strategies [2]. Similarly the ABC Group assumes that one of the tallest challenges of the caregiver is to cope with the feeling of hopelessness before the illness and proposes the objective of meeting this challenge by becoming an expert therapist.

Kenneth Hepburn, Marsha Lewis, Jane Tornatore, Carey Wexler Sherman, Judy Dolloff - University of Minnesota - (KH, ML, JT, CWS, JD) in *The Savvy Caregiver Program* highlight how important is the self-care for the caregiver and the involvement and well-being of the patient [19]. In similar way the ABC Group has as objective the self-care of the caregiver and the possible happiness of the patient.

Amarthia Sen's (AS) *Capability Approach,* developed in a different field, finds many intersections with the ABC Group because of the relevance given to Multiple Identities and to the Contractual and Decision making Competence of the persons with dementia [20, 21,22].

SPECAL Approach (SPecialized Early Care for Alzheimer's) proposed initially by Penny Garner (PG) considers the well-being of the person with dementia as the top priority and concentrates on what a person with dementia can do, rather than what he cannot, in analogy with the ABC Group [23,24].

Moyra Jones's (MJ) *Gentlecare* highlights the importance of creating a prosthetic environment, where the persons with dementia can live 24 hours a day, rather than insisting on the value of the single rehabilitation session [25]. In similar way the ABC Group has the goal of creating a favourable environment throughout day life. CEA is a way of being and relating that everybody may learn and may be used in all contexts.

Traditional *Reality Orientation Therapy* (ROT) [26,27] has been the base from which Aimee Spector (AS) started *Cognitive Stimulation Therapy* (CST), an original program neatly differentiating from ROT and making the most not only of the proposed activities, but also of the relational behavior of the operator [28]. This evolution of ROT towards CST is another evident sign that presently many researchers are experimenting new techniques and pay great attention to the relational behaviour of the caregiver just as CEA does.

The environmental influence on the presentation of the illness (TK) and on the care results (MJ), the relevance of the relational behavior during care and rehabilitation (CRR), the need of considering the emotive world (NF) and of recognizing the free choice of functioning (AS) also for persons living with dementia, the possibility of choosing as objective the patient well-being (KH, ML, JT, CWS, JD; PG) as well as the caregiver's (AE; ERN), are all ideas which modify the approach to the care of the person

living with dementia and that, considering the specific differences of expressions of each Author, still do intersect the CEA proposed here. This list, that is certainly incomplete, is reported to thank the previous Authors and to share with them the effort of finding instruments useful to improve the quality of life of persons living with dementia and their relatives.

The ABC Group

The ABC Group is based on the Twelve Steps proposal. They constitute the synthesis of CEA adapted to the caregiving practice [9, 10,11]. The main components of CEA are here described: the Conversational Approach, the point of view of Multiple Identities and of Disidentity, The Elementary Competencies, the Enabling Approach.

The Conversational Approach

Language disorders are a relevant component of the clinical picture of dementia, especially in Alzheimer's Disease, starting from the anomies of the initial phase to the lack of verbal communication of the advanced phase of the illness.

In these diseases the *communication function* of speech (which guaranties the ability of sending and recognizing messages linked to the meaning of words; in practice it allows the possibility of understanding and of being understood, and it is related to the semantic value of the verbal language) deteriorates earlier than the *conversational function* (which allows the exchange of words, in a more or less good manner, independently from the goal of producing information; eventually it makes possible a conversation without communication; that function is related to verbal fluency, independently of the semantic value of the words) As a result of that dissociation between the *communication function* and the *conversational function*, the patient and the caregiver tend to give up the use of speech when it would still be possible.

Starting from that observation, in Italy Lai has proposed a new approach to the care of persons living with dementia which makes the most of the verbal speech and which constitutes an application of the *Conversationalism* introduced by him in the eighties [9,10,11,12]. On these studies is based the Conversational Approach, the first of the two pillars of CEA. It should be noticed that in Italy the *Conversationalism* is developed later but independently of the Conversation analysis developed in the 70's by Sacks H., Schegloff E. and Jefferson G. [29].

The Conversational Approach wants to be a method to be used with the others rehabilitation treatments, a new method aiming at a new goal. The method originality consists in exploiting the *verbal language* instead that the *non-verbal.* It consists in keeping alive the use of speech when it is deteriorated but still possible, in the meantime giving up the recovery of the semantic value of words, when this is unattainable.

The two main techniques of Conversational Approach consist in two rules, *don't ask questions* and *give back the narrative motif* that is, re-expressing to the patient the minimum unit of meaning that the therapist detects from his words.

Multiple Identities and Disidentity

When dementia is diagnosed the ill person is considered by the caregiver only on the deteriorated aspects. The many features of the character, the long personal history, the capabilities still alive, are ignored.

Using Amarthia Sen's language [21], we can say that the ill person is deprived of his Multiple Identities (i.e. father, son, pensioner former teacher, music lover, dog owner…) and he is reduced to a mono-identity of 'affected by dementia'.

Using Lai's language [12], we can obtain an antidote to the reductive view of mono-identity with a different point of view, the Disidentity: "The Disidentity is a linguistic creation useful to solve a few practical problems: the concept of Disidentity gives us the possibility of accompanying the patient in all the possible worlds he inhabits".

The Disidentity, for example, allows the caregiver to relate to the patient as mother, when the patient acts as a daughter, as daughter when the patient acts as a mother.

In Lai's opinion, the Conversational method starts from the point of view of Disidentity and sees each interlocutor in the instantaneous *'I'* appearing in the pronounced sentence, a discontinuous and changeable *'I'*.

In other words, the Conversational Approach sees the dementia as an illness of identification, since the patient affected by dementia is not recognized in his/her Multiple Identities. The purpose of the ABC Group is to take care of the patient affected by dementia recognizing his/her Multiple Identities.

The Elementary Competencies

Considering the patient in his mono-identity of 'affected by dementia' triggers a series of phenomena aimed to eclipse the so called Elementary Competencies: the Emotive Competence, the Speech, Communication, Contractual and Decision making Competences [5,6].

The Emotive Competence consists in being aware of one's own emotions, to be able of feel, express and see them recognized.

The Speech Competence is shown with the use of verbal language, as it is possible in the different stages of the disease independently of the semantic value of the words.

The Communication Competence uses not only the verbal language, but also the non-verbal and near-verbal.

The Contractual Competence satisfies the need of participating to the choices regarding the everyday life.

The Decision making Competence is related to the choice criteria based on the system of values of patient, as he is able to conceive it.

The Enabling Approach

The Enabling Approach, the second of the two pillars of CEA, consists in creating the conditions where the person affected by dementia can perform the activities he is still able to do, as he can, without feeling of being in error.

The objective is to make, in the limits of possible, the person happy of performing what he does, as it is done, in the context of his environment.

The Enabling Approach is based on recognizing the Multiple Identities and the Elementary Competencies of the person living with dementia, it is not connected with the rightness of the action to be performed and it aims to the happiness of the patient.

This approach makes the most of the patient autonomy on the bases of an innovative concept.

Traditionally the autonomy is considered *the aim* of the rehabilitation intervention; the therapist works in order to increase the autonomy level of the patient.

Following the Enabling Approach, on the contrary, the autonomy is considered *the mean* to favor the possible happiness of the patient; the enabling therapist detects the autonomy whenever it appears, as it is shown or when it could have been shown but it is eclipsed. The task of the therapist becomes the favoring of the emerging of the Elementary Competencies to contract and to make decisions whenever he is interacting with the patient.

The happiness as objective

The CEA is a care method placed among the rehabilitation methods but which, due to his basic philosophy, is different from these methods. The CEA is not properly a rehabilitation method because it does not aim to recover the lost functions. The CEA final goal is the possible happiness of the person living with dementia, the happiness possible in the actual moment and in the given context.

The ABC Group

The ABC Group is based on a new, original, method inspired by **A**l-Anon and Alcoholic Anonymous Groups [7], by Balint Groups [8] and by Lai's *Conversationalism* [9,10,11,12].

A) The **A**l-Anon Groups address the alcoholic relatives and aim to objectives related to the relatives, not to the alcoholics. With the help of the group the relatives follow a path aimed to a personal improvement, convinced that, eventually, this will be useful also for the alcoholic. That path consists in Twelve Steps. The ABC Groups have a similar structure, leverage on strong group solidarity and propose a path with Twelve Steps, specifically designed, based on our last ten years experience.

B) The groups described by Michel Balint address doctors and nurses wanting to improve their interaction capacity with the patients and are focused on difficult situations experienced by the participants. Both the ABC and Balint Groups have a professional leader and are hetero-centric, that is they are based on accounts of facts happened outside the group, in particular on words exchanged between the caregiver and the patient.

C) The *Conversationalism* (see above)

The ABC Group is addressed to caregivers of person living with dementia and offers them a direct CEA experience during group sessions, in order to better adopt the approach in the daily life with the person living with dementia.

It contributes to build around the patient an environment where the CEA would be the base of the interaction 24 hours a day, not only during the sessions with the therapist.

As we consider the patient happiness the goal of our activities with the patient, so we consider the caregiver happiness the aim of our activities with him during group sessions.

The ABC Group intends to give to the caregiver the experience (within the group) and the instruments (Twelve Steps) needed to become an expert caregiver.

The expert caregiver

Both the CEA taking care of persons living with dementia and the ABC Group for caregivers, focus their attention on the exchanged words.

In CEA the therapist focuses on the words exchanged with the patient whenever they emerge, in ABC Group the leader focuses on two levels, the level of the words exchanged during the working sessions and the level of the words exchanged daily between the caregiver and the patient.

In conducting the group, the goal is the caregiver happiness; we will now explain how we intend to reach this goal.

It is known that the caregiver suffering is in part due to the feeling of being impotent in front to the relentless evolution of the illness, in spite of the continuous end heavy effort put into the care.

To overcome this sense of impotence and frustration, the ABC Group proposes to the participants to become expert caregivers as a way out from the impotence tunnel.

In this way we modify the care-giving objective, shifting the attention from the patient to the caregiver. Specifically, the caregiver should become expert in the use of the language instead of looking for a non-realistic improvement of the functionality and autonomy of the patient. The ABC Group meetings and the Twelve Steps are the instruments which allow the caregiver to achieve the objective. The improvement in the patient Speech Competence and other Elementary Competencies is considered a good but secondary result. In our opinion, the primary objective of the work with the caregivers must be placed at the caregivers own level, not at a different one, like that of the patient.

The Twelve Steps

The Twelve Steps are a synthesis of CEA made suitable for caregivers and are used as guidelines to become a caregiver expert in the use of the speech with relatives living with dementia (see Table 1). They aren't strict rules; everyone should follow them as far as it is possible, keeping in mind that their main objective is, in first instance, to favor the caregiver happiness, and in second instance the patient's.

The first five Steps refer to Conversational Approach and are used to keep alive the Speech and Communicating Competencies. The first step in particular makes this approach different from others rehabilitation approaches.

Questions like *Which day is today? Who am I? What have you had for lunch?* are considered obstacles to the flux of everyday's conversation and are avoided. The 5th Step consists in accompanying the patient in his possible world, adjusting to his space-time, using specific techniques as *Give back the narrative motif*, *Echoing response* and *Supplying fragments of autobiography,* which means allowing personal involvement,

enriching the conversation with personal memories related to the patient's narrative motif.

Table 1. The Twelve Steps

1.	Don't ask questions
2.	Don't correct
3.	Don't interrupt
4.	Listening, respecting the silence and the slowness
5.	Accompany with the words
6.	Answer the questions
7.	Communicate also through non verbal language
8.	Recognize the emotions
9.	Answer the requests
10.	Accept whatever the patient does
11.	Accept the illness
12.	Taking care of one's own well being

The next five Steps refer to Enabling Approach. The 8th Step is meant to keep alert the Emotional Competence and consists in recognizing the patient's emotion (so like is expressed), in identifying it and giving it back with a verbal acknowledgement. The 9th and 10th Steps are meant to keep alert the Contractual and Decision making Competencies and to help the active participation to everyday's life choices.

The 11th and 12th Steps help the caregiver to overcome his own feelings of guilt and inadequacy and are important to reach a sufficient happiness (the possible happiness).

The ABC Group creation

The ABC Group is made by a small number of caregivers (6-12) meeting for two hours every 2-4 weeks. The participants are seated in circle. The leader is a psychotherapist expert in CEA, trained in conducting ABC Groups. In selected cases can be a different professional (occupational therapist, speech therapist, pedagogue…) with the right training.

Leadership of the ABC Group

The leadership of the group is directive and hetero-centric. The group leader with his comments wants to prompt the direct participation of all the members of the group.

At the opening of the meeting he addresses the group inviting whoever wishes to report about a difficult, unsatisfactory or unintelligible conversation held with the sick relative. While the speaker reports, everyone else is invited to listen while keeping quiet, without interrupting.

When the speaker is through with his contribution, the group leader invites the participants to identify a critical moment in the conversation, helping to focus attention on words exchanged.

Anybody can report analogous conversations occurred to him, or possible *ways out*, alternative to that used by the speaker, in terms of words used.

The group leader listens to all reports then takes the floor to point out what happens, in the conversations reported, when the words uttered agree or disagree with one of the Twelve Steps.

For instance, if a caregiver tells that when asked questions, the patient replies he does not remember or interrupts the conversation, getting irritated, the group leader focuses attention on this fact and asks the group whether other words (different from those of the question) could be used in a similar situation, to help carrying on with a fluent conversation.

During the meeting, discussions are avoided. Everyone is free to tell his own experience, and to listen to the experience of others and to take home those ideas and suggestions that might be more valuable for him.

A Pilot Study

Starting from 2008 the ABC Groups have spread in different italian regions (Lombardy, Liguria, Trentino, Emilia, Tuscany, Marche, Sicily, Sardinia) through group leaders trained by the "Associazione Gruppo Anchise" (www.gruppoanchise.it). The present study is meant to start the process of evaluation of the effectiveness of the method.

AIMS

The study assesses first the changes in Verbal Behavior of the caregivers in applying the Twelve Steps; secondly the changes in Verbal Behavior of the patients and the changes of the Caregiver Burden.

Materials and Methods

The study is concerned with two ABC Groups, carried out in different centers, Group A structured in four meetings with 10 caregivers, Group B structured in six meetings with 8 caregivers, held within 6 and 10 weeks respectively. As a control group we consider 7 caregivers taking part to two informative meetings, one on the dementia diseases and another, after an 8 weeks gap, on the pharmacological treatment. All the participants are caregivers of dementia patients who live at home and are usually followed in a specialized health center. All patients, already under treatment with anticholinesterasic drugs, have continued the treatment during the period of the study.

The participants to the non random control group have been recruited immediataly after the conclusion of the two ABC Groups.

The characteristics of the participants are summarized in Table 2.

Two questionnaires are presented to all participants (ABC Groups and Control Group), for self-evaluation of Verbal Behavior and Caregiver Burden, before and after the intervention (*ante/post*). The Verbal Behavior of patient and caregiver is evaluated by an original Questionnaire prepared for the present research: 9 items of the Questionnaire

refer to the caregiver Verbal Behavior (Table 5) and 9 to the Verbal Behavior of the persons with dementia [On the whole, how do you judge his/her way of speaking? Does he/she start speaking on his own initiative? Does he use well built sentences (subject, verb and possible object)? Does he/she use only mono-syllables (yes, no,…)? Does he/she use very short and stereotyped answers (I don't know, let me be, I'm tired,…)? Does he/she tend to jam or interrupt? Does he/she seem to be happy when speaking to you? How much does he/she speak, compared with the situation before the illness? Comparing with the situation before the ABC Group how much time do you spend talking with him/her?].

Table 2. Characteristics of the participants

Group	**A**	**B**	**A e B**	**Control**
Location	Don Gnocchi[1]	Segesta[2]		Don Gnocchi[1]
Sex				
Males	2	3	5	1
Females	8	5	13	6
Relationship				
Spouse	3	1	4	2
Children	3	5	8	2
Daughter/Son- in-law	2	2	4	0
Other	2	0	2	3
Total	10	8	18	7

[1] S. Maria Nascente Clinical Research Centre, Don Gnocchi Foundation, Milan, Italy
[2] Saccardo Residences of Segesta Group, Milan, Italy

The answers to the Questionnaire *ante* refer to the situation of the week preceding the start of the ABC Group; the answers to the Questionnaire *post* refer to the situation of the week preceding the last meeting of the ABC Group. Low scores indicate a higher closeness to the Twelve Steps.

The Caregiver Burden is measured by the Caregiver Burden Inventory (CBI) [30] .

The person responsible of the evaluation of the results (Antonio Guaita, Geriatric Institute Camillo Golgi, Abbiategrasso, Italy) is not involved in the running of the groups activity and in the data collection.

Results

The data related to the Verbal Behavior are considered separately from those related to the Caregiver Burden. Only 15 caregivers out of 18 have handed in the Questionnaire *post* related to the Verbal Behaviour, and 13 the Questionnaire *post* related to the Caregiver Burden.

The Verbal Behavior of caregivers and of persons with dementia

A comparison has been made between the results *ante/post* and also the *cases/controls* have been compared.

As already mentioned, 9 items of the Questionnaire refer to the Verbal Behavior of caregivers and 9 to the Verbal Behavior of persons with dementia. Two summarizing variables, called "Verbal Behavior of caregivers" and "Verbal Behavior of persons with dementia" have been built using the sum of the results of the two groups of 9 answers: the so built variables have a good internal consistency, measured with Cronbach's alfa and however greater than 0,70. The *ante/post* differences have been analyzed using Student's "t" for data pairs. The *cases/controls* differences have been analyzed using Student's "t" for independent samples.

Table 3. Summarizing variables "Verbal Behavior of caregivers" and "Verbal Behavior of persons with dementia"

ABC Group		**average**	**sd**	**p**	***Control Group***	**average**	**sd**	**p**
Verbal Behavior of persons with dementia	*ante*	23,00	7,34	0,143	Verbal Behavior of persons with dementia	23,29	7,32	**0,049**
	post	20,93	4,62			18,43	6,19	
Verbal Behavior of caregivers	*ante*	24,47	4,02	**0,036**	Verbal Behavior of caregivers	23,29	7,32	0,818
	post	21,07	5,18			23,71	4,50	

The results related to the two summarizing variables (Table 3) show that the caregiver's Verbal Behavior improves significantly within the *cases* and not within the *controls*; the Verbal Behavior of persons with dementia doesn't change significantly within the *cases,* instead it changes significantly (p 0,049) within the *controls*.

Table 4. The Verbal Behavior of persons with dementia evaluated by caregivers

Caregivers of ABC groups		**average**	**sd**	**p**	***Caregivers of Control Group***	**average**	**sd**	**p**
Comparing with the situation before how much time do you spend talking with him/her?	*ante*	3,93	1,163	**0,006**	Comparing with the situation before how much time do you spend talking with him/her?	3,57	0,976	**0,030**
	post	2,93	0,961			3,00	0,577	

A specific analysis of the answers on the Verbal Behavior of persons with dementia shows only one answer significantly different comparing *ante/post* (Table 4). The *post* lower values indicate that the caregivers, after attending the ABC group, spend more time talking with the patient.

A specific analysis of the answers on the Verbal Behavior of Caregivers of ABC Group (see Table 5) shows that 5 have significantly improved, 2 are close to a significant improvement, 2 result stable.

The Control Group answers do not show any significant improvement and 4 show no significant worsening.

Correlation between the summarizing variables "Verbal Behavior of caregivers" and "Verbal Behavior of persons with dementia"

It is interesting to notice the correlation between the considerations about the Verbal Behavior of the patients and their own Verbal Behavior for the participants to the ABC Group (Table 6). Before starting the Group the two behaviors are not correlated, afterword they become correlated with a negative sign.

Table 5. Verbal Behavior of Caregivers of ABC Group

		media	n.	sd	p	
When speaking to him, do you pose any question? (i.e.: do you remember what you had for lunch?)	*ante*	3,60	15	1,183	**0,060**	
	post	2,73	15	1,486		
When he finds difficult starting speaking, do you try to help him with some questions or suggesting the answer?	*ante*	3,40	15	0,986	**0,004**	
	post	2,47	15	1,187		
When he has started speaking, it happens to you to interrupt?	*ante*	2,33	15	1,113	**0,013**	
	post	1,53	15	0,834		
When he makes errors when speaking, do you correct him?	*ante*	3,20	15	1,014	**0,022**	
	post	2,33	15	1,113		
When he speaks in a sufficiently understandable way, do you try to follow his speech?	*ante*	1,33	15	0,488	0,110	
	post	1,80	15	0,862		
When speaking to you he doesn't find a word, do you suggest the missing word or complete the sentence?	*ante*	3,47	15	0,990	**0,022**	
	post	2,60	15	1,242		
When his speech is not enough understandable, however do you try to follow what he is saying?	*ante*	1,47	15	0,640	**0,010**	
	post	2,33	15	0,900		
When speaking to him, it happens to tell him something about you or your life?	*ante*	2,93	15	0,884	1	
	post	2,93	15	0,799		
Thinking back to your conversations, how do you globally judge your speaking ability?	*ante*	2,73	15	0,799	**0,052**	
	post	2,33	15	0,617		

To explain this, *the more the patient Verbal Behavior is compromised, the more the Caregiver Verbal Behavior, after participating to the ABC Group, is close to the Twelve Steps.*

Indeed, if instead of referring to the absolute values, the relationship between the increase of the scores of the patients and those of the caregivers (i.e. the two differences *ante* and *post)* is analyzed, these increases are positively correlated, at the limit of significance ($p = 0,054$) (analysis made using Pearson's "r").

Caregiver Burden

The Caregiver Burden has been evaluated using the *Caregiver Burden Inventory* (CBI) [30]. No difference *ante/post* has been found for the global scale value (Table 7), and none for the single items inside the *cases* and the *controls*.

It should be noted that the initial average Burden shown by the controls has resulted significantly lighter (p = 0.039).

Table 6. Correlation between "Verbal Behavior of caregivers" and "Verbal Behavior of persons with dementia" before and after the ABC Group

		Verbal Behaviour of caregivers *ante*	**Verbal Behaviour of caregivers *post***	
Verbal Behavior of persons with dementia *ante*	"r" Pearson	0,383	-0,545	
	p	0,159	0,035	
Verbal Behavior of persons with dementia *post*	"r" Pearson	0,175	-0,579	
	p	0,533	0,024	

Table 7. Caregiver Burden *Comparison for data pairs ante and post for Caregivers of ABC Groups (cases) and Caregivers of Control Group (controls)*

	***Cases* averages**	**sd**	**n**	***Controls* averages**	**n***	**sd**
Caregiver Burden *ante*	24,46	17,28	13	12,17	6	4,26
Caregiver Burden *post*	25,62	19,27	13	10,33	6	7,71
"p"	ns			ns		

*An "outliner" has been eliminated for those variables

Conclusion

The present pilot study has shown that the caregivers' Verbal Behavior improves significantly in the *cases* and not in the *controls* (Table 3) and the Verbal Behavior of patients with dementia is not significantly modified in the *case's* while it is modified significantly in the *controls* (p 0,049).

This latter result probably is brought both by the effect of the two questionnaires, that have focused attention on the subject , and by the informative course based more on the patient and the illness than on the caregiver.

The detailed analysis of the answers on the Verbal Behavior of people with dementia shows that significantly different *ante/post* results (table 4) are given only by the amount of speech, a measure that involves both the Verbal Behavior of the dementia patient and that of the caregiver.

Also in the *controls* this is the only answer that gives a significant *ante/post* difference. It should be noted that although both meaningful, the "score" value is about double for the caregivers that have taken part to ABC Groups, compared with the *controls* (Also the "t" Student distribution, not shown in Table 4, gives 3,24 *versus* 2,83).

The detailed analysis of the answers on the Verbal Behavior of caregivers (Table 5) shows that what improves is especially the ability of "not interfering" negatively and that

approach mistakes in the conversation are reduced (the caregivers have learnt not to suggest the answer, not to interrupt, not to correct, not to complete sentences).

Less evident, down to the significant level, is the improvement of the ability to reduce the questions, both in giving a positive appraisal of them and of the ability of speaking.

Finally for the two questions whose answers don't change, one has positive answers from the start (*ante*) that remain so (*post*) (When he speaks in a sufficiently understandable way, do you try to follow his speech?), the other has negative answers from the start (*ante*) that remain so (*post*) (When speaking to him, it happens to tell him something about you or your life?).

The single items analysis, that mainly highlighted the improvement of the "relational" behaviours, is supported also by the described correlation between verbal behaviour of the caregivers and of the patients, gained only after the ABC training.

For what concerns the answers of the control Group no significant improvement has been detected.

For what concerns the Caregiver Burden, measured using CBI, it doesn't show any significant change.

Our opinion is that CBI has proved to be an unsuitable tool for evaluating the results of this type of training path.

Indeed the caregivers attending the Groups gain awareness on what happens in everyday life and on their own specific role. However the resulting greater perception of the Caregiver Burden is not directly correlated with the Caregiver well being level.

Furthermore CBI considers the care relationship just as a burden and values it only through negative situations.

Whoever follows closely the complex relationship between patient and caregiver, knows that there are also positive aspects linked to the care activity, i.e. the affection of the patient and the rewards coming from the caring role. Therefore the negative drawbacks (*burden*) of the care giving task could be at least partially balanced by other positive aspects not detected by CBI.

This Pilot Study has highlighted that the participation to the ABC Group is followed by a change in the caregivers Verbal Behavior, which become closer to the Twelve Steps, without significantly modifying the patients' Verbal Behavior and the Caregiver Burden, measured using CBI. The perception by the caregivers of the changing in their own Verbal Behavior is stronger when the patient Verbal Behavior is more compromised. This study has been limited to the measurement of short term effects of the intervention with ABC method. Further studies are needed to assess long term effects, both for caregivers and for the persons with dementia.

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