

Assessment of Dementia and Caregiving for Vietnamese Elders

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Assessment of Dementia and Caregiving for Vietnamese Elders

- 1) Vietnamese in the U.S.
- 2) Spiritual, cultural and societal beliefs
- 3) Context and characteristics
- 4) Research and explanatory model
- 5) Assessment and diagnostic factors
- 6) Communication and strategies
- 7) Vignettes
- 8) Resources

MIGRATION

- **1975: First Wave**
 - Military, government officials, business professionals
 - Airlifts, formal sea craft
 - Ethnic Vietnamese
 - Catholics
 - Educated and affluent
- **1978: Second Wave**
 - Vietnamese and ethnic Chinese
 - "boat people" vulnerable to pirates & elements

MIGRATION

- **1980 – 2000: Third Wave**

- UN ODP
- Family Reunification
 - AmerAsians
 - political detainees
 - large influx of older Vietnamese
 - 1989 – 1992: 16,021 people > 60 yrs immigrated to US
 - 1995: 41, 500 people > 65 yrs

DEMOGRAPHICS

- **1990 Census: 600,000 Vietnamese in the U.S.**

- **2000 Census**

- Total Population of U.S.: 281,421,906
 - Asian: 3.6 percent or 10,242,998
 - Vietnamese: 0.4 percent or 1,122,528
 - Vietnamese over 65yrs old = 58,241
- 4 million Vietnamese Americans by 2030
 - Low socioeconomics
 - Linguistically isolated

DEMOGRAPHICS

- CA: 447,032 of 33.9 million
- TX: 134,961 of 20.9 million
- WA: 46,149 of 5.9 million
- VA: 37,309 of 7.1 million
- MA: 33,962 of 6.3 million
- 90% in CA over 65 in "family households"

(2000 Census)

BELIEFS

● Folk Religion

- Cosmology of spirits and demons
- Ancestor worship, Animism
- Not exclusive of the other traditions

● Confucianism/Taoism

- Cardinal relationships
- Filial piety, self-cultivation, ancestor worship
- Bridges physical and supernatural

BELIEFS

● Buddhism

- Inevitability of suffering
- Benevolence, compassion, good will
- Karma and dharma

● Catholicism/Christianity

- Prayer and looking to the afterlife
- Importance of charity

BELIEFS: Conceptions of Illness

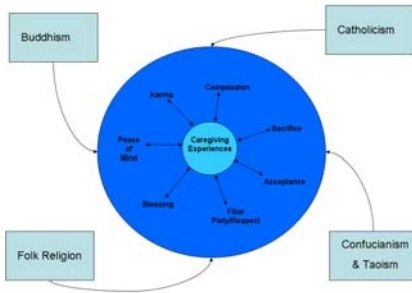
- Fate and acceptance
- Karma and Dharma
 - Past lives and current action
- Emotional and/or physical imbalance
 - Hot and cold; Yin and yang
 - Family strife per Confucian tenets
- Being possessed by spirits

BELIEFS: Motivation For Caregiving

- **Filial Piety**
 - Elders are honored and revered
 - Duty and reciprocity
- **Charity, Compassion and Grace**
- **Karma and Dharma**
 - Righting wrongs of past lives to avoid rebirth
 - Opportunity to show good will and action

Woven Traditions

Figure 1: Vietnamese religious/spiritual complex in relationship to key terms/idioms mediating the dementia caregiving experience



GENERAL CHARACTERISTICS

- Regional/indoctrination differences
- Diverse socioeconomic/educational levels
- Mostly monolingual, possibly illiterate too
- Multiple traumas: physical, emotional, psychological
- Trust in authority figures
- Concept of "Saving face"

GENERAL CHARACTERISTICS

- Shame felt by diagnosed is extended to all (Braun, et al, 1996)
- Old age an asset/blessing
- Passing on experience, wisdom (Yeo, et al, 2001)
- “Reaping benefits”
- Emphasis on filial piety (Hinton, et al, 1999, 2002)
 - Cardinal relationships
 - Age and status

CAREGIVERS: Help-seeking Patterns

- Expect domiciliary care
 - spouses of both sexes
 - females, extended family
- Funeral/burial plans but no LTC plans
- Sx part of “normal aging” (Braun, et al, 1996)

CAREGIVERS: Help-seeking Patterns

- Dementia is mental illness (Yeo, et al, 2001)
- Stigmatized, self-isolation (Hinton, et al, 2005)
- Placement last resort
 - Medicaid => IHSS rather than SNFs
- Generational/political differences
 - PRV vs ABV and 1st/2nd Wave

CAREGIVERS: Help-seeking Patterns

- Language barrier (Yeo, et al, 2001)
- Low awareness of resources (Yeo, et al, 2001)
- Willingness to use services (Braun, et al, 1996)
- Accessed if government pays
- Help sought in crisis
 - ER case management
 - Problematic behaviors

CULTURAL IDIOMS

- Demented: Boi roi vi lo lang
- Dementia: chung mat tri
- Lang tri/mat tri = loss intellect/loss of mind
- Lan lon = confused/mixed up
- Teo oc/nao = atrophied brain
- Mat/nhap hon = loss of spirit/possession
- Stigmatizing and negative connotations
 - dien = crazy
 - khung = crazy

Cross-ethnic Study of Dementia Caregivers

- Harvard Exploratory Center on Culture and Aging 1993-1997 and Stanford Geriatric Education Center
- Cross-ethnic study of caregiving experience and service utilization
- Two qualitative studies conducted
- Sample included Asian American (Vietnamese and Chinese), African American, Latino, White non-Hispanic

Typology of explanatory models

- **Biomedical**

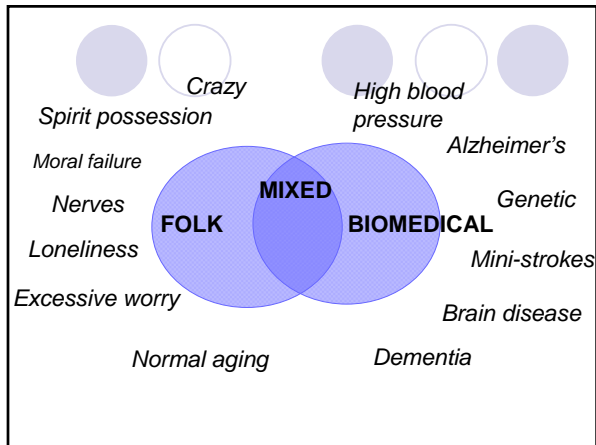
- Labels: AD, strokes, Pick's disease, dementia etc...
- Attributions: brain abnormality, genetics, vascular disease

- **Folk**

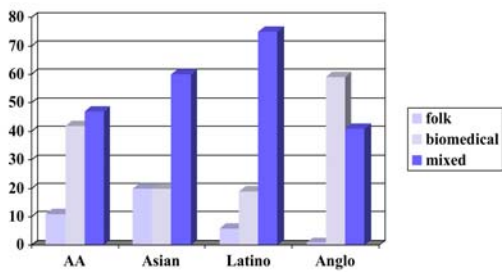
- Labels: normal aging, crazy, stressed, confused
- Attributions: loneliness, stress, spirit possession

- **Mixed**

- Combination of folk/biomedical labels and attributions



Association between caregiver ethnicity and explanatory model type (n=92, p <.009)

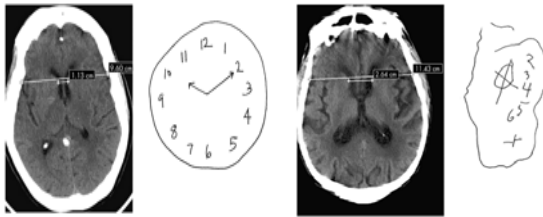


Hinton et al, 2005

ASSESSMENT & DIAGNOSTICS

- MOCA helps parse mild impairment
 - adjust for level of acculturation and assimilation
 - interpretation adjusted for deficits
 - Useful: word recall, serial subtractions, clock drawing
 - abstraction: "Is one kg more than 2 kg?"

ASSESSMENT & DIAGNOSTICS



(Samton, et al, 2005)

ASSESSMENT & DIAGNOSTICS

- Neuropsych testing
 - Formal testing anxiety provoking
 - Illiteracy, hearing/sight impaired
 - Testing not a cultural norm
 - High context society
 - Issues of saving face
 - Accurate translation difficult
 - monosyllabic vs bi-syllabic
 - Vietnamese scores the highest for digit span

COMMUNICATION STYLES

- **“We are a homogenous people and don’t have to speak as much as you do here. When we say one word, we understand ten, but here you have to say ten to understand one.”**

(Japanese businessman to Lee Iacocca)

COMMUNICATION: High Context

(Edward Hall, 1976)

- Context more important than spoken word
- Sensitive subjects discussed indirectly
- Dependent on rapport and relationship
- Metaphorical
 - Non-verbal: smiles, silence, crossed arms, avoiding eye contact
 - Nodding, “yes” doesn’t equate consent/understanding
 - Ask for feedback early and often
 - An added awareness of individual factors

HELPFUL STRATEGIES

- Bilingual clinicians/interpreters
- Comprehension between generations
- Familiarity with cultural mores
 - Bows rather than handshakes
 - Gregariousness not the norm, etc
- Convey respect for the elder

HELFUL STRATEGIES

- Courteousness instead of friendliness
- High value on titles of respect and etiquette
 - Bac, Co, Chu,
- Physical contact generally avoided
- Understand family hierarchy
- Young defers to old

HELFUL STRATEGIES

- Determine stakeholders
- Establish rapport inform and educate
- Use syntonic metaphors/concepts
- Prepare them: dementia is progressive & terminal
- Contextualize bx to end isolation
- Validate help-seeking and tx of sx

CAREGIVERS: Outreach

- Community-based/Civic organizations
 - Churches and temples
 - Casinos
- Medical clinics
- Ethnic media
 - TV: Paris By Night (!)
 - Newspapers
 - Society/association journals
- Suc Khoe La Vang = Health is gold
 - HPV testing/cervical cancer
 - Heart disease



CASE VIGNETTE 1

- 80yo female Care Recipient
 - 2nd Wave immigrant, Catholic, literate but limited schooling
 - Formally diagnosed atrophy with moderate dementia
 - Sx: repetitive speech, diet/sleep disturbances, aphasia, incontinence, wandering
- 41yo female Caregiver
 - Characteristic of most caregivers
 - Catholic, prayer, duty and filial piety
 - Acceptance of frustration and situation
 - Concept of charity and compassion

CASE VIGNETTE 1

- “She can only live where people have a lot of compassion, where they take pity and will help, because this illness is a huge bother to people...”
- “We have a conscience and we have to do something to show our piety for our mother, for our father...”

CASE VIGNETTE 2

- 66yo female Care Recipient
 - 3rd Wave immigrant, literate but limited schooling
 - 3 MDs (psychiatrist, FP, GI), mediums and Taoist priests
 - Sx: repetitive speech, diet/sleep disturbances, psychosis, incontinence, wandering
- 78yo male Caregiver
 - Taoist, limited formal education
 - Spiritual possession, physical/spiritual imbalance
 - Western medication exacerbating illness
 - Acceptance and fatalism
 - Concept of charity and compassion

Case Vignette 2

- “...She was taken over/possessed by this thing and that thing...After the possession was done, there were times it harassed us horribly. Sometimes she ran all over the place, I almost died from following and looking for her. When she was no longer under the influence of the spirit, she was a normal person...”

CASE VIGNETTE 2

- “...The first thing is that we have to worship and appeal to Buddha or the Lady Buddha...We have faith and we believe so that the pain will subside. Abstain from meat, follow Buddha, control one’s temperament, don’t be hot tempered or often think and wonder about something so that the mind is stressed, and eventually it will subside...”

Language Specific Resources

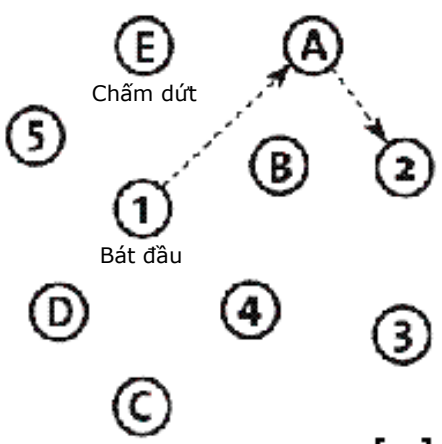
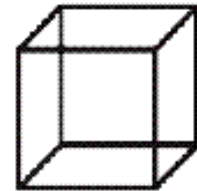


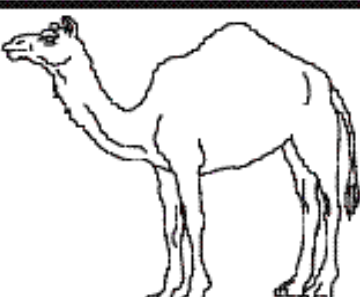
- <http://annamcdc.com/va-links.htm>
- <http://www.nhanhoa.org/en/index.do>
- <http://www.caregiving.org/CaregivingAwards.htm>
- http://www.mocatest.org/pdf_files/MoCA-Test-Vietnamese.pdf

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Khả năng thực hiện							 Vẽ hình khối	Vẽ đồng hồ (11 giờ 10 phút) (3 điểm)	Điểm	
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Trí nhớ		Đọc 1 loạt chữ, bạn hãy lập lại. Có thể thử hai lần. Lần thứ hai chờ 5 phút.		Khuôn mặt	Nhưng	Nhà thờ	Bông cúc	Màu đỏ	Không Có điểm	
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		Lần thứ hai								
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Ý niệm		Sự Giống nhau chẳng hạn như giữa chuối và cam [] Xe lửa - Xe đạp [] Đồng hồ - Cây thước							___/2	
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Topics Include:

Part I: Risk of Dementia

Part II: Assessment of Dementia in Diverse Populations

Part III: Treatment and Management of Dementia

Part IV: Working With Families
(14 chapters featuring diverse populations)

Part V: Community Partnerships for Support of Ethnic Elders and Families

Preview Available at: 

Ethnicity and the Dementias

Second Edition



*Edited by
Gwen Yeo and Dolores Gallagher-Thompson*

