

Individual Cognitive Stimulation Program Making a Difference 3: Adaptation and validation for the Portuguese language

Rosa Silva¹, Elzbieta Bobrowicz-Campos², Isabel Gil³, Paulo Costa⁴, Maria Almeida⁵ João Apóstolo⁶

¹Universidade Católica Portuguesa- Instituto de Ciências da Saúde; Unidade de Investigação em Ciências da Saúde: Enfermagem, Escola Superior de Enfermagem de Coimbra, Portugal, rcgsilva@porto.ucp.pt

²Unidade de Investigação em Ciências da Saúde: Enfermagem, Escola Superior de Enfermagem de Coimbra, Portugal, elzbieta.campos@gmail.com

³Unidade de Investigação em Ciências da Saúde: Enfermagem, Escola Superior de Enfermagem de Coimbra, Portugal, igil@esenfc.pt

⁴Unidade de Investigação em Ciências da Saúde: Enfermagem, Escola Superior de Enfermagem de Coimbra, Portugal, paulocosta@esenfc.pt

⁵Unidade de Investigação em Ciências da Saúde: Enfermagem, Escola Superior de Enfermagem de Coimbra; Escola Superior de Enfermagem de Coimbra, Portugal, mlurdes@esenfc.pt

⁶Unidade de Investigação em Ciências da Saúde: Enfermagem, Escola Superior de Enfermagem de Coimbra; Escola Superior de Enfermagem de Coimbra, Portugal, apostolo@esenfc.pt

ABSTRACT

BACKGROUND: Considering the context of demographic changes worldwide, it becomes crucial to enable informal caregivers to maximize their involvement in caring for their older relatives, while preventing their physical and mental burnout. Current therapeutic approaches in the scope of active and inclusive aging offer intervention programs that are valuable alternative to pharmacological treatment and can be implemented by caregivers at home. The Making a Difference 3 (MD3)^[1] program has these characteristics. The MD3 was designed to slow the progression of neurocognitive disorder in advanced age. It consists of cognitive activities, organized in 75, 30-minute sessions, which stimulate different cognitive domains. **OBJECTIVE:** To enable the implementation of the MD3 in the Portuguese context, a cross-cultural adaptation and validation study was carried out. **METHODS:** Adopting the Formative Method for the Adaptation of Psychotherapies^[2], and the Guidelines for Adapting Cognitive Stimulation Therapies for Other Cultures^[3], the MD3 adaptation and validation process included five phases. The first phase involved the analysis of evidence on the efficacy of multisensory stimulation^[4] and individual cognitive interventions^[5], based on the systematic review methodology. It also mapped the applicability of MD3 using semi-structured interviews of nine end-users (caregivers, health professionals and academics). In a second phase, the MD3 was translated, being integrated in its contents the knowledge gathered previously, which allowed to create the α version of the program.

The third phase aimed at cultural validation of the content of the MD3- α version, organization and structure of the sessions and supporting material. For this purpose, the modified Delphi technique was used involving eight social and health sciences experts, and the focus groups were conducted, with 10 family caregivers of cognitively impaired seniors. **RESULTS:** This procedure resulted in the creation of the β version of the program. The MD3- β version maintained the original program structure. However, some of the contents, activities and images have undergone changes, in order to increase their suitability to the Portuguese context and the characteristics of the respective aged population. Then, a pilot study with 52 days was conducted, where the acceptability and applicability of the MD3 program were analysed. The different end-users considered the MD3 as useful, innovative and versatile, highlighting the key principles of its implementation. **CONCLUSIONS:** Thus, the MD3 program appears to be a promising alternative to health care provided by professionals. Future studies are needed to ascertain its impact on the health of seniors with neurocognitive disorders and their caregivers.

Keywords: *older adults, neurocognitive disorder, individual cognitive stimulation, cross-cultural validation, caregiver*

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