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**THE POSSIBILITIES OF SOCIAL WORKER'S ACTIVITIES IN THE
PROCESS OF SUPPORTING FAMILIES CONFRONTING ALZHEIMER'S
DISEASE**

Master's thesis

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Summary

The aim of this Master thesis is to reveal the opportunities of social workers' activities, providing social assistance to the family in the context of Alzheimer's disease. The following research objectives were raised: 1) to reveal the concept of Alzheimer's disease, characteristic of the family in the Alzheimer's situation, problems and social aspects of the work with these families; 2) to identify the activities carried out by social worker providing social assistance to families in the context of Alzheimer's disease; 3) to analyze the opportunities of social assistance for families in Alzheimer's situation; 4) to identify the need of social work with families in the context of Alzheimer's disease.

Applied research methods: theoretical analysis, structured interview and content analysis. The research included 5 families which are nursing a person with Alzheimer, 10 social workers working with a person with Alzheimer and his/her family in Lithuania and 5 social workers who work with the person with Alzheimer's disease in Ukraine.

The main conclusions: social workers provide social assistance to a person with Alzheimer and their families applying individual work with the person, instrumental support and family information and counseling based on the principle of individual access to a person. They face with exaggerated dipped care of the family, which prevents social workers help to organize the process including a wider range of socio-educational activities. As possible social assistance system improvements to these people social workers named searching for a social service funding mechanism and development of day care centers for persons suffering from Alzheimer's disease. In the whole process of social assistance, social workers would like to work in inter-institutional cooperation based on teamwork, sharing experience, confidence building and sharing of responsibilities between the authorities and the display of the initiative. Families perceive nursing as a self-sacrificing work, which leads to both physical as well as psychological problems. Social assistance has been shared among relatives, but many help has been received from health care professionals, especially family doctors. Absence of free time and the continuous personal care, which could be facilitated by specialist help and provision of medication and care, are marked. Bringing social services to the home environment and providing psychological and financial support, and care services are emphasized as the most important needs of family.

Recommendations for the opportunities of social workers' activities providing social assistance to the family in the context of Alzheimer's disease were formulated.

Key words: Alzheimer's disease, social assistance, subjective experience.

Introduction

The social and practical relevance of the research

Lithuania, in accordance with the pace of population ageing is one of the fastest ageing country among the European Union (EU) Member States. It is predicted that by 2050, Lithuania being now one of demographically youngest EU countries will become a party to the group of middle-age population and it is predicted that at the moment more than 26.0 percent of the country's population will be 65 years of age or older. While the average life expectancy of Lithuanian population is likely throughout the 20th century has about three decades, but the average healthy life (i.e. in addition to disease and disability) is one of the shortest in Europe, and only surpassed by neighboring healthy life expectancy in Latvia (Lesauskaitė, 2008).

Members of the public also boosts life expectancy, dementia is diagnosed more often. "Common sense dementia, often slow mental abilities decline, causing the deterioration of memory, thinking and intelligence, the possible break-up of the personality. Most commonly (but not exclusively) sick older than 60 years old persons"(Žydžiūnaitė et al. 2008).

In Lithuania, only a small part of the Alzheimer's sufferers are diagnosed in early stage, and very often it occurs only in the late stage of the disease. The beginning of the disease and the patient's relatives, and professionals tend to appreciate as a memory loss due to the age, and the later stage disease is determined as dementia. Faced with such a short illness, the family goes with a lot of the terms, to change its agenda, plans, to refuse leisure, even to withdraw from the labour market. Adjusting to a short illness for many family members experiencing difficulties.

Family members quiet often became isolated from the society, cause they have to give constant care to they relative. Thus, "it is clear that in Alzheimer's disease, increases the need for an integrated approach to protection and care, which become an important part of the social policy of modern states. Such services become necessary because suffering from a man just can't take care of a own self, and perform many of the functions of everyday life. In order to ensure these people the opportunity to live in their own homes as long as possible, there is a need for social services to get a complete services: assistance in the home, home nursing care, medical services and assistance, who are close to the patients (it should be noted that the sick people help needed more than for themselves, because they are excessively fatigued, after, include depression, more specifically – no time for yourself), to whom the guardianship is needed 24-hour "(2008, Žydžiūnaitė, etc. , p. 13).

About Alzheimer's disease and its caused changes in foreign (Fehrenbach, 2003; Pantel et. Al 2003; Barden, 2004; Glockner, 2006) and Lithuanian (Naujanienė, 2004a; Barysaitė, 1997; Lesienė, 2000; Daubaras, 2004; Rudalevičienė, Narbekovas, 2005) researchers, who are mostly based on a medical notion of Alzheimer's disease. Gerontological social work aspect is analyzed by many authors (Lesauskaitė, Macijauskienė, 2004; Naujanienė, 2004b; Palujanskienė, 2004; Žydžiūnaitė,

etc., 2008). But there is a lack of research of the aid to the family in the situation of Alzheimer's disease.

The works of scientists of Ukraine relating to the sick person, or Alzheimer's disease in his family, is dealt with in the medical aspects of the disease. Burchynsky (1997) investigated the origin of Alzheimer's disease, Bozhko and Chursina (2003) conducted a comparative analysis of Alzheimer's and vascular narrowing, the medical aspect of it, Alzheimer has been analysed by Bachinskaya, Kholin and Rozheliuk (2013). Thus, investigations carried out by social aspects in this country has not been found. It shows that the country is not yet ready for social policy, and more specifically, the social assistance system, change. Working with the person with Alzheimer was only based to medical and nursing aspects.

The scientific significance of research

Work on the theme "Opportunities of social worker activity rendering support for family in the situation of Alzheimer's disease" is considered to be particularly relevant in today's context. A small number of research papers and research topics in the context of this work presents a more detailed exploration of this topic. Work is unique in that innovative perspective of social services – social assistance for families in a situation of Alzheimer's disease, whereas so far the social services were provided only to a person with Alzheimer's disease, but not to his relatives.

Applied analysis of scientific sources has led to disclose social work aspects in the situation of Alzheimer's disease, and the empirical study helped to identify possible assistance to the family, a social worker role in a situation of Alzheimer's disease, the need and opportunities of that services also.

The problem of the research is defined by **problematic questions**:

- What activities are done by social worker in the provision of social assistance to families in a situation of Alzheimer's disease?
- What are the directions and principles of provision of social assistance for families in the situation of Alzheimer's disease?
- What perceived social assistance is mentioned by the family in the case of Alzheimer's disease?
- What is the need for social worker activity for family in the situation of Alzheimer's disease?

The research object: opportunities of social worker activity rendering support for family in the context of Alzheimer's disease.

The aim of the research is to reveal the opportunities of social worker activity, rendering support to the family in the context of Alzheimer's disease.

The objectives of the research are:

1. To reveal the concept of Alzheimer's disease, characteristic of the family in the Alzheimer's situation, problems and social aspects of the work with these families;
2. To identify the activities carried out by social worker providing social assistance to families in the context of Alzheimer's disease;

3. To analyze the directions and principles of social assistance for families in Alzheimer's situation;
4. To identify the need of social worker activity with families in the context of Alzheimer's disease.

Methods of the research:

Theoretical analysis method applied in order to reveal the concept of persons with Alzheimer's disease, patients with this disorder, a characteristic of the Alzheimer's family situation, topics and social aspects of the situation of Alzheimer's disease.

A structured interview method. Bitinas, Rupšienė and Žydzūnaitė (2008) argue that a structured interview method allows, having prepared specific open-ready questions, to collect a sufficient quantity of qualitative data from informants and analyze them later in order to study phenomena; to look at it deeper.

Two different types of blocks of open questions were prepared: one for families in a situation of Alzheimer's disease (see annex No. 1), and the second for social workers working with persons with Alzheimer (see annex No. 2).

Data processing. A qualitative-interpretative method (*content analysis*) was chosen for analysis of qualitative data. On the basis of Žydzūnaitė (2005), content analysis was carried out in 4 steps. First, the text has been read many times, finding pieces of meanings in it, then found meaningful units units were grouped, and the distinction between the categories made, the category split into subcategories, and finally interpretation and justification of the categories and subcategories made.

Research sample and time. The interview was selected to carry out with 5 families, nursing a person suffering from Alzheimer's disease. Structured interview was attended by 10 social workers working with the sick person with Alzheimer's disease and his family from Lithuania and 5 social workers working for the sick person with Alzheimer's disease in Ukraine. The study was carried out in 2015, March-April. In March study carried out of with social workers, and in April with families.

The structure of the Master's thesis: summary, introduction, 2 chapters, conclusions, recommendations, references, summary and appendices. The work of the 19 paintings and 4 annexes. The volume of work - 41 pages (without annexes) and 50 reference positions.

1. THEORETICAL INSIGHT OF ALZHEIMER'S DISEASE

1.1. The concept of Alzheimer's disease

One of the brightest and most countries in the world, including European countries, related fact of the evolution of the population of the 21st century is the rapid increase in the number of elderly people in the population. This phenomenon is described by the term "demographic ageing and the elderly in the light of demographic analysis is usually considered to be the threshold of 60 years (Dromantienė, 2008).

Population ageing is a phenomenon of the 21st century, covering the interaction of three factors: a biological aging, psychological aging, social ageing. In particular, the population of Europe is ageing. Experts from the United Nations predicts that 2025, over 60 years of age the planet's population will be more than 15 percent (Žalimienė, 2003). Research is characterized by a lot of the stress-causing factors which may impair the mental health, such as decreasing functional capacity and social isolation. As well as congenital or inherited disorders of human health, which is manifested in the old age. With people's life expectancy is becoming topical, often noticeable mental disorders. One of the mental disorders is an Alzheimer disease.

Many authors provides different definitions of Alzheimer's disease. Žydžiūnaitė and others (2008) note that the common sense of the dementia – often slow mental abilities decline, causing the deterioration of memory, thinking and intelligence, the possible break-up of the personality. This is the main cause of disability in older persons. Lovestone and Gauthier (2001) highlights the fact that Alzheimer's disease is the most common type of dementia in the modern society which has a 50-60 percent of all cases with dementia. Bagdonas and others (2009) suggest that Alzheimer's disease is a primary degenerative brain disease, which manifests itself in the growing brain atrophy and accompanied by a set of brain function disorder. According to these researchers, Alzheimer's disease, in a narrow sense, can be described by the 10 warning signs: memory and cognitive disorders, distraction, problematic execution of routine tasks, abstract and rational thought problems, speech disorders, frequent mood swings, personality disorders, altered structure of orientation, thinking and self-determination for the difficulties and the loss of incentives.

According to Fehrenbach (2003), Alzheimer's disease is a chronic, long the continuing illness of the brain by neurons die. The memory capacity of this process, language, way of thinking, the ability to act and targeting, gradually disappearing.

Symeonidis and Karanasios (2008) note that Alzheimer's disease, though not fatal, but causes complications, which can shorten the life of a sick person's life several years and greatly impair the quality of life.

In Western Europe, the ongoing rapid demographic aging of population together concern for deteriorating mental health in old age. One such health disorders in Alzheimer's disease, which occurs

in a slow mental capacity, causing the loss of memory, thinking and intellectual deterioration. So the Alzheimer's disease causes a person to a lot of medical and psychosocial problems.

1.2. The medical and psychosocial characteristics of Alzheimer's disease

According to Valeikienė and Skalskis (2008), Alzheimer's disease is a progressive disease, appear to be a deep stage of dementia from infections. Treatment may slow the progression of Alzheimer's disease, to stave off the need for nursing care. Jatužis (2010) says that Alzheimer's disease is a chronic neurodegeneration disease described as contrary to the front of the brain basal clusters and bark of the brain, that produces bright brain and represented with progressive memory disorder, and other cognitive and not cognitive symptoms.

According to Macijauskienė (2008), Alzheimer's disease is a degenerative brain disease that affects the brain atrophy and Cerebral Cortical function disorder. Finally, the disease goes to full imbecility. Macijauskienė (2008) divides the Alzheimer's disease process into two stages:

1. Early - up to 65 years old (not much diffused language, soon to progresses, the more likely the higher cortical functions in the language skills of practical activity);
2. Late showing - after 65 years (the most common form).

According to Plečkaitytė (2010), Alzheimer's disease is associated with two types of insoluble protein cluster formation. The existence of the plates and patient with impaired memory function, the brain is the basis for diagnosis of Alzheimer's disease.

According to the authors (Valeikienė and Skalskis, (2008), Macijauskienė, (2008), Jatužis, (2010)) age is the greatest risk factor. Early onset Alzheimer's disease in people younger than 60 years, is often inherited. It is caused by mutations in several genes (Valeikienė, Skalskis, 2008). Other risk factors for this disease: the bad socio-economic situation, low level of education, head of the brain injury. Gender also affect women to a greater likelihood of developing the disease than men (Macijauskienė, 2008). There is also evidence that with the development of this disease are related to diabetes, high cholesterol, low physical activity, hypertension, obesity. Can be affected by environmental contamination, toxic (poisonous) materials, viruses, alcohol (Jatužis, 2010).

Šablevičius (2006) for Alzheimer's disease as the primary disease of the brain, listed exhaustively the order of brain atrophy. This is caused by a disruption of brain function, set to a slow and consistent progresuojantį memory, and other functions of later cognitive disorder. Alzheimer's disease-the most common cause of dementia (dementia) (60%). It is not even one-fifth of people aged over 80 years and 8% of the 60 year old people (Macijauskienė, 2008).

Very important is early diagnosis of Alzheimer's disease. According to Valeikienė and Skalskis (2008), a genetic test has a significance for establishing the disease. Unfortunately, they are not carried out in Lithuania. It is equally important to encourage researchers to work in this area, to provide social assistance, that person is sick of Alzheimer's disease, the longer you stay in the usual environment. Šablevičius (2006), stresses that the primary goal of treatment of Alzheimer's

disease-to reduce the progression of the deterioration of cognitive functions and to improve the adaptability of the person, according to the living environment.

According to the Macijauskienė (2008) there are allocated four main features of Alzheimer's disease:

- Short term, long term memory deterioration;
- Progressive function of dependence;
- Degradation of motor function;
- Behavioral problems.

So the Alzheimer's disease may occur and younger persons (up to 65 m) people, the disease progresses faster, gets the language, writing, reading, the disorders; in the case of other humans, slower progression, the main symptom is worsening memory (Aleksėriūnaitė et al., 2010).

In the meantime, the international Alzheimer's Association in 1999 by 10 early signs of the disease, which this disease is characterised by a more broadly:

- Lose short-term memory (name memory disorder);
- The tasks carried out by hard movements (unfolded, unlocked, etc.);
- Dislocation of language (vague sentences, incorrect words);
- Disorientation in time and place (your home, yard);
- Lack of self-determination (do not choose jewelry, meals);
- Malfunction of the abstract thinking (unwinding the clock, cash, cheques and make sense);
- Changes in habits (confusing things places: in the fridge is making a wallet, keys);
- Changes in behavior and mood (the sudden anger can lead to seizures or embrace peace of mind);
- Malfunction of the personality (of the pettiness, fear, paranoia);
- Lack of initiative (disrupted activities do not understand the words "join" and "go" to make sense).

Lists the signs of Alzheimer's disease, affects not only patients given medical assistance policies, but also in the activities of social workers, providing assistance to those patients. Since the intensity of the disease depends on its impact on the patient's psychosocial activities.

In summary it can be said that Alzheimer's disease is a disorder of memory and other progressive and not cognitive with cognitive symptoms of disturbance of health, who like the other dementias are not cured the disease, but the development of medical science sets out factors affecting the emergence and development of the dementia, the treatment given to taking into account the latest scientific discoveries.

Following discussion of the medical features of Alzheimer's disease, it is important to analyze how this disturbance of the patient's psychosocial activities in the Health Act.

According to Jatužis (2002) Alzheimer's disease begins insidious. The initial symptoms are not clear, they are progressing slowly. The patient's memory is weakening, the surrounding notes that changing behavior. Realizing the growing helplessness of patients, sorely going through changes:

becomes depressed, petulant. The disease is trying to hide from the surrounding, so doctors often turn to aid middle, due to abnormal human behaviour (Jatužis, 2002).

Lapkauskienė (2004) argues that the various changes in the hens for pathology highlights the activities of psycho. You need to keep in mind that the deterioration of the mental faculties to set challenging, because it starts out slow, often interacting with a variety of somatic diseases. In addition, people are reluctant to confide their feelings – perhaps without realizing what is going on, maybe because of the fear of being not understandable or humiliated, or simply to maintain their human dignity. In addition, older people use a lot of different medications, including psychotropic drugs (antidepressants, benzodiazepines, neuroleptics, etc.), which can also cause memory, cognitive function or even consciousness disorders.

Patients with Alzheimer's disease is characterized by the deterioration of not only among functions (language, motor skills, perception), but the emotional and behavioural changes as well. The most common behavioral and emotional disorders in dementia include: agitation, aggression, paranoia and hallucinations, sleep disorders, inappropriate language (as well as shouting). Aggressiveness may take the words (the patient swears, screams), actions (the doors, scrap items, beats), sometimes stubborn, refusal to cooperate with the staff or nursing person. Problems arise because of the daily activities and recognition, language and understanding, motility, appetite, and sleep disorder (Liesienė, 2000).

The social aspect is becoming increasingly blocked while progressing demencijai (Kimbrienė, 2004). Patient, it's hard to communicate with other people on a bright memory and language problems, disorientated in space and time. Away at such advanced stage disease, the patient becomes entirely dependent on daily activities, there are tremors, non reflective movements, aggressiveness, immobility, lays in embryonic situation (Palujanskienė, 2004).

Alzheimer's disease patients only at the very beginning of the disease themselves complain of memory disorder and it makes active neklausiami physician. Later, while advancing Alzheimer's disease, patients lose their ability to evaluate their memory, and it describes as "quite decent", while among the defect manifest (Valeikienė, Skalskis, 2008).

Signs of Alzheimer's disease reveals that this disease patients are faced with a variety of psychosocial, medical problems, making them especially need nurses and social workers to help. The types of assistance depends on the stage of the disease. Fišas (2005), distinguishes between the stages of the disease it is examined: the initial stage, the stage of the disease and the final phase of a developed country. In the meantime, Macijauskienė (2008) the stages of Alzheimer's disease as such as: initial, moderate, and severe depending on the degree of dependence in daily practice. The clinical classification in terms of importance and for proper placement.

1. The initial stage. The first symptoms are not clear, they are progressing slowly. The patient's memory is weakening, it will not remember the recent events, but well remembers what it was in the past. One more problem – failure to remember where helped things, money, or help in

the wrong spot, hiding. Patients do not remember, angry, blaming others, the suspicion is that they steal. This stage lasts from 2 to 4 years (Macijauskienė, 2008; Lesienė, 2000).

2. The middle stage. Lasts from 3 to 6 years of age. A growing number of high nervous activity disturbance, a man becomes more and more dependent on the other. Memory problems become more pronounced, the language is vague, decreasing the ability to read and write. Gets the classic triad of disorders: agnosia, apraxia, aphasia. Agnosia – this is the failure to recognize shapes, objects, faces; Therefore, for the sick in her passing, then the self in the mirror. On the apraxia (inability to perform motor activities target) routine work becomes invincible disrupted activities of daily living: hygiene needs, eating, etc.. People forget that they just ate, or vice versa, refuses to eat, because it does not feel hunger, is no longer able to use cutlery, does not recognize the food or it conceals. The language eventually becomes completely unintelligible. Impaired language, appears as failure to post and read. Disrupted temporal orientation (originally the General patients forgets to life events), the location (hard to navigate not only new, but also the usual environment). Harsh amnesia disorientation in the immediate environment, the patient is in a panic because he cannot get to know the room to find their beds, items, therefore, highlights the anxiety, there is a conflict (or at home, with neighbors, the staff at the care wards or in hospital), need assistance in daily activities. Common sleep disorders in nocturnal activity and fussiness ("sunset" phenomenon), but it is very išvargina while living members of the family. Due to language, memory, orientation, communication disorders, becomes very complex, changing relationships, relationships, the distribution of roles within the family (Macijauskienė, 2008; Lesauskaitė, 2008).
3. The final stage – after 8-10 years from the beginning of the disease. Characterized by pronounced memory problems, complete disorientation of time and place, full dependence, fragmented or full mutism. Appear as primitive reflexes (sucking, swallowing). Such patients completely dependent on daily activities, they do not walk, lie in the recovery position, often leads to joint contractures, pressure ulcers, emerging phenomena in the neurological symptoms. The most direct cause of death is pneumonia (Macijauskienė, 2008; Lesauskaitė, 2008).

Impaired memory, loss of language skills, interest, etc.. man suffering from Alzheimer's disease are no longer able to meet not only the most basic physiological needs, but also security, mutual love, respect, and self-actualization needs. Okunevičiūtės-Neveauskienės (2011) consists of a group of people with disabilities, according to the society, which is social exclusion. They need comprehensive support, which is designed to create minimum conditions for the integration of successfully. Socially distinct means an inability to participate in the civic-social, the political, economic, cultural-life, which is determined by the not going to work, income, and social and community-based learning opportunities and networking activities.

Such people need the aid of a fixed care to be able to meet daily to meet your needs and improve the quality of life. On the other hand, people with Alzheimer's disease, you begin to live in social care homes, is experiencing major changes in their lives. This is connected not only with the amendment to the place of residence, but in the new agenda, and relations with the community members, staff, far from his family, former neighbors, the loss of personal space. People need to adapt to new living conditions. Adaptation to the radical changes in the living environment is a daunting and lengthy process (Gudžinskienė v., Mačiukienė d., 2011).

Depending on the different stages of Alzheimer's disease, the nature of the services provided by socio-medical. Initial-stage patients are provided social work services is much more effective than the severe stage of the services provided to patients, because of the activities of the social worker is always based on the employee and customer interaction and cooperation between them, while severe stage patients hard targeted the environment and cooperation with social workers are generally not possible. However, the heavy phase is particularly aggravated by the value and necessity of the services provided by a nurse. On the basis of the public mental health center statistics, increasing nurses and social workers, the need for the services provided to persons suffering from Alzheimer's disease.

In summary it can be said that patients with Alzheimer's disease, are faced with the difficulties of a psychosocial who depends on the lived stage of the disease. In order to help the patient survive challenges, special meaning to social workers, because while progressing disease patients become completely dependent on them, and they may provide social services to the people.

1.3. The legislation governing the social work in the situation of Alzheimer's disease in Lithuania and Ukraine

To quickly adapt the working environment of the Republic of Lithuania changing social laws. The social security system is made up of two subsystems. The first is a social insurance system, which consists of the guarantees provided by the social insurance contributions shall only trained persons. The second subsystem to guarantee of social assistance, which has a total population of contributions on, but from the real need for aid.

The EU provides two classes: the first social services statutory and supplemented by the social security system, which can be used to take out the main event, the second of services directly to the person. This is a service designed to facilitate the integration of the individual into society and to ensure that the fundamental rights are taken orally (EU Council press, 2010).

In accordance with the law of the Republic of Lithuania on social services social services are those services that provide assistance to one of the groups of clients: elderly (from 65m), the problem of disabled children and adults, families, and other groups at risk groups (ethnic minorities, refugees, expatriates, etc.), by the entire or part of the capacity or ability to independently entitled to fend for themselves, to participate in public life.

Catalogue of the Republic of Lithuania on social services are made available to the bodies of the social services group: stationary Office, social services (social care institutions) as a social care homes, social services institutions; as a temporary living houses, day centers, social welfare homes, independent living, community-based institutions for social care centers, etc.

The system covers a wide range of services and service groups. Social services as one of the groups of services, by their nature, are also quite different and includes a number of services. The classification of the social services of the Republic of Lithuania Law on social services (2006). In accordance with this law, the breakdown of social services:

1. the general social services are services which are provided to individuals in order to help them to live independently in your own home. The directory specified in the general social services social services: information, counselling, mediation and representation, the organisation of the provision of the minimum power, clothes and footwear, organisation of transport, the dominant service, personal hygiene and care services.

2. the special social services are services which are provided when the general social services are ineffective. They include social services (assistance in the home, social skills training and support, independent living accommodation at home, temporary accommodation, intense crises support) and social care (day, short term and long term social care).

The Republic of Lithuania Law on social services (2006) indicates that the person's need for social services is determined on an individual basis in accordance with a person's ability to independently develop or dependence and to compensate for the interests and needs of the person eligible for social services. On the basis of the law of the Republic of Lithuania on social services (2006) dependence of the person is assessed holistically according to the age of the person, the body's functional disorders, social risk, skills and motivation to deal with their social concerns and family ability to take care of the person, other properties affecting a person's ability to take care of your personal (family) life or to participate in public life. Distinguishes between two levels of personal dependence: partial and complete.

Persons with disabilities are identified special needs. The law on the social integration of persons with disabilities special needs (LR Nešaliųjų socialinės integracijos įstatymas, 2005) described as the need for specific assistance, whether congenital or acquired due to a person's long-term health disorders (disability or incapacity) and adverse environmental factors. Special needs are identified and met for all people with disabilities, regardless of their age, incapacity or disability level, in order to ensure equal rights and opportunities of all persons with disabilities in various areas of life.

The Republic of Lithuania Law on the social integration of persons with disabilities (2005) is one of the most important rights of persons with disabilities regulations. Children up to 18 years of age shall be determined by the level of disability, which is divided into three levels according to the severity of disability: severe, moderate, mild. The law provides that the working level shall be determined from 18 years of age to old age pensions. The law specifies that the level of incapacity

is-how much is it survived, but not as much as lost. The level of incapacity is determined, the assessment of human health, while assessing his abilities. Performance is evaluated as follows:

- If the person will be set to 0-25% of capacity for work, the person will be deemed to be inactive;
- If the person will be set to 30-55% of the capacity for work, the person will be considered to be of the *daliesdarbingu*;
- If the person will be 60-100% of the capacity for work, the person will be *laikomasdarbingu*.

The Republic of Lithuania Law on the social integration of persons with disabilities (2005) indicates the setting of the special needs and problems cover a range of areas: activities, education, household life, personal and social life. The special needs of the special measures provided for in:

- technical assistance measures;
- financial aid measures;
- social services.

Technical assistance measures in any special disabled or standard product, tool, equipment or technical system, which helps to avoid, compensate for, reduce or eliminate the influence of the health status of unbalanced functions, personal independence, education, work activities.

Financial aid is not paid in pensions and benefits the target: social assistance, targeted compensation and monetary benefits and perks. Social support is provided so that the purse would be backed by the guarantee of the material situation of people with disabilities.

Social services are being solved problems related to disability. The main task of the social services system is to provide social assistance in various forms of non-cash and cash custody for those people who cannot look after themselves for themselves (the Republic of Lithuania Law on the social integration of persons with disabilities, 2005).

Approximation of the laws of the individual in the social work of the sick person with Alzheimer's disease or his or her family is not, however, the legal framework particularly rapidly improved. Over the past year, even 25 legal documents have been created and adopted, which govern the social work and social services. The key is as follows:

- Recommendations for the draft Law of Ukraine On Amending Certain Laws of Ukraine on Social Services» (to "On Social Services" in the Law) (were taken into account in the adopted Law No. 4523-VI).
- Recommendations to the list of social services (were taken into account in The List of social services approved by the Order of Minister of Social Policy of Ukraine No. 537 as for 3 September 2012).
- The draft Order on the Assessment of Community Needs in Social Services.
- The Methodical Recommendations on Assessment of Community Needs in Social Services (was approved by the Order of Minister of Social Policy of Ukraine № 648 as for 15 October 2012).

- The State Standard of Day Care Services (was approved by the Order of Minister of Social Policy of Ukraine No. 452 as for 30 July 2013).
- The Oder on Social Commissioning (29 April 2013 as for was approved by the Act of the Cabinet of Ministries of Ukraine No 234) (Support to the Social Sector Reform in Ukraine, 2011).

1.4. Social worker activities with the family in the situation of Alzheimer's disease in Lithuania and Ukraine

A plethora of interpretations of the family exists in the scientific literature, ranging from its use in the broadest sense, which refer to the extended family, and even with all the family. Also, it is often associated with the type of nuclear family. Many sociologist believe that we cannot continue to talk about "the family", as if there were only one, more or less versatile family living model (Giddens, 2005).

Johnson (2001) argues that the family is in the system, the most affecting the functioning of the individual, it is the responsibility of the individual at system needs. In the case of most of the social problems have nothing to do with the work of one person, without his closest social environment – especially for families. The expectations of the social environment, communication patterns, and is often the cause of problems of a single person, and therefore, the changing social environment, varied in the same person. Family advice or therapy is working with the family, attention is directed to both the internal and external challenges of the family (Leliūgienė, 2002). In this work, work with the family has to be understood as a social worker with the Alzheimer's disease sufferers in the patients' relatives.

Due to the lack of specialized assistance to the huge workload of Alzheimer's disease patients have relatives. It is close to facing a variety of psychological, social and economic problems, to know that their family member contracted severe disease of the psyche. The usual family life part of the track is the adult children caring for their parents, so it's usually caring for elderly parents and care do not cause any stress. Problematic may be the fact that the elderly parents need intensive care or assistance (Pivorienė, 2004).

Taking into account the economic situation of this era, the fact that the employment rate of people is the people's livelihood and social security guarantor, it becomes obvious that in Alzheimer's disease, increases the need for an integrated approach to protection and care, which become an important part of the social policy of modern States. These services are essential, because the sick man cannot look after themselves and perform many of the functions of everyday life. "In order to ensure these people the opportunity to live in their own homes as long as possible, there is a need for social services to get a complete services: assistance in the home, home nursing care, medical services and aid to relatives of patients to whom the guardianship is needed who are 24-hour". It is important that the development of social services for people with Alzheimer's disease and their loved ones, to

address the appropriate attention to the specific characteristics of the disease, its consequences to the human behaviour. Non professional services may affect the patient care process and make it more difficult. To provide social services to the client at home should social workers who have completed specialized knowledge (Žydžiūnaitė et al. 2008).

According to Pikūnas and Palujanskienė (2005, p. 26), "one person who has the emotional, mental and other forms of disruption of the normal functioning of his family shall act". According to Pranckevičienė (2008), often do not apply and therefore, that simply do not know about the possibilities of social assistance for yourself or are too worried about how to help for a person, forgetting himself. Often relatives are particularly in need of a social worker support, advocacy, and information that allows loved ones to expect aid not only by a close person of the treating medical personnel, but also from a social worker, and his access to social services.

According to Leliūgienė (2002), working with the family and its members requires a lot of attention to the problems we face and the mutual goodwill in addressing them high. This work employed social workers must have not only this work corresponds to the education. They must have the characteristics necessary for this work, and personal (kindness, love, compassion for another human being, a sincere desire to help solve the problems of the family).

To describe the substance of the activities of the social worker, we could argue that this is social work intervention. The main objective of this professional social work, and the measure has social workers working with Alzheimer's patients and their families suffering from members. The social worker, the characteristics and specificities of his work relies on the methods of social work – these are the various methods of intervention. So, it can be argued "that the social work intervention is not only an essential part of the social worker's job, but also his methodological basis for working with clients" (Gvaldaitė, Švedaitė, 2005, p. 48).

About Ukraine's social work with families in a situation of Alzheimer's disease, was not able to find any scientific article related with social work. It is likely that the social worker aid for such families is episodically done, not the system. The focus is placed on the medical aspect of Alzheimer's disease and the care situation.

In summary it can be said that while family members are best known to the client, but they lack the basic knowledge about the disease, its diagnosis, symptoms, treatments, causes and forecasts. They lack knowledge about mental health resources and care-management strategy. So a social worker to work with patients suffering from Alzheimer's disease, work with the family as an integral part of the activities of the members of the families of the patients not only receive support, but they need information about Alzheimer's disease, its progress, and the ties between difficulties with decision nursing in Alzheimer's disease patients opportunities.

2. RESEARCH ON OPPORTUNITIES FOR SOCIAL WORKER ACTIVITIES WITH FAMILIES IN THE SITUATION OF ALZHEIMER'S DISEASE

2.1. Methodological concepts of the research

Empowerment (Bunning, Heath, Minion, 2009; Ruškus, Mažeikis, 2007). He highlights the increasing each person's social opportunities. Empowerment is the process whereby people, organizations or communities to participate.

Social participation (Kemshall, Flouri, 2004, Littlechild, 2000; Turner, Beresford, 2005). This concept is used to people to handle the situation where the disabled person interaction with the community is a necessary element. Social participation makes it possible to achieve the equality of the disabled person and professionals and family-based cooperative system, to participate in the adoption of decisions relating to the quality of life. When disability and his family are active in public and community member, social participation may gain political participation and other forms.

System theory (Ruškus, 1999; Vaicekauskienė, 2009). The main complex of the general system, the idea is that the whole is greater than the sum of its parts, which means that the quality of a whole new organization being formed, which is part of the feedback loop. General systems theory seeks to combine the various existing theories and thinking mode of structuralism contemporary and future needs of the world, to discover and solve problems holistically, using interdisciplinary tools. The new conceptual approach, seeking to discover the interactions between systems-system analysis method, which is based on the following fundamental principles: the whole is more than the sum of its elements; all items in the works to one another; is feedback, which enables the regulation of the system; a set of fundamental principles, suitable for all systems, regardless of the origin of its elements and their mutual connection. In the framework of this study systems theory relevant to highlight inter-institutional cooperation, the provision of social assistance to the sick person and Alzheimer's disease in his family, and the importance of the content.

2.2. Methods of the research

Theoretical analysis method applied in order to reveal the concept of persons with Alzheimer's disease, patients with this disorder, a characteristic of the Alzheimer's family situation, topics and social aspects of the situation of Alzheimer's disease.

A structured interview method. Bitinas, Rupšienė and Žydžiūnaitė (2008) argue that a structured interview method allows, having prepared specific open-ready questions, to collect a sufficient quantity of qualitative data from informants and analyze them later in order to study phenomena; to look at it deeper.

Two different types of blocks of open questions were prepared: one for families in a situation of Alzheimer's disease (see annex No. 1), and the second for social workers working with persons with Alzheimer (see annex No. 2).

According to Bitinas, Rupšienė and Žydžiūnaitė (2008), the comprehensive study enables you to take a look at the problem through the unique phenomenon of the human experience and is more oriented to the analysis of the test process.

Interviews with families (family), which live with a person suffering from Alzheimer's disease, took place in their living environment. Before the interview, it was agreed on the date and time when the interview will take place.

A qualitative-interpretative method (*content analysis*) was chosen for analysis of qualitative data. On the basis of Žydžiūnaitė (2005), content analysis was carried out in 4 steps. First, the text has been read many times, finding pieces of meanings in it, then found meaningful units units were grouped, and the distinction between the categories made, the category split into subcategories, and finally interpretation and justification of the categories and subcategories made.

Kardelis (2006) argues that the essence of the *content analysis of* various documents, knowledge and information in the grouping into categories that represent the individual variables for the work (questions). The author points out that the qualitative content analysis, the study of the necessary material and it shall be analyzed from various angles.

A wide array of individual statements, expressions, has been divided into categories, which are divided into further sub-headings. While emphasizing the semantic units of text (supporting claims), researcher took the view that they would understand.

Tables and graphs have been made using Microsoft Office Word and Excel 2010 programs.

Table 1

Coordination of theoretical and methodological research concepts

The purpose of the research	A theoretical survey	Problematic issues	Objectives of the study (empirical)	Methods (empirical)
To reveal the opportunities of social worker activity, rendering support to the family in the context of Alzheimer's disease	Empowerment (Bunning, Heath, Minion, 2009; Ruškus, Mažeikis, 2007). Systems theory (Ruškus, 1999; Vaicekauskienė, 2009). Social participation (Flouri, 2004, (Kemshall, Littlechild, 2000; Turner, Beresford, 2005). Social konstruktyvizmas (Berger, Luckman, 1999).	What activities are done by social worker in the provision of social assistance to families in a situation of Alzheimer's disease?	To identify the activities carried out by social worker providing social assistance to families in the context of Alzheimer's disease;	<i>Structured interview</i> The method of analysis of the test results <i>Content (content) analysis</i>
		What are the directions and principles of provision of social assistance for families in the situation of Alzheimer's disease?	Analysis of social assistance to families in Alzheimer's situation, opportunities.	
		What perceived social assistance is mentioned by the family in the case of Alzheimer's disease?	To identify the activities carried out by social worker providing social assistance to families in the context of Alzheimer's disease;	
		What is the need for social worker activity for family in the situation of Alzheimer's disease?	To identify the need of social worker activity with families in the context of Alzheimer's disease.	

During the research it was allowed *to voluntarily* decide whether participant will take part in the research. Also purports that all participants of the study before proceeding to be *informed* about the substance of the research and the use of the data received in the framework of this research. All information relating to the informants and the information received from them that could harm them or other persons are *confidential*. During the research, in an interview with people *respect and dignity were met*. All the previously listed in the ethical principles are related to the Bitinas, Rupšienė and Žydžiūnaitė (2008) ethics requirements for the research.

2.3. The characteristics of the sample of the research

The study was carried out in 2015, March-April. The study involved 5 families in situation of Alzheimer's disease. Structured interviews of 10 social workers participated in the old-age and disability situations, from Lithuania, 5 from Ukraine. Survey (the families) were found by “snow ball” method. The first family has been asked to recommend the next one, and so on. The selection of social workers was used for the selection of the convenient selection method, i.e. they must comply with the requirements - all social workers should work on old-age disability situation.

10 informants were involved in the study in Lithuania, the female age ranged from 24 to 50 years (average of 39.4 years). All of them had a social worker's professional qualifications and social work experience from 1 up to 9 years of social work experience. Social work with persons suffering from Alzheimer's disease, experience was lower, ranging from 1 to 3 years. In Ukraine, working for social workers (a total of 5 women who participated in the study) the age ranged from 43 to 52 years, even 3 social worker had only a secondary education, 2 in College, but one not in the field of social work. Social work experience, ranging from 5 to 10 years, while working with people suffering from Alzheimer's disease from half to 3 years. The second study involved 5 families (their members): 4 women and 1 man. 4 individuals had higher education and only one is working.

2.4. Peculiarities and opportunities of social worker activity in work with families in the situation of Alzheimer's disease

A full analysis of the data is in the annex No. 3.

The research aims to find out what kind of social assistance is given to a person with Alzheimer's disease and the family. The data obtained during the research are presented in Figure 1.

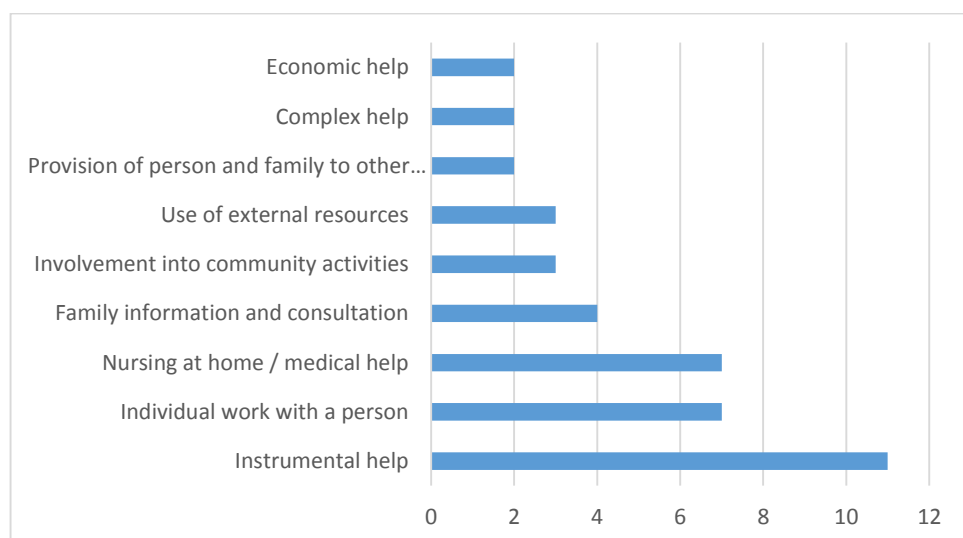


Figure 1. Social support to a person with Alzheimer's disease and the family

9 subcategories of this category were identified, in which the number of supporting statements ranged from 11 to 2 (a total of 41 claim).

Social workers organize the provision of assistance to a person with Alzheimer's disease and his family in a variety of ways, most of which the aid is *customized to work with the person* (for example, *"aid targeted to person"*) and *instrumental assistance* (for example, *"cleaning", "ablutions"*), and the *nursing home and medical assistance* (for example, *"daily nursing services at home"*). It is very important to note that social workers often provide assistance personally to family – the *family information and consulting* (for example, *"help for the whole family", "family" of opportunities for retired colleagues too*).

The idea is that, in the process adding all family members is concentrated on the whole family and is activated and strengthened the family and professional connections, which has a positive value in the course of the entire process. The Ukrainian social workers focus on social support - in the replies was dominated by housekeeping and medical assistance.

These results reasonably suggest that the work of the social workers involved in the study there is a belief in the person (family), who suggests that the process is quite individual, personal or satisfy all the needs of his family, involving external partners with opportunities to contribute and encourage the positive developments.

The research task also was to figure out how social work might be improved in the situation of Alzheimer's disease, on the basis of the needs expressed by the family. Data is presented in Figure 2.

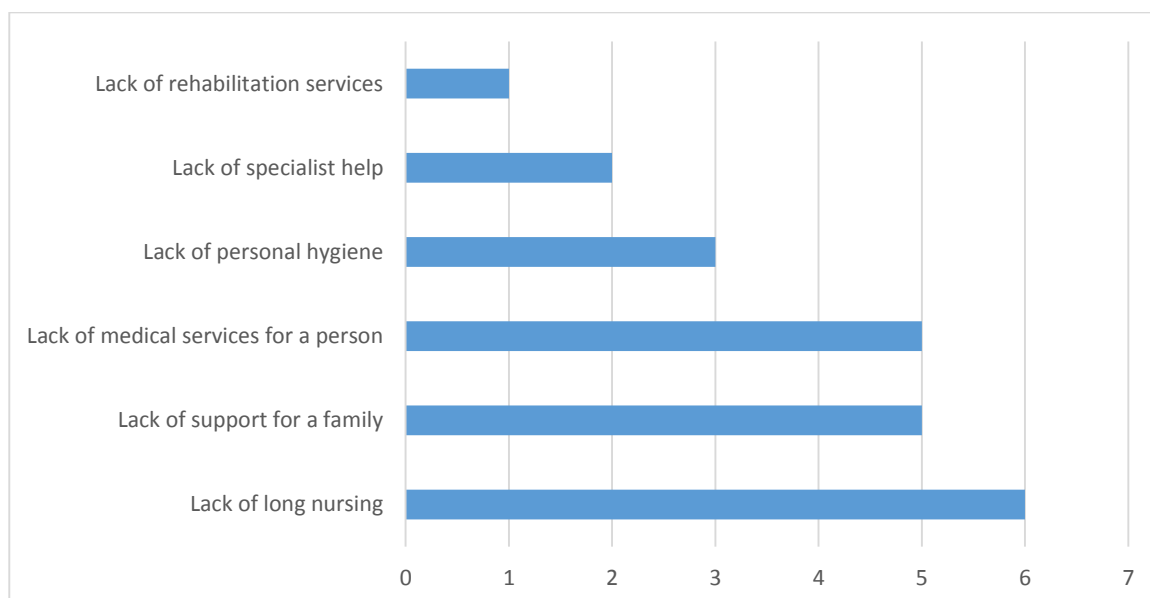


Figure 2. **The need of social work**

6 subcategories of this category have been identified, in which the number of supporting statements ranged from 6 to 1 (total of 22 claims).

It is noted that the social workers as one of the most up-to-date social notes the need for *support for the family* (for example, "family support", "emotional support"). Perceived that the situation of Alzheimer's disease, special attention must be paid to the role of the family, so here is of particular importance, and it sometimes is not able to combine work and care responsibilities.

As well as social workers, stressed the *long term care* (most often mentioned in the subsection) (for example, "requires continuous care," "8 hours is not enough"), and *medical services to a person* (e.g., "it is necessary to medical care", "medical devices") needs only to approve before it is expressed in the idea of the severity of the disease and required constant care of such persons.

It could be understood that the mere provision of appropriate assistance to social needs involved in Alzheimer's disease sick and his family in the process. Thus, social workers have been asked what should be the objectives for social work, working with these people and their family members, and what values and principles should be used in formulating these objectives. The data is presented in Figure 3.

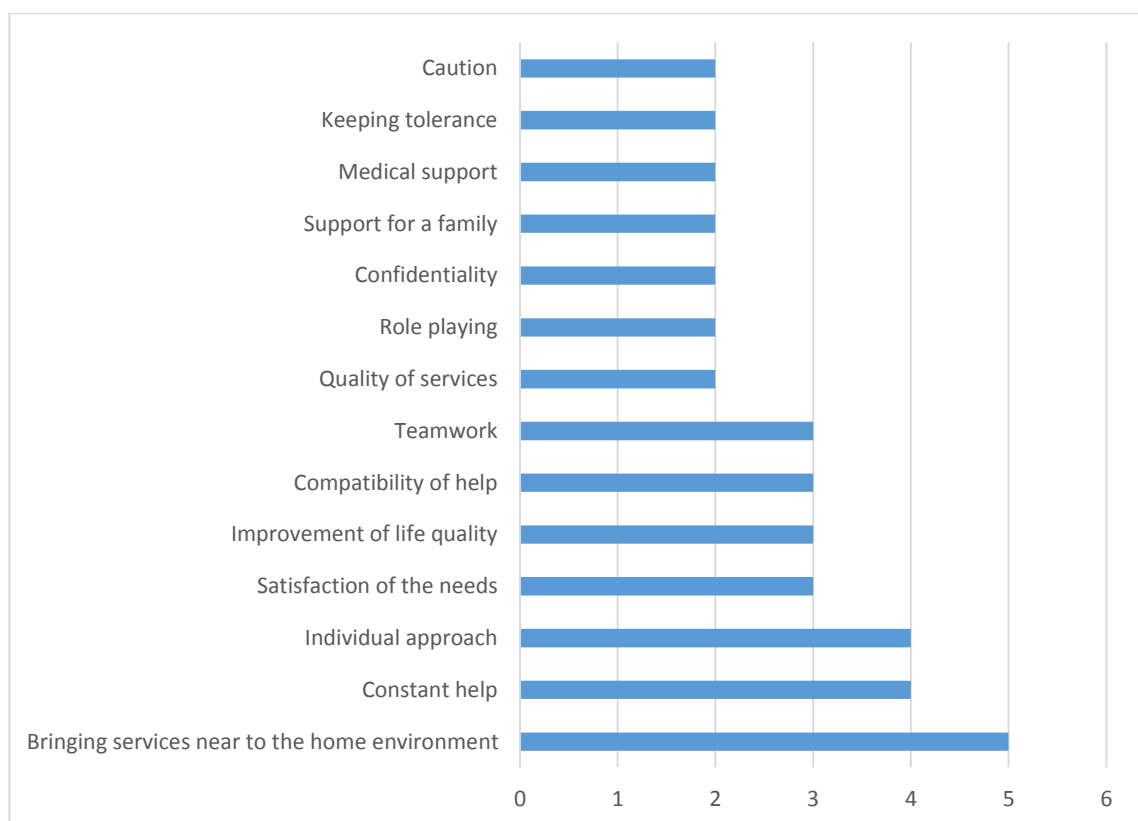


Figure 3. **Objectives and values in social work with person and family in Alzheimer situation**

In this category, 14 subcategories have been identified which indicate the number of claims has ranged from 5 to 2 (a total of 39 claims).

On the basis of the qualitative data derived from the power of the social workers, noting that the core of social work of the sick person with Alzheimer's disease and his family shall be considered for the purpose of *service closer to home environment* (for example, "as long as possible at home",

"help at home services"). As well as the very important goals for social workers raised the *permanent assistance (for example, for the whole week)* and *needs (to ensure the needs of the person)*.

The results suggest that the social workers use various principles in the provision of social circumstances, help patients with Alzheimer's disease. More social workers *access to the individual (for example, only the aid granted to the person)*, the application of the principle in its activities. Of course, and other principles that are mentioned is particularly important in the process of social assistance which should be holistic, teamwork, and social workers are able to perform several roles, which are significant for Alzheimer's disease of a sick person and members of his family.

As well as social workers, stressed and *sensitivity* as the principle of the provision of social assistance in the process. It is likely that this allows you to secure your professional social workers as appropriate service delivery and the validity of the existing competence.

The Ukrainian social workers more highlighted the *support for families, medical help* and *tolerance of the maintenance* aspects.

The social workers involved in the study were asked about the forms and methods of social work in the provision of social assistance for family in Alzheimer's situation (see Figure 4).

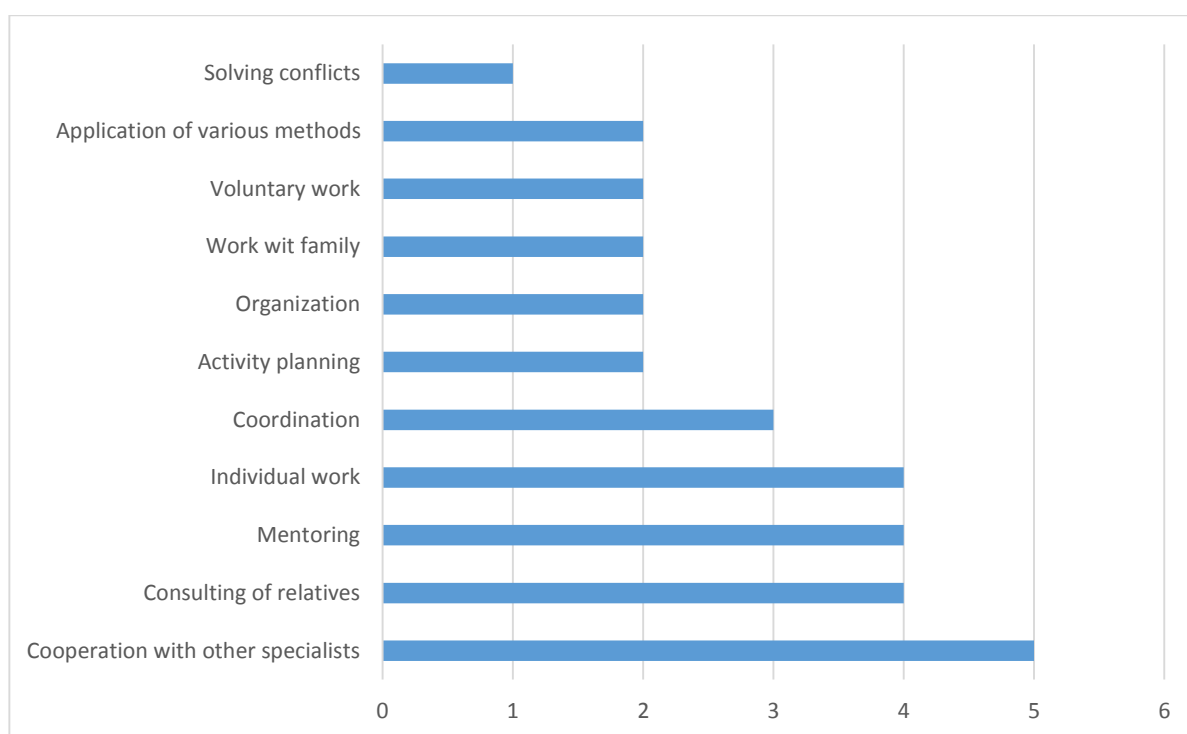


Figure 4. Social work forms and methods

This category has been singled out for supporting the claims of 11 subcategories, which counts ranged from 5 to 1 (total number of claims - 31).

Also, the fact that social workers the most underscores the *cooperation with other professionals* and work with the family as a basic element of the social aid. Here in highlighting the *advice (for example, "to advise loved ones")* and *mediation (such as "sort of an intermediate link*

between the person and his family"). Of course, it may not be any advantage in addition to the conventional structural parts in the process of *planning activities*. At least social workers emphasized *different approaches*.

In summary it can be said that social workers in a situation of Alzheimer's disease focuses on an individual's work, based on the advice. As well as the subject of study participants which has the time and work with the family, which is the closest to the person who has Alzheimer's disease.

Informants were asked what innovation could serve to improve family and persons with Alzheimer's disease quality of life (see Figure 5).

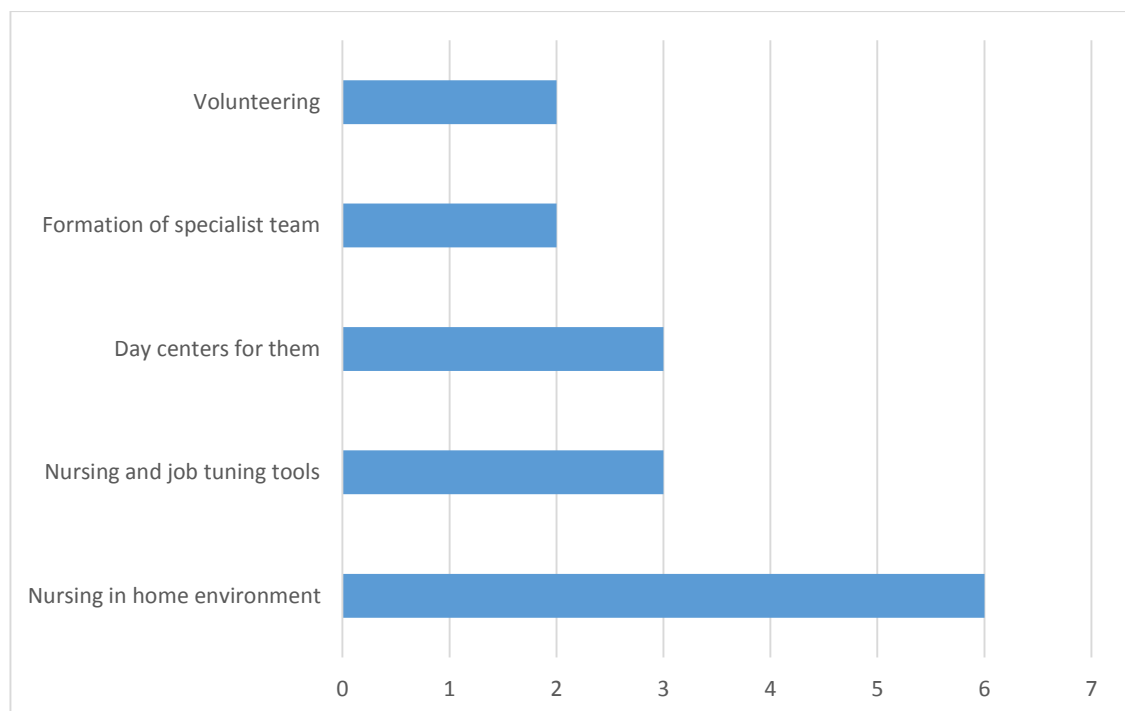


Figure 5. Alzheimer's disease sufferers care opportunities for improvement

In this category 5 subcategories have been identified in which the number of claims ranging from 6 to 2 (a total of 16 claims).

Social workers as possible innovative and useful solutions to the situation of Alzheimer's disease suggests that a home nursing care environment, i.e. *social service closer to home environment* in which the person suffering from Alzheimer's disease may feel safer. Study participants also spoke out about the installation of *instruments* that allow *to combine short and nursing job*. It is likely that such measures would allow the relatives of individuals with Alzheimer's disease to remain employed, without losing its source of income. The Ukrainian social workers more stressed the emergence of *specialist team* and *volunteering* in the provision of social services to these families.

In the study, it was important to find out the difficulties which social workers are facing (see Figure 6)

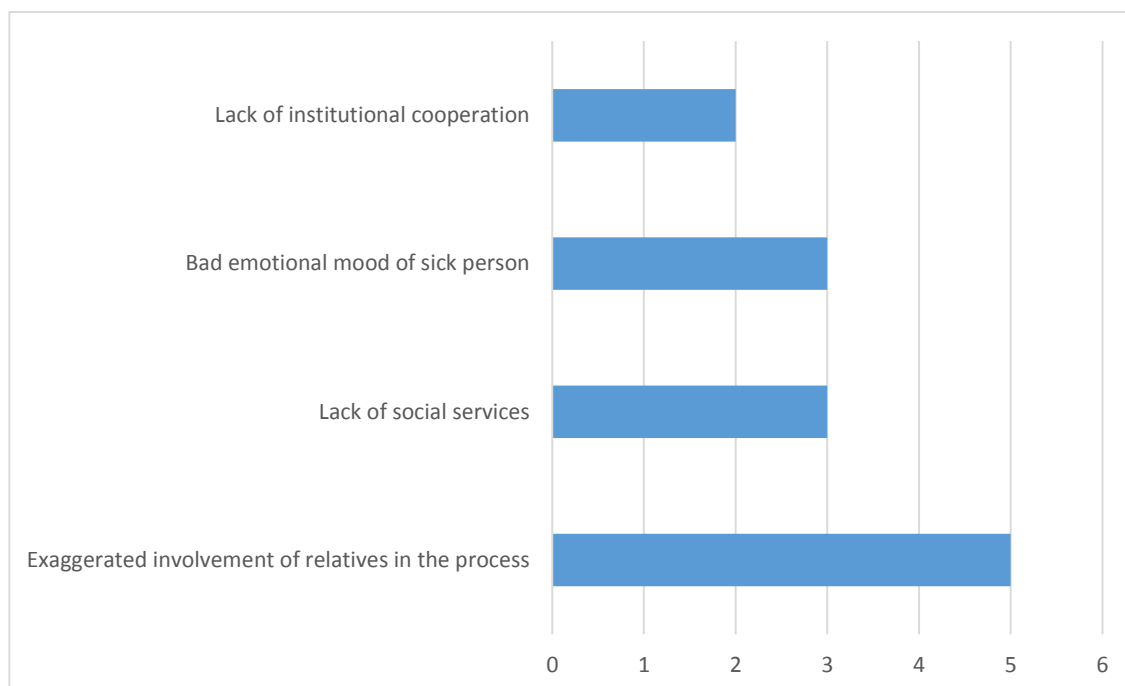


Figure 6. **The difficulties of working with people suffering from Alzheimer's disease**

This category has been separated in 4 subcategories, which indicate the number of claims has ranged from 5 to 2 (a total of 13 claims).

The results obtained show that the main difficulty faced by social workers to provide social services to those affected and their relatives are *dipped in an exaggerated care (for example, passing an exaggerated love interferes with the work)*, which prevents social workers to properly organize the process. As well as the social workers *of the social services* that focuses on a group of people *failures (for example, "there is no adequate provision of social services")* , as well as *the lack of inter-institutional cooperation (for example, "in the absence of contacts with other bodies")*. Lack of communication and the sharing of experiences with other bodies. The Ukrainian social workers have highlighted only one subcategory in *a bad emotional state of a person who has Alzheimer, (for example, "constant depression")*.

Informant were asked about the need for additional aid to a person with Alzheimer and his relatives (see Figure 7).

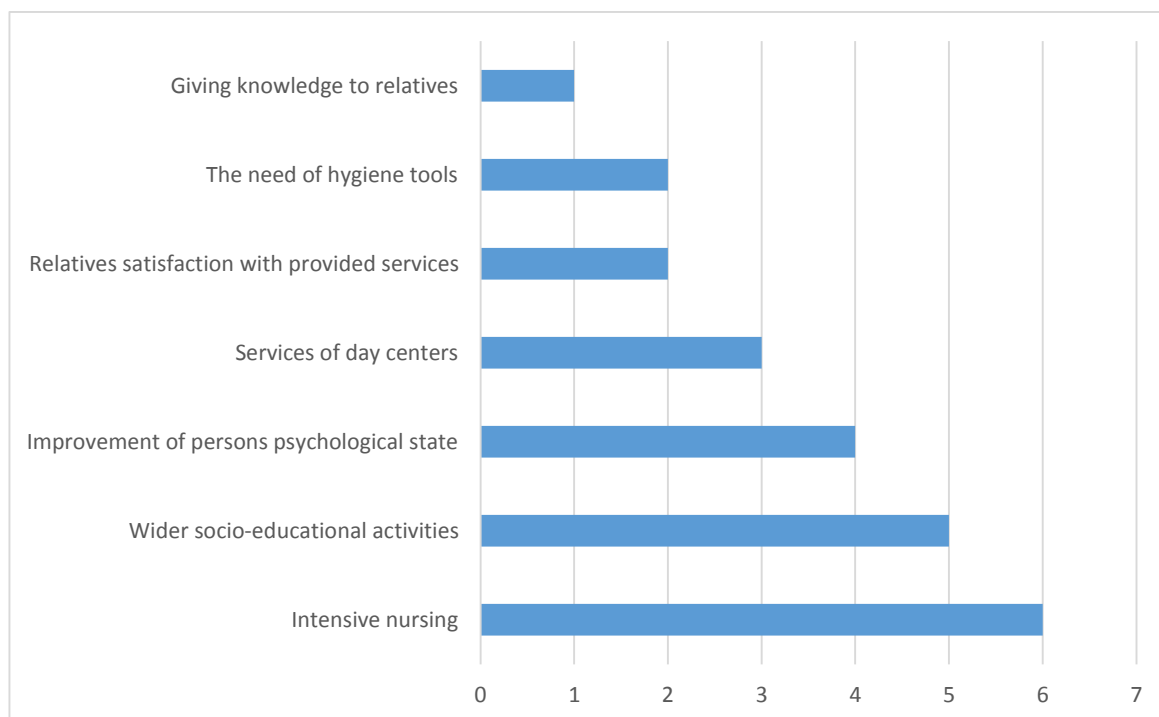


Figure 7. **The need of additional services for persons with Alzheimer and relatives**

7 subcategories of this category have been identified, which support the claims ranged from 6 to 1 (a total of 24 claims).

When we talk about additional services social workers have highlighted *intensive care* (for example, "services 24-hour") and a wider range of *socioeducational activities* (for example, "more" *employment activities*) importance. It is likely that the current situation with the activities of this group of persons does not satisfy the needs of these persons and their relatives

Social workers are aware of the importance of its activities in two main aspects: importance of a sick person and his family. First, highlight the psychological status of the person who has Alzheimer. This process is also very important and close as they shall have knowledge and they feel the satisfaction with the services provided.

Participants in the study were asked about the possibilities of the state aid (see Figure 8)

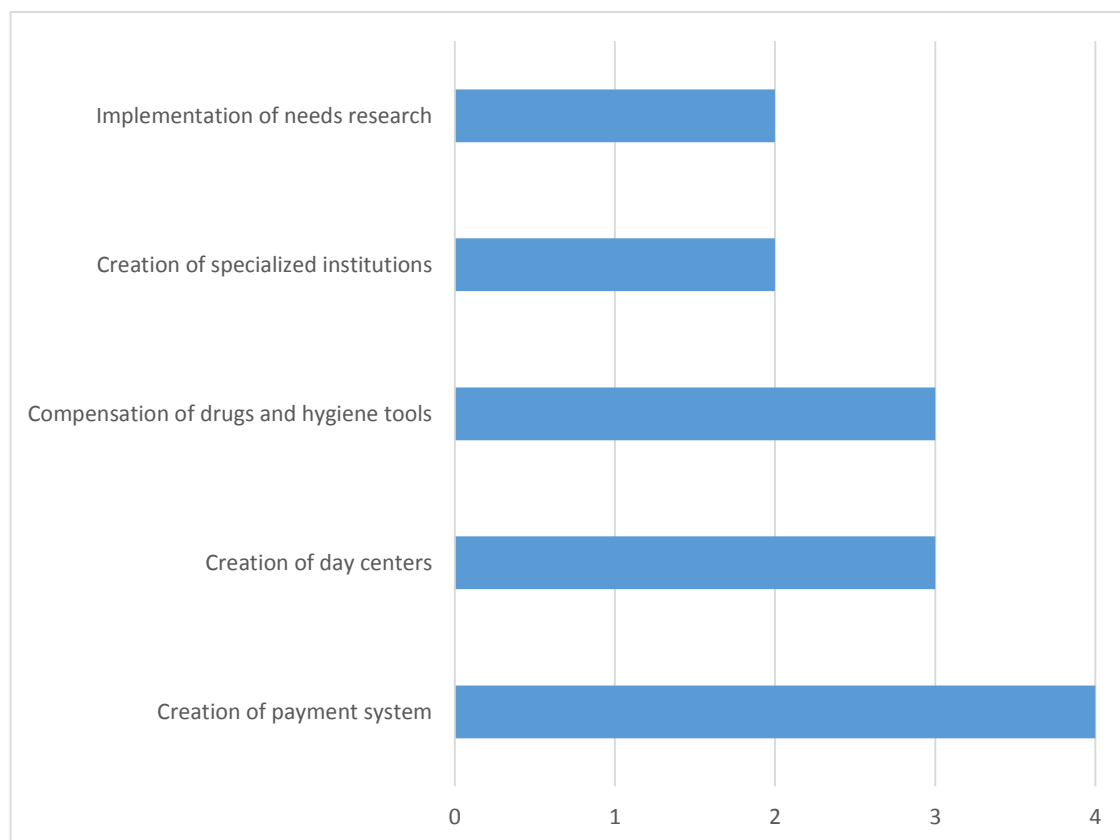


Figure 8. The need for State aid

5 subcategories of this category have been identified, where a number of the supporting statements ranged from 4 to 2 (a total of 14 claims).

Social workers are in favour of the financing mechanism. This would allow the development of social services, the payment for services rendered "moving" to the State. As well as calling for day centers for persons with Alzheimer. These results are attributed to the data contained in the tables 7 and 10. This justifies the need for a special day centers.

Another proposal is the need of the social services research, which will indicate the real situation of persons with Alzheimer and assess their needs, and their relative needs.

Informants were asked what knowledge social workers lack (see Figure 9).

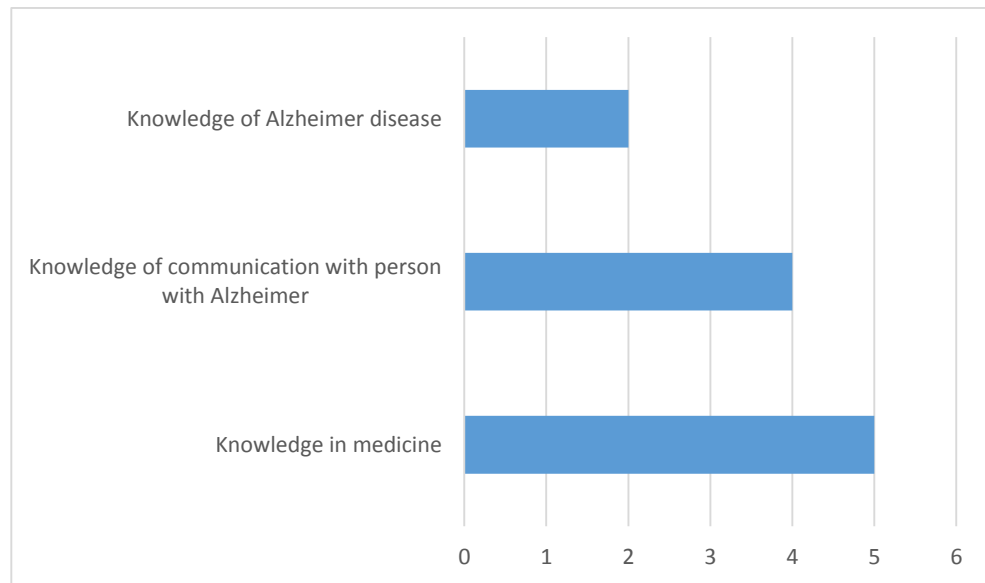


Figure 9. **Social worker missing knowledge when working in the situation of Alzheimer's disease**

3 subcategories of this category was identified in which the number of supporting statements ranged from 5 to 2 (a total of 6 points).

Social workers emphasized the lack of knowledge in the fields of medicine, Alzheimer disease and communication with sick person. It has clearly shown, that they find it hard to understand this disease and with a special focus on communicating with these people.

Informants were asked about improvement opportunities of inter-institutional system of assistance to persons with Alzheimer's disease. Figure 10 presents the subcategories and their illustrative claims.



Figure 10. **Improvement opportunities of interinstitutional system of assistance to persons with Alzheimer's disease**

This category has been singled out for supporting the claims of 11 subcategories, which counts ranged from 4 to 2 (a total of 31 claim).

Inter-institutional cooperation, firstly, is described as *experiences (for example, "experience sharing")*, the development of trust and the sharing of responsibility between the institutions and initiatives problems. Social workers said more *teamwork (for example, "the more a team working on")* than the importance of separate technicians. This indicates the desire to work fully and meet a wide range of individuals with Alzheimer's disease and their loved ones needs. The need for a psychologist is also expressed. The idea is that it is related to the provision of support and assistance to the relatives.

2.5. Subjective experiences of families in the situation of Alzheimer's disease in the context of social worker activity

A full analysis of the data is in annex No. 4.

Families were asked about their situation (see Figure 11).

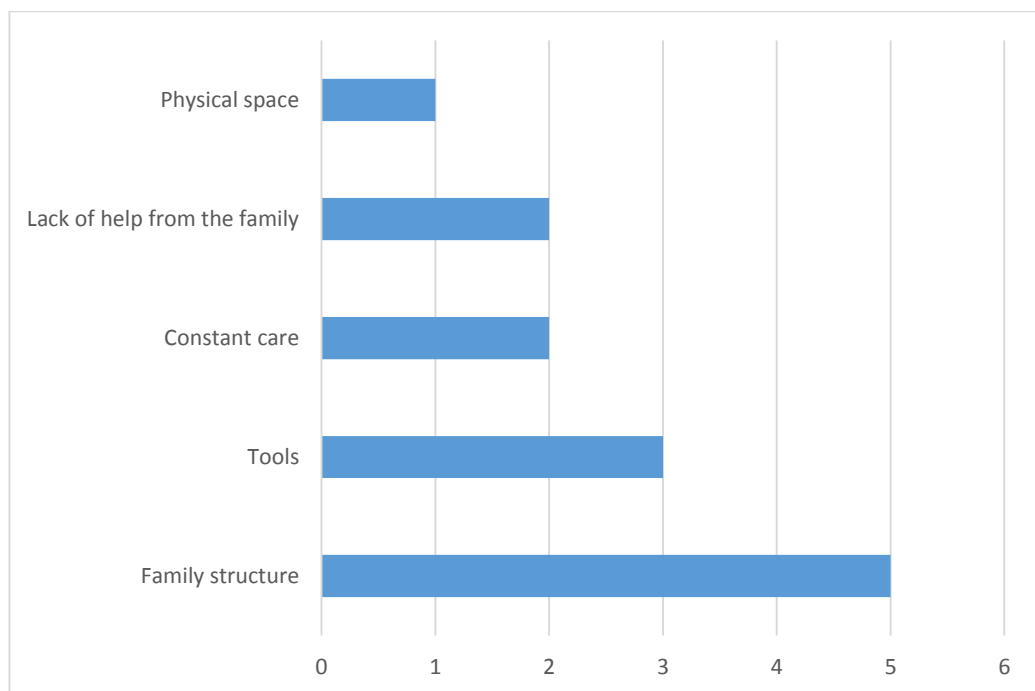


Figure 11. The family situation

5 subcategories of this category have been identified, where a number of the supporting statements ranged from 5 to 1 (total of 13 claims).

The situation of family stressed in the composition of the family and of the measures which are intended to the nursing of this person.

Involved in the study family members were asked what nursing a person with Alzheimer means to them (see Figure 12).

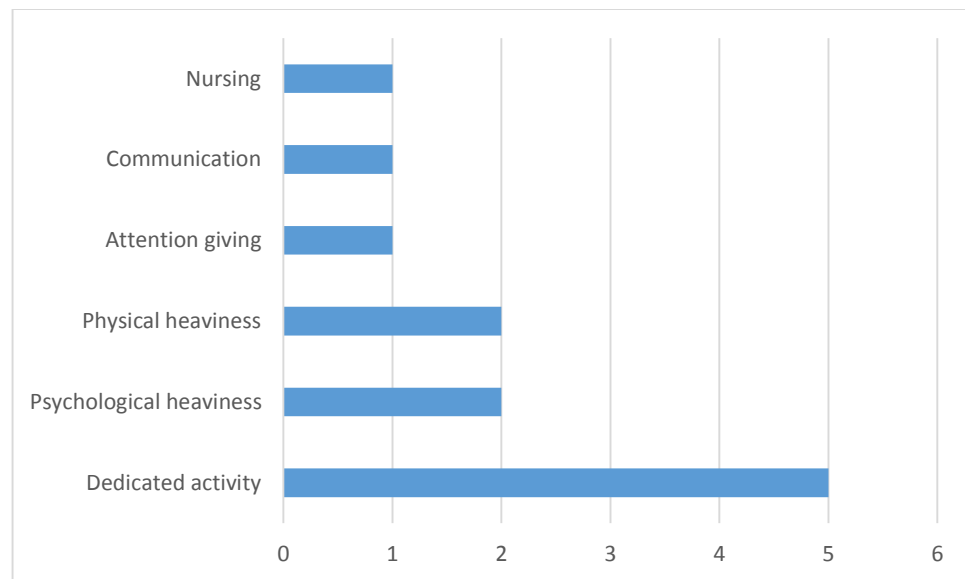


Figure 12. **A person who has Alzheimer's disease, slaugymas**

6 subcategories of this category have been identified, in which the number of supporting statements ranged from 5 to 1 (a total of 14 claims).

Relatives tend to argue that it is a dedicated activity, causing psychological and physical difficulties. And in focusing on and socializing and nursing. All of the things more attributable to the difficulties experienced by them.

Relatives were asked with whom and how to share care of person with Alzheimer disease. Figure 13 presents the empirical data.

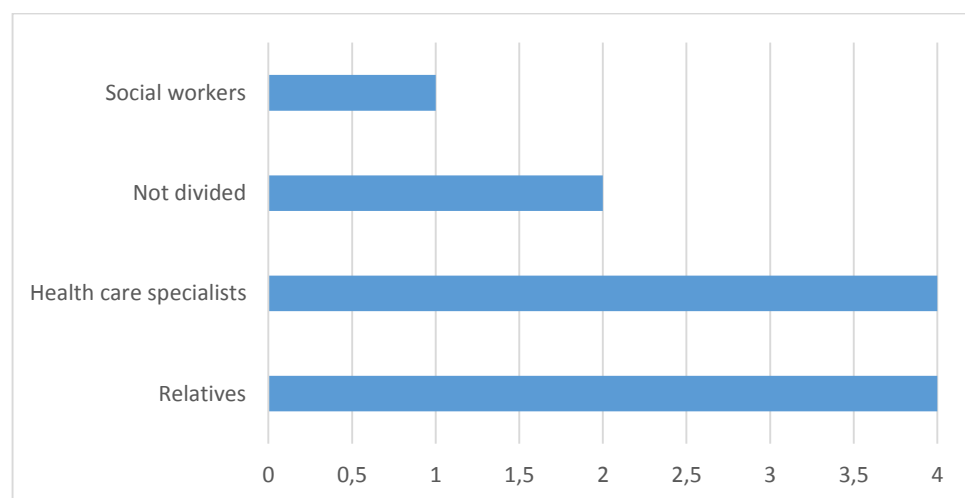


Figure 13. **Alzheimer's disease personal care division**

This category has been separated in 4 subcategories, which indicate the number of claims has ranged from 4 to 1 (total of 11 claims).

Relatives themselves take responsibility to nurse person with Alzheimer, but very often emphasize the health care professionals support in this context.

Relatives were asked what new challenges they face individually when nursing a family member with Alzheimer disease. In Figure 14 illustrative empirical data is placed.

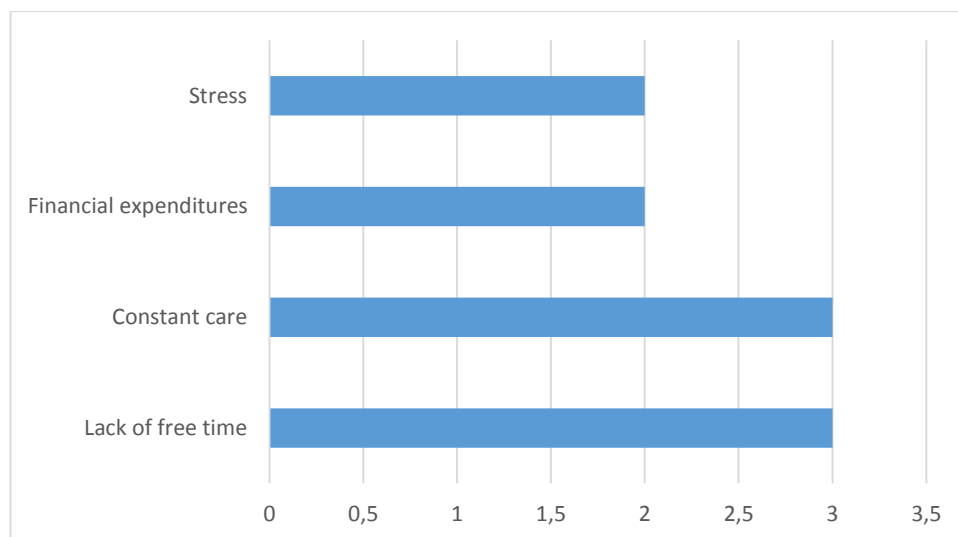


Figure 14. **Challenges of nursing persons with Alzheimer's disease**

This category has been separated in 4 subcategories, which indicate the number of claims has ranged from 3 to 2 (total of 10 claims).

Talking about the difficulties which family members faced they were likely to focus on the lack of free time and regular monitoring. Both of these things are highly interrelated and more services require sacrifice free time. As well as immediate financial and internal status of the topics touched on. They claimed that nursing caused financial problems, and all the difficulties in the stressful and increase nervousness state of themselves.

Relatives were asked what kind of social assistance do they need. In Figure 15 the results are presented.

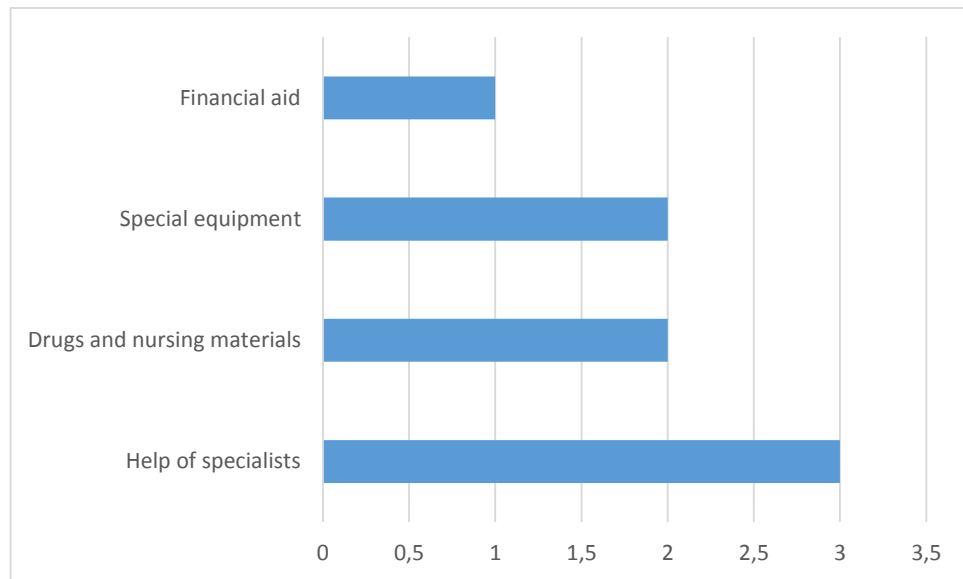


Figure 15. Need for social assistance

5 subcategories of this category have been identified, where a number of the supporting statements ranged from 3 to 1 (total 8 claims).

Relatives imagine social assistance in the field of assistance of professionals, provision of medicines and provision of surveillance measures. As well as other forms of assistance have been dealing with concrete matters in financial assistance or the need for special equipment. Relatives did not speak about the activities of employment, which, in particular, correlates with the need for more free time.

Relatives were asked to which specialists they are going with person with Alzheimer's disease. In Figure 16 illustrative empirical data is given.

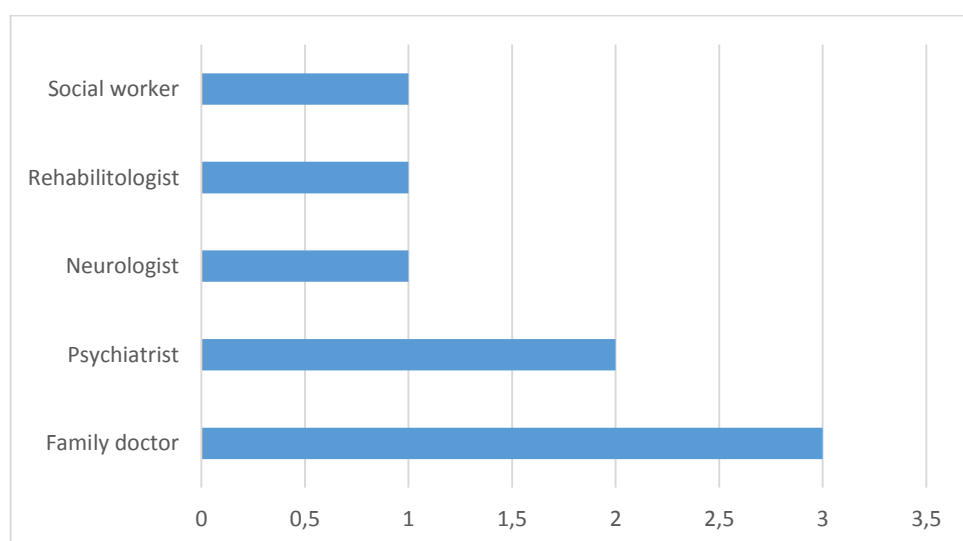
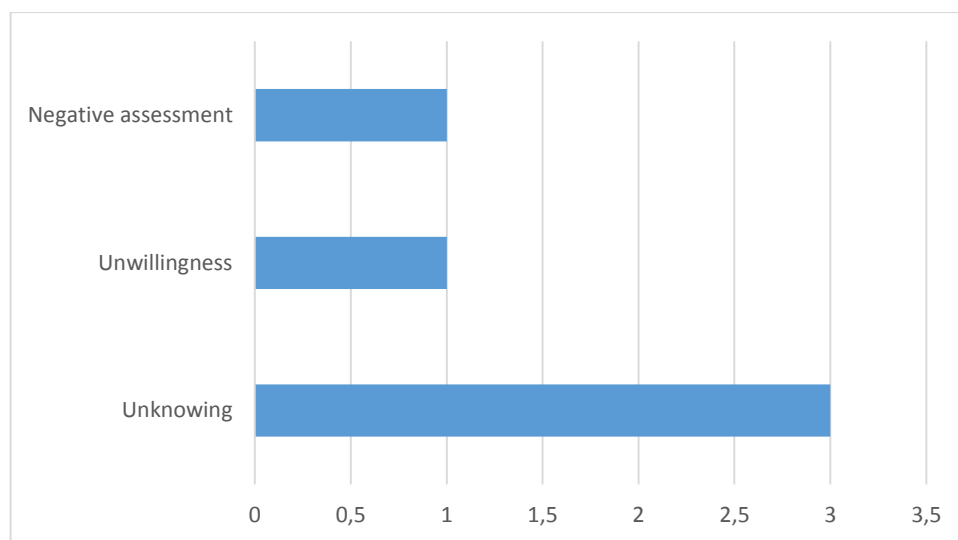


Figure 16. Professionals which relatives visit with a sick person

5 subcategories of this category have been identified, where a number of the supporting statements ranged from 3 to 1 (total of 8 claims).

Relatives go various specialists, especially to medical sphere specialists: family doctors, psychiatrists, etc. Of course they seek for a better medical assistance and treatment for the person with Alzheimer's disease.

Relatives were asked what are the options for day care to persons with Alzheimer's disease (see Figure 17).



in Figure 17. **Day care to persons with Alzheimer's disease**

This category was excluded from 3 subcategories, which indicate the number of claims has ranged from 3 to 1 (5 claims total).

Relatives knows nothing about the day care options for this group of people. However, other loved ones would not want such services. Some of them has a negative thoughts about such services and would like to have sick person next to him.

Relatives were asked what social services are needed, but they do not get for a person suffering from Alzheimer's disease. In Figure 18 results are presented.

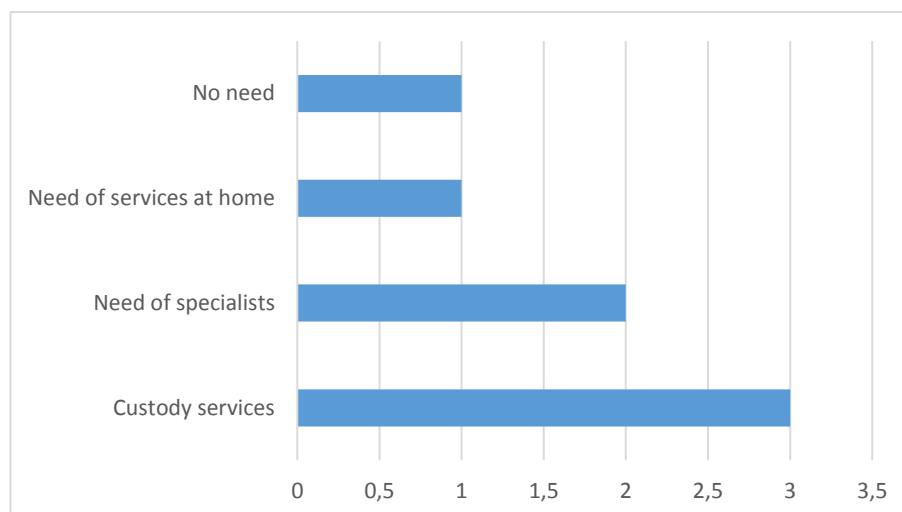


Fig. 18. The need of social services

This category has been separated in 4 subcategories, which indicate the number of claims has ranged from 3 to 1 (total of 7 claims).

Although the controversy of the day service options were evaluated (see table 17), however, relatives talked about custody services. They also expressed the need for the provision of services to the home.

Relatives were asked what social services are needed for a family, but does not receive (see Figure 19).

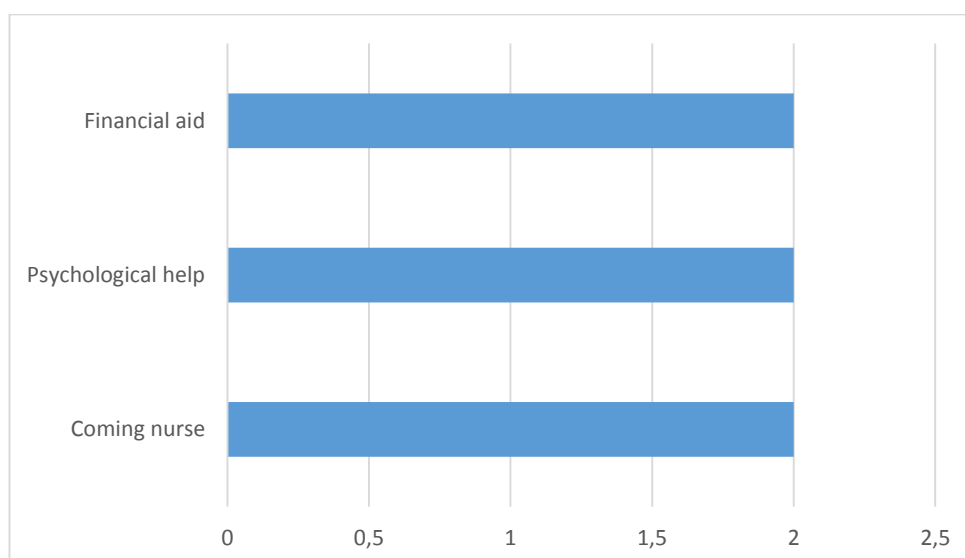


Figure 19. The need of social assistance to the family

This category was excluded from 3 subcategories, which indicate the number of claims 2 (a total of 6 claims).

The family, nursing a person suffering from Alzheimer's disease, noted coming nurse as important need for social support. This service will provide more free time for family members.

It is likely that the need for emotional support is due to Alzheimer's disease and nursing process (see Figure 14). Immediate need for financial assistance are also expressed.

Conclusions

1. Theoretical analysis revealed that Alzheimer's disease has been diagnosed in only a part of the small minority of sufferers and it very often, it occurs only in the late stage of the disease. For this reason, the members of the family very quickly confronted with a variety of challenges that are associated with your agenda, the loss of leisure time, the withdrawal from the labour market, and, of course, a short characteristics of nursing. In such a situation in the family and to the sick person in Alzheimer's disease are necessary for social services, which would be able to meet sudden result of individual personal and family needs.
2. Social workers provide social assistance to a person with Alzheimer and their families applying individual work with the person, instrumental support and family information and counseling based on the principle of individual access to a person. They face with exaggerated dipped care of the family, which prevents social workers help to organize the process including a wider range of socio-educational activities.
3. As possible social assistance system improvements to these people social workers named searching for a social service funding mechanism and development of day care centers for persons suffering from Alzheimer's disease. In the whole process of social assistance, social workers would like to work in inter-institutional cooperation based on teamwork, sharing experience, confidence building and sharing of responsibilities between the authorities and the display of the initiative.
4. Families perceive nursing as a self-sacrificing work, which leads to both physical as well as psychological problems. Social assistance has been shared among relatives, but many help has been received from health care professionals, especially family doctors. Absence of free time and the continuous personal care, which could be facilitated by specialist help and provision of medication and care, are marked. Bringing social services to the home environment and providing psychological and financial support, and care services are emphasized as the most important needs of family.

Recommendations

For social workers providing social assistance to families under the situation of Alzheimer's disease:

1. Social assistance to the family in the context of the process of Alzheimer's disease should include the more formal (budgetary institutions of the various social services) and informal (non-governmental organizations and volunteers) in support process. In the process of social assistance the inclusion of other bodies or persons is needed to reduce the load of responsibility of relatives; to temporarily pull back from foster care, and implement the process of combining working life with close supervision.
2. The inter-institutional cooperation in the social assistance to the family in the situation of Alzheimer's disease should be based on team work, experiences, confidence building and the sharing of responsibility between the institutions.
3. In the process of social assistance very large emphasis is done on the support for the family, bringing social services to the home environment and giving them psychological assistance.
4. Systematically upgrade social workers professional qualifications, while visiting a variety of professional development events (courses, seminars, conferences, etc.), which contains the latest information relating to the person who has Alzheimer's disease, biopsychosocial features of Alzheimer's disease, social work methods and approaches in this area, and so on.
5. The organisation and execution of social assistance to the family, in the context of Alzheimer's disease, attention should be paid to the dissemination of experience with similar professionals (social workers, nurses, etc.), by increasing the opportunities for reflection and the self-help process efficiency.

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Summary

Magistro darbu siekiama atskleisti socialinio darbuotojo veiklos galimybes, teikiant pagalbą šeimai esant Alzheimerio ligos situacijoje.

Iškelti tokie tyrimo uždaviniai: 1) atskleisti Alzheimerio ligos sampratą, asmenų, sergančių šia liga, charakteristiką, šeimos, esančios Alzheimerio situacijoje, problematiką bei socialinio darbo aspektus; 2) atskleisti socialinių darbuotojų vykdomą veiklą, teikiant socialinę pagalbą šeimoms, esančioms Alzheimerio ligos situacijoje; 3) išanalizuoti socialinės pagalbos teikimo šeimoms, esančioms Alzheimerio situacijoje, galimybes; 4) atskleisti socialinio darbuotojo veiklos, dirbant su šeimomis, esančiomis Alzheimerio ligos situacijoje, poreikį.

Taikyti tyrimo metodai: teorinės analizė, struktūruotas interviu ir turinio analizė.

Tyrime dalyvavo 5 šeimos, slaugančios Alzheimerio liga sergantį asmenį, 10 socialinių darbuotojų, dirbančių su Alzheimerio liga sergančiu asmeniu ir jo šeima iš Lietuvos, bei 5 socialiniai darbuotojai, dirbantys su Alzheimerio liga sergančiu asmeniui Ukrainoje.

Pagrindinės tyrimo išvados: socialiniai darbuotojai, teikdami pagalbą Alzheimerio liga sergančiam asmeniui ir jo šeimai, taiko *individualaus darbo su asmeniu, instrumentinės pagalbos ir šeimos informavimo bei konsultavimo, remiantis individualios prieigos prie asmens principu, metodus*. Susiduriama su perdėta artimųjų globa, kuri trukdo socialiniams darbuotojams tinkamai organizuoti pagalbos procesą, įtraukiant įvairesnes socioedukacines veiklas. Kaip galimus socialinės pagalbos teikimo šiems asmenims sistemos tobulinimus socialiniai darbuotojai įvardino socialinių paslaugų finansavimo mechanizmo paieškas bei dienos centrų kūrimą Alzheimerio liga sergantiems asmenims. Visame socialinės pagalbos teikimo procese socialiniai darbuotojai norėtų tarpinstitucinio bendradarbiavimo, grindžiamo komandiniu darbu, patirties sklaida, pasitikėjimo kūrimu ir atsakomybės tarp institucijų pasidalijimu bei iniciatyvos rodymu. Artimieji slaugymą suvokia kaip pasiaukojančią veiklą, kuri sąlygoja tiek fizinius, tiek ir psichologinius sunkumus. Slaugymas yra pasidalinamas tarp artimųjų, tačiau nemažai pagalbos gaunama iš sveikatos priežiūros specialistų, ypač šeimos gydytojų. Pažymimas laisvo laiko nebuvimas ir nuolatinė šio asmens priežiūra, kuri galėtų būti palengvinta sulaukus specialistų pagalbos ir vaistų bei priežiūros priemonių. Svarbiausiais poreikiais įvardinama parama šeimai, priartinant socialines paslaugas prie namų aplinkos ir suteikiant psichologinę ir finansinę pagalbą, bei globos paslaugos, gaunant ateinančio slaugytojo paslaugas.

Remiantis gautais tyrimo rezultatais, suformuluotos socialinio darbuotojo veiklos galimybių, teikiant socialinę pagalbą šeimai, esant Alzheimerio ligos situacijoje, rekomendacijos

Esminiai žodžiai: Alzheimerio liga, socialinė pagalba, subjektyvi patirtis.

Appendices

Structured Interview Questions

Вопросы структурированного интервью.

Thank you for agreeing to participate in this survey.

I am Ingrida Zdanienė, a student of Joint Master Study Programme of Social Work at Šiauliai University. Šiauliai University conducts a study on the subject of “Opportunities of Social Worker’s Activity Rendering Support to Families in the Situation of Alzheimer’s Disease”. We would like to find out about your experience and the need for social support in the care of individuals with Alzheimer’s Disease. Answering the questions might take approximately 45 min. All your statements will be confidential, this means that all the information provided by you will not enable to identify you as a respondent, your name will be changed, the life story will not be published as a whole. Please remember that you are not obliged to write about things you do not want to.

Благодарим за участие в нашем опросе.

Я, Ингрида Зданене, студентка объединенной магистратуры Шяуляйского университета по программе обучения Социальных работников. Шяуляйский университет проводит исследование по теме: « Возможности деятельности социального работника при оказании помощи семьям с больными болезнью Альцгеймера» Хотели бы больше узнать о Вашем опыте и возможностях социальной помощи лицам, ухаживающим за больными страдающими синдромом Альцгеймера. Ответы на вопросы могут занять до 45 минут. Все Ваши ответы будут конфиденциальны, и это будет означать, что предоставленная вами информация не создаст условий для определения Вас как респондента, будет изменено Ваше имя, дословно не будет опубликована жизненная история. Помните, что Вы не обязаны писать о том, о чем не хотите писать.

Sex: 1) female 2) male

Пол: 1) женский 2) мужской

Age: _____

Возраст: _____

Education: _____

Образование: _____

Employment: _____

Кем работаете: _____

Seniority: _____

Рабочий стаж: _____

What is your relationship to the individual with Alzheimer’s Disease?

Родственные связи с лицом больным болезнью Альцгеймера? _____

1. How much time have you been taking care of an individual with Alzheimer's disease?

Как долго вы ухаживаете за лицом больным болезнью Альцгеймера? _____

2. How often do you take care of him/her?

Как часто вам приходится это делать?

- 1) Constantly
Постоянно
- 2) In shifts with other relatives.
Попеременно с родственниками
- 3) Other:
- 4) Другое:

3. Please tell us about your family taking care of an individual with Alzheimer's disease.

Расскажите о своей семье, о лице, ухаживающем за больным болезнью Альцгеймера?

4. What does taking care of an individual with Alzheimer's disease mean?

Что значит ухаживать за больным болезнью Альцгеймера?(несколько ключевых фраз).

- 5. Who you share taking care of an individual with Alzheimer's disease with and how do you do it? Where have you learnt how to take care of him/her and who do you share your experience with?**

**С кем и как вы делитесь знаниями по уходу за больным болезнью Альцгеймера?
Где научились этому и с кем делитесь этими навыками ?**

- 6. What problems are faced by people taking care of relatives with Alzheimer's disease?**

С какими проблемами сталкиваются лица, которые вынуждены ухаживать за родными больными болезнью Альцгеймера?

- 7. What kind of social, psychological, medical support is needed to an individual with Alzheimer's disease?**

Какая социальная, психологическая, медицинская помощь необходима больному болезнью Альцгеймера?

- 8. What kind of social, psychological, medical, legal support is needed to the family taking care of an individual with Alzheimer's disease?**

Какая социальная, психологическая, медицинская, правовая помощь необходима семье, лицу, которое ухаживает за больным болезнью Альцгеймера?

- 9. What specialists do you attend with the relative having the disease and why? What kind of specialists' support you lack?**

К каким специалистам и почему обращаетесь за помощью? Помощи каких специалистов не хватает?

- 10. What are the opportunities for day care for individuals with Alzheimer's disease in Lithuania (Ukraine)?**

Какие существуют варианты дневного ухода за лицами, больными болезнью Альцгеймера в Литве (Украине)?

11. What social services would be needed but an individual with Alzheimer's disease is deprived of?

Какие социальные услуги необходимы больному, но лицо, страдающее болезнью Альцгеймера, их не получает?

12. What social services would be needed but the family taking care of an individual with Alzheimer's disease is deprived of?

Какие социальные услуги необходимы, но семья, в которой ухаживают за больным болезнью Альцгеймера, их не получает?

13. What kind of other help could be provided to the family taking care of an individual with Alzheimer's disease?

Как еще можно было бы помочь семье, в которой ухаживают за больным болезнью Альцгеймера?

We are sincerely thankful for your answers!

Сердечно благодарим за ответы!

Structured Interview Questions

Вопросы структурированного интервью

Thank you for agreeing to participate in this survey.

I am Ingrida Zdanienė, a student of Joint Master Study Programme of Social Work at Šiauliai University. Šiauliai University conducts a study on the subject of “Opportunities of Social Worker’s Activity Rendering Support to Families in the Situation of Alzheimer’s Disease”. We ask you to participate in this survey the objective of which is to ascertain possible trends and peculiarities of a social worker’s activity with individuals suffering from Alzheimer’s disease.

Благодарим за участие в нашем опросе.

Я, Ингрида Зданене, студентка объединенной магистратуры Шяуляйского университета по программе обучения Социальных работников. Шяуляйский университет проводит исследование по теме: « Возможности деятельности социального работника при оказании помощи семьям с больными болезнью Альцгеймера» Просим участвовать в нашем опросе, цель которого выявить направления и возможности работы социальных работников во время ухода за больными, страдающими синдромом Альцгеймера.

Sex: 1) male 2) female
Пол: 1) женский 2) мужской

Age: _____
Возраст: _____

Education (speciality): _____
Образование (специальность): _____

Experience in social work: _____
Стаж работы как социального работника _____

Duration of social work involving people with Alzheimer’s disease: _____
Длительность работы с больным болезнью Альцгеймера: _____

1. What social support is provided to an individual with Alzheimer's disease and to the family taking care of him/her (Analysis of the laws in the theoretical part and review of documents in the research part could be of additional use)?

Какая социальная помощь оказывается больному болезнью Альцгеймера и заботящейся о нем семье? (В теоретической части анализ законов, в части исследования можно воспользоваться обзором документов)

2. What are the social needs of individuals with Alzheimer's disease and people taking care of them?

Социальная необходимость больного и лица, ухаживающего за больным болезнью Альцгеймера.

3. What social work objectives should be set when working with individuals with Alzheimer's disease? What values should establishment of the objectives be based on?

Какие социальные цели должны быть поставлены при работе с больным болезнью Альцгеймера? Какими ценностями необходимо руководствоваться при формулировки целей?

4. What principles should a social worker rely on when rendering social support to individuals with Alzheimer's disease?

Какими принципами необходимо руководствоваться социальному работнику при работе с больным болезнью Альцгеймера?

5. What should be the structure elements involving social work when working with individuals with Alzheimer's disease and families taking care of them?

Какие структурные элементы социальной работы должны присутствовать в работе с больным болезнью Альцгеймера и ухаживающей за ним семьей?

6. What should be the forms and methods of social work?

Какими должны быть формы и методы социальной работы?

7. What innovations could be useful for improvement of the quality of life of the family and the individual with Alzheimer's disease?

Какими новшествами можно воспользоваться в стремлении улучшить жизненные условия больного болезнью Альцгеймера и его семьи?

8. What challenges do you face when working with clients suffering from Alzheimer's disease?

С какими трудностями приходилось сталкиваться при работе с клиентами, больными болезнью Альцгеймера?

9. In your opinion, what is the significance of social worker's activities when working with patients suffering from Alzheimer's disease and their family members?

Насколько важна деятельность социального работника при работе с больными болезнью Альцгеймера и членами его семьи?

10. What additional social support is needed but not rendered to an individual with Alzheimer's disease and the family taking care of him/her?

Какая дополнительная социальная помощь необходима, но она не оказывается лицу больному болезнью Альцгеймера и семье ухаживающей за больным?

11. How the state could contribute to development and improvement of social support model to individuals with Alzheimer's disease and their families?

Как государство могло бы участвовать в организации и улучшении модели социальной помощи больным болезнью Альцгеймера и семьям, ухаживающим за больным.

12. What kind of knowledge does a social worker lack when working with clients suffering from Alzheimer's disease and their families?

Каких не хватает знаний социальным работникам при работе с клиентами больными болезнью Альцгеймера и их семьями?

13. Who should get involved in the process of rendering support to individuals with Alzheimer's disease?

Какие лица должны влиться в процесс оказания помощи больным болезнью Альцгеймера?

14. How would you describe inter-institutional cooperation in rendering support to an individual with Alzheimer's disease and his/her family?

Как бы Вы охарактеризовали сотрудничество различных институций при организации помощи больным болезнью Альцгеймера и их семьям?

15. How could the inter-institutional system of rendering support to individuals with Alzheimer's disease be improved?

Как можно улучшить сотрудничество различных организаций и институций при организации помощи больным болезнью Альцгеймера и их семьям?

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We are sincerely thankful for your answers!

Сердечно благодарим за ответы!

Socialinių darbuotojų darbo su šeima, esančia Alzheimerio ligos situacijoje, ypatumai ir veiklos galimybės: turinio analizės duomenys

1 lentelė

Socialinė pagalba asmeniui, sergančiam Alzheimerio liga, ir juo besirūpinančiai šeimai

Kategorija	Subkategorija	Patvirtinantys teiginiai	Teiginių skaičius
Socialinė pagalba asmeniui, sergančiam Alzheimerio liga, ir juo besirūpinančiai šeimai	Instrumentinė pagalba	„valymas“ (L), „prausimas“ (L), „maitinimas“ (L), „asmeninė priežiūra“ (L), „finansų tvarkymas“ (L), „buitinė“ (U), „pagalba savitvarkoje“ (U), „aptarnavimas“ (U), „pagalba susitvarkant“ (U), „buitinė“ (U), „buitinė“ (U)	11
	Individualus darbas su asmeniu	„dirbu su asmeniu atskirai“ (L), „jam pirmiausiai padedu“ (L), „asmuo man svarbiausias šioje situacijoje“ (L), „pagalba nukreipta į asmenį“ (L), „individualiai dirbu su asmeniu“ (L), „pokalbiai su asmeniu“ (L), „diskusijos su asmeniu“ (L)	7
	Slauga namuose / medicininė pagalba	„kasdienės slaugos paslaugas namuose“ (L), „slauga jo namuose“ (L), „medicininė“ (U), „pastovi slauga“ (U), „pastovi slauga“ (U), „medicininė“ (U), „medicininė“ (U)	7
	Šeimos informavimas ir konsultavimas	„informuoju šeimą apie galimybes“ (L), „ištikus bėdai konsultuoju šeimą“ (L), „lankydamasis šeimoje konsultuoju įvairiais klausimais“ (L), „pagalba visai šeimai“ (L)	4
	Įtraukimas į bendruomenines veiklas	„veikla su kitais namų gyventojais“ (L), „įtraukimas į bendruomenines veiklas“ (L), „įtraukiu į bendrus renginius“ (L)	3
	Išorinių resursų panaudojimas	„kreipiuosi į kitas instancijas“ (L), „padeda partneriai“ (L), „kartu su partneriais sprendžiame asmens ar šeimos sunkumus“ (L)	3
	Asmens ir šeimos nukreipimas į kitas institucijas	„nukreipiu kitur“ (L), „kai negaliu padėti, pasakau, kur kreiptis“ (L)	2
	Kompleksinė pagalba	„galima gauti kompleksinę pagalbą“ (L), „komandoje teikiame paslaugas“ (L)	2
	Ekonominė pagalba	„ekonominė“ (U), „ekonominė“ (U)	2
Iš viso:			41

Alzheimerio liga sergančių asmenų ir jų šeimos narių socialiniai poreikiai

Kategorija	Subkategorija	Patvirtinantys teiginiai	Teiginių skaičius
Alzheimerio liga sergančių asmenų ir jų šeimos narių socialiniai poreikiai	Ilgalaikės slaugos trūkumas	„reikia ištisinės priežiūros“ (L), „8 valandų nepakanka“ (L), „pastoviai reikia su jais būti“ (L), „nuolatinė priežiūra“ (L), „socialinės slaugos“ (U), „socialinės slaugos“ (U)	6
	Paramos šeimai trūkumas	„emocinė parama“ (L), „derinti šeimos ir darbo įsipareigojimus“ (L), „šeimos palaikymas“ (L), „paprastieji pokalbiai su šeima“ (L), „emocinio stabilumo palaikymas“ (L)	5
	Medicininės paslaugų asmeniui trūkumas	„būtina medicininė priežiūra“ (L), „reikia bendrosios praktikos slaugių paslaugų“ (L), „medicininės pagalbos būtinybė“ (L), „medicininės priemonės“ (U), „medicininės priemonės“ (U)	5
	Asmeninės higienos trūkumas	„asmeninė higiena“ (U), „asmeninė higiena“ (U) „asmeninė higiena“ (U)	3
	Specialistų pagalbos trūkumas	„psichiatras“ (U), „psichiatras“ (U)	2
	Reabilitacijos paslaugų trūkumas	„reabilitacinės priemonės“ (U)	1
Iš viso:			22

Socialinio darbo tikslai ir vertybės, kuriomis remiamasi teikiant pagalbą Alzheimerio liga sergančiam asmeniui ir jo šeimai

Kategorija	Subkategorija	Patvirtinantys teiginiai	Teiginių skaičius
Principai ir vertybės, kuriomis socialiniai darbuotojai remiasi, teikdami socialinę pagalbą Alzheimerio liga sergantiems asmenims	Paslaugų priartinimas prie namų aplinkos	„kuo ilgiau namuose“ (L), „pagalbos namuose paslaugos“ (L), „namų slauga“ (L), „slauga namuose“ (L), „namų aplinką išsaugoti“ (L)	5
	Nuolatinė pagalba	„24val per parą“ (L), „visą savaitę“ (L), „nuolatos pagelbėti“ (L), „kuo ilgiau dirbti su asmeniu“ (L)	4
	Individuali prieiga prie asmens	„individualias“ (L), „individuali prieiga“ (L), „asmuo pirmiausia“ (L), „tik asmeniui skirta pagalba“ (L)	4
	Poreikių tenkinimas	„užtikrinti kliento poreikius“ (L), „svarbiausia asmens poreikiai“ (L), „reikia patenkinti poreikius“ (L)	3
	Gyvenimo kokybės gerinimas	„gerinti asmens gyvenimo kokybę“ (U), „komforto suteikimas“ (U), „gyvenimo kokybės gerinimas“ (U)	3
	Pagalbos suderinamumas	„veiksnių derinimas“ (L), „disciplinuotai“, „pasitarti, ką darom“ (L)	3
	Komandinis darbas	„bendradarbiavimas“ (L), „komandinio darbo“ (L), „komandoje“ (L)	3
	Kokybiškos paslaugos	„kuo aukštesnės kokybės“ (L), „geriausia, ką galim padaryti“ (L)	2
	Vaidmenų atlikimas	„daug skirtingų vaidmenų“ (L), „turi būti visoks“ (L)	2
	Konfidencialumo išlaikymas	„išlaikyti konfidencialumą“ (L), „niekam nesipasakoti“ (L)	2
	Parama šeimai	„pagalba šeimai“ (U), „artimųjų palaikymas“ (U)	2
	Medicininė pagalba	„medicininė pagalba“ (U), „medicininė pagalba“ (U)	2
	Tolerancijos išlaikymas	„tolerancija“ (U), „tolerancija“ (U)	2
	Atsargumas	„nepakenkti“ (L), „kad būtų nesužalotas labiau“ (L)	2
Iš viso:			39

Socialinio darbo Alzheimerio ligos situacijoje formos ir metodai

Kategorija	Subkategorija	Patvirtinantys teiginiai	Teiginių skaičius
Socialinio darbo, teikiant socialinę pagalbą, formos ir metodai	Bendradarbiavimas su kitais specialistais	„bendradarbiaujant su kitais specialistais“ (L), „kartu dirbti“ (L), „multidisciplininė komanda“ (U), „kompleksinė pagalba“ (U), „multidisciplininis metodas“ (U)	5
	Artimųjų konsultavimas	„konsultuoti artimuosius“ (L), „konsultavimas“ (L), „reikia konsultacijų šeimoms“ (L), „šeimų konsultavimas“ (L)	4
	Tarpininkavimas	„tarpininkas“ (L), „tarsi tarpinė grandis tarp asmens ir jo šeimos“ (L), „tarpininkaujant pasieksi rezultatų“ (L), „palaikyti sąveiką“ (L)	4
	Veiklos planavimas	„veiklos planą“ (L), „veiklą reikia planuoti“ (L)	2
	Individualus darbas	„Individualus darbas“ (L), „su asmeniu dirbti“ (L), „pirma dirbti su konkrečiu asmeniu“ (L), „darbas tik individualiai“ (L)	4
	Koordinavimas	„koordinuoja veiklą“ (L), „koordinavimas“ (L), „veiklų paskirstymas“ (L)	3
	Organizavimas	„organizuoja paslaugų vertinimą“ (L), „organizuoti veiklas“ (L)	2
	Darbas su šeima	„darbas su šeima“ (L), „dirbti su šeimos nariais“ (L)	2
	Konfliktų sprendimas	„dalyvauja konfliktų sprendime“ (L)	1
	Savanoriškas darbas	„savanoriška pagalba“ (U), „savanorių pritraukimas“ (U)	2
	Įvairių metodų taikymas	„pasitelkti metodus“ (L), „įvairūs metodai“ (L)	2
Iš viso:			31

Alzheimerio liga sergančių asmenų priežiūros gerinimo galimybės

Kategorija	Subkategorija	Patvirtinantys teiginiai	Teiginių skaičius
Alzheimerio liga sergančių asmenų priežiūros gerinimo galimybės	Slauga namų aplinkoje	„slaugomą asmenį išlaikyti namuose“ (L), „namų slauga“ (L), „paslaugų teikimas namų aplinkoje“ (L), „specialistų komandos pagalba namuose“ (L), „slauga namuose“ (L), „visapusiška slauga“ (U)	6
	Slaugos ir darbo derinimo priemonės	„sudaryti artimiesiems galimybes dalyvauti darbinėje veikloje“ (L), „slaugos ir darbo derinimas“ (L), „kad išliktų artimieji darbingi“ (L)	3
	Dienos centrai šiems asmenims	„dienos centrų paslaugos“ (L), „pasitarnautų dienos centrai“ (L), „dienos užimtumo centrų trūksta“ (L)	3
	Specialistų komandos formavimas	„multidisciplininės komandos“ (U), „multidisciplininė komanda“ (U)	2
	Savanorystė	„savanoriška pagalba“ (U), „savanorių pagalba“ (U)	2
Iš viso:			16

Sunkumai dirbant su Alzheimerio liga sergančiais asmenimis

Kategorija	Subkategorija	Patvirtinantys teiginiai	Teiginių skaičius
Sunkumai dirbant su Alzheimerio liga sergančiais asmenimis	Artimųjų perdėta globa ir perdėtas įsitraukimas į procesą	„artimųjų perdėta meilė trukdo dirbti“ (L), „artimųjų perdėtas dėmesys ligoniui“ (L), „artimųjų negebėjimas susitaikyti su artimojo liga“ (L), „artimieji“ (L), „konfliktai su artimaisiais“ (L)	5
	Socialinių paslaugų nepakankamumas	„nėra užtikrintas tinkamas socialinių paslaugų teikimas“ (L), „nėra užtikrintas pakankamas socialinių paslaugų teikimas“ (L), „nepakankamos paslaugos“ (L)	3
	Bloga emocinė asmens, sergančio Alzheimeriu, būseną	„pastovi depresija“ (U), „nervinė būseną“ (U), „polinkis į konfliktus“ (U)	3

	Tarpinstitucinio bendradarbiavimo stoka	„kontaktų nebuvimas su kitomis įstaigomis“ (L), „tarpinstitucinio bendradarbiavimo stoka“ (L)	2
Iš viso:			13

7 lentelė

Papildomų paslaugų Alzheimeriu sergantiems asmenims ir jais besirūpinantiems artimiesiems poreikis

Kategorija	Subkategorija	Patvirtinantys teiginiai	Teiginių skaičius
Papildomų paslaugų Alzheimeriu sergantiems asmenims ir jais besirūpinantiems artimiesiems poreikis	Intensyvi slauga	„intensyvios pagalbos“ (L), „dažniau teikti pagalbą“ (L), „dažnesnis specialistų darbas su asmeniu“ (L), „priežiūra visą parą“ (U), „priežiūra visą parą“ (U), „priežiūra visą parą“ (U)	6
	Platesnis socioeducacinių veiklų spektras	„daugiau užimtumo veiklų“ (L), „įtraukti į įvairesnes veiklas“ (L), „smegenų pratimai“ (L), „įvairesni ugdymo metodai“ (L), „inovatyvūs metodai iš užsienio“ (L)	5
	Psichologinės asmens būsenos gerinimas	„gerėtų psichologinė būsena“ (L), „emociškai geriau pasijaustų ligonis“ (L), „jo nuotaika pakyla“ (L), „kuriam psichologinį komfortą“ (L)	4
	Dienos centrų paslaugos	„palikti, kad būtų galima dienos centre“ (L), „dienos centro veikla būtų gerai šiems asmenims“ (L), „dieną kas nors su jais užsiimtų“ (L)	3
	Artimųjų pasitenkinimas teikiamomis paslaugomis	„pasitenkinimo lygis artimųjų“ (L), „artimieji laimingi, kai padedam“ (L)	2
	Higienos priemonių poreikis	„higienos priemonės“ (U), „higienos priemonių“ (U)	2
	Žinių suteikimas artimiesiems	„įneša naujų žinių į aplinkinių ratą“ (L)	1
Iš viso:			24

Valstybės pagalbos poreikis

Kategorija	Subkategorija	Patvirtinantys teiginiai	Teiginių skaičius
Valstybės pagalbos poreikis	Apmokėjimo už socialinių paslaugų sistemos kūrimas	„mažinti kainas už ilgalaikes socialinės globos paslaugas“ (L), „kainas už paslaugas koreguoti reikia“ (L), „nemokamos paslaugos būtų teikiamos“ (L), „sukurti paslaugų finansavimo mechanizmą“ (L)	4
	Dienos centrų kūrimas	„dienos centrų kūrimas“ (L), „dienos centras būtų gerai“ (L), „užimtumo centrus kurti“ (L)	3
	Medicininį ir higienos priemonių kompensavimas	„aprūpinimas higienos priemonėmis“ (U), „aprūpinimas būtinomis medicininėmis priemonėmis“ (U), „aprūpinimas medicininėmis priemonėmis“ (U)	3
	Specializuotų įstaigų kūrimas	„internatai“ (U), „specializuotų internatų kūrimas“ (U)	2
	Poreikio tyrimų vykdymas	„socialinių darbuotojų apklausa“ (L), „tyrimus atlikti“ (L)	2
Iš viso:			14

Socialiniam darbuotojui trūkstamos žinios, dirbant su Alzheimerio liga sergančiu asmeniu ir jo šeima

Kategorija	Subkategorija	Patvirtinantys teiginiai	Teiginių skaičius
Socialiniam darbuotojui trūkstamos žinios	Medicininės žinios	„medicininį“ (U), „medicininį“ (U), „medicininį“ (U), „medicininį“ (U), „medicininį“ (U)	5
	Bendravimo su Alzheimerio liga sergančiu asmeniu žinios	„bendravimo žinių su sunkiu ligoniu“ (L), „kaip bendrauti su tokiu asmeniu“ (L), „Bendravimas su asmeniu“ (L), „kaip kalbėti su tokiu asmeniu“ (L)	4
	Žinios apie Alzheimerio ligą	„žinių apie Alzheimerį“ (L), „Alzheimerio ligos suvokimui žinių“ (L)	2
Iš viso:			11

**Tarpinstitucinės pagalbos teikimo sistemos asmenims, sergantiems Alzheimerio liga,
tobulinimo galimybės**

Kategorija	Subkategorija	Patvirtinantys teiginiai	Teiginių skaičius
Tarpinstitucinės pagalbos teikimo sistemos asmenims, sergantiems Alzheimerio liga, tobulinimo galimybės	Patirties sklaida	„patirties dalinimasis“ (L), „patirties sklaida“ (L), „dalintis gerais metodais“ (L), „pasipasakoti apie pasiektus rezultatus“ (L),	4
	Informacijos sklaidos sistemos kūrimas	„dalintis informacija“ (L), „kažkur turi suplaukti informacija“ (L), „informacinė bazė reikalinga“ (L), „socialinė reklama“ (U)	4
	Komandinio darbo poreikis	„kuo daugiau komandoje dirbančių“ (L), „komandinis darbas“ (L), „komandoje dirbti“ (L)	3
	Pasitikėjimas ir atsakomybė	„daugiau pasitikėjimo“ (L), „atsakomybės dalinimasis“ (L), „bendradarbiauti“ (L)	3
	Iniciatyva	„iniciatyvą rodyti“ (L), „iniciatyviai veikti“ (L), „daugiau iniciatyvos“ (L)	3
	Institucijų darbuotojų ugdymas	„kuo daugiau mokymų“ (L), „seminarų tarp institucijų“ (L), „daugiau žinių suteikti darbuotojams“ (L)	3
	Valstybės žinybų įsitraukimas	„vyriausybė“ (U), „valdininkai“ (U), „vyriausybė“ (U)	3
	Psichologas	„psichologas“ (L), „psichologo pagalbos reikia“ (L)	2
	Artimųjų pasitelkimas	„artimieji“ (U), „artimieji“ (U)	2
	Medicinos įstaigų įsitraukimas	„medicinos įstaiga“ (U), „medicinos įstaiga“ (U)	2
	Visų specialistų svarba	„visi specialistai svarbūs“ (L), „Daug specialistų“ (L)	2
Iš viso:			31

Šeimos, esančios Alzheimerio situacijoje subjektyvios patirtys socialinio darbuotojo veiklos teikiant pagalbą kontekste: turinio analizės duomenys

1 lentelė

Šeimos, slaugančios Alzheimerio liga sergantį asmenį, situacija

Kategorija	Subkategorija	Patvirtinantys teiginiai	Teiginių skaičius
Šeimos, slaugančios Alzheimerio liga sergantį asmenį, situacija	Šeimos sudėtis	„gyvename dviese“, „kartu su vyru“, „gyvena sūnaus šeimoje“, „gyvename su žmona dviese“, „susideda iš 3 asmenų“	5
	Priemonės	„speciali lova“, „čiūžinys“, „valgomas stalas vežiojamas“	3
	Nuolatinė priežiūra	„jam visą laiką reikia priežiūros“, „savaitgaliais prabūnam pas uošvienę“	2
	Pagalbos iš artimųjų stoka	„sūnūs nepadedą“, „slaugau viena“	2
	Fizinė erdvė	„turi atskirą kambarį“	1
Iš viso:			13

2 lentelė

Asmens, sergančio Alzheimerio liga, slaugymas

Kategorija	Subkategorija	Patvirtinantys teiginiai	Teiginių skaičius
Asmens, sergančio Alzheimerio liga, slaugymas	Pasiaukojanti veikla	„nuolatinis rūpestis“, „laiko aukojimas“, „nenusakomai sunku“, „labai daug pastangų“, „atsidavimas“	5
	Psichologinis sunkumas	„sunku psichologiškai“, „emociškai labai sunku“	2
	Fizinė našta	„sunku fiziškai“, „fiziškai labai pavargstu“	2
	Dėmesio skyrimas	„reikalauja daug dėmesio“	1
	Bendravimas	„nuolatinis bendravimas“	1
	Slaugymas	„slaugymas“	1
Iš viso:			12

Alzheimerio liga sergančio asmens priežiūros pasidalinimas

Kategorija	Subkategorija	Patvirtinantys teiginiai	Teiginių skaičius
Alzheimerio liga sergančio asmens priežiūros pasidalinimas	Artimieji	„dalinamės su dukra“, „sūnumi“, „anūkais“, „vaikai“	4
	Sveikatos priežiūros specialistai	„konsultuojamės su šeimos gydytoja“, „daktarai“, „šeimos gydytoju“, „psichiatru“	4
	Pasidalinimo nėra	„slaugau viena“, „niekas nepadeda“	2
	Socialiniai darbuotojai	„ateinantys darbuotojai“	1
Iš viso:			11

Alzheimerio liga sergančių asmenų slaugymo problemos

Kategorija	Subkategorija	Patvirtinantys teiginiai	Teiginių skaičius
Alzheimerio liga sergančių asmenų slaugymo problemos	Laisvo laiko nebuvimas	„laisvalaikį visą praleidžiam pas uošvienę“, „niekur beveik nebeišeinam“, „tik į darbą“	3
	Nuolatinė priežiūra	„negalima palikti vieno“, „nuolatinė priežiūra“, „nuolatinė slauga“	3
	Finansinės išlaidos	„finansinė problema“, „finansinės išlaidos“	2
	Stresas ir nervingumas	„patiriamo streso“, „nervingumas atsiranda“	2
Iš viso:			10

Pagalba asmeniui, sergančiam Alzheimerio liga

Kategorija	Subkategorija	Patvirtinantys teiginiai	Teiginių skaičius
Pagalba asmeniui, sergančiam Alzheimerio liga	Specialistų pagalba	„psichologo“, „psichiatro“, „šeimos gydytojo“	3
	Vaistai ir priežiūros priemonės	„vaistai“, „pampersai“,	2
	Speciali įranga	„spec. lova“, „spec. įranga“	2
	Finansinė parama	„pagalba pinigais“	1
Iš viso:			8

6 lentelė

Specialistai, pas kuriuos lankosi su sergančiu asmeniu

Kategorija	Subkategorija	Patvirtinantys teiginiai	Teiginių skaičius
Specialistai, pas kuriuos lankosi su sergančiu asmeniu	Šeimos gydytojas	„šeimos daktarą“, „šeimos gydytojas“, „šeimos gydytoją“	3
	Psichiatras	„psichiatras“, „psichiatrą“	2
	Neurologas	„neurologas“	1
	Reabilitologas	„reabilitologas“	1
	Socialinis darbuotojas	„socialinio darbuotojo“	1
Iš viso:			8

7 lentelė

Dienos priežiūros galimybės asmenims, sergantiems Alzheimerio liga

Kategorija	Subkategorija	Patvirtinantys teiginiai	Teiginių skaičius
Dienos priežiūros galimybės asmenims, sergantiems	Nežinojimas	„nežinau“, „nežinau“, „nežinome“	3
	Nenorėjimas	„man ramiau, kad yra šalia“	1
	Neigiamas vertinimas	„prastos galimybės“	1
Iš viso:			5

8 lentelė

Socialinių paslaugų asmeniui, sergančiam Alzheimerio liga, poreikis

Kategorija	Subkategorija	Patvirtinantys teiginiai	Teiginių skaičius
Socialinių paslaugų asmeniui, sergančiam Alzheimerio liga, poreikis	Globos paslaugos	„socialinės globos“, „globos namai“, „dažniau naudotis globos namų paslaugomis“	3
	Specialistų poreikis	„socialinis darbuotojas, kuris padėtų buityje“, „psichologo pagalba“	2
	Paslaugų namuose poreikis	„paslaugos asmens namuose“	1
	Poreikio nebuvimas	„nereikia jokių paslaugų“	1
Iš viso:			7

Socialinės pagalbos šeimai, slaugančiai Alzheimerio liga sergantį asmenį, poreikis

Kategorija	Subkategorija	Patvirtinantys teiginiai	Teiginių skaičius
Socialinės pagalbos šeimai, slaugančiai Alzheimerio liga sergantį asmenį, poreikis	Ateinantis slaugytojas	„ateinančio žmogaus pagalba“, „ateinantį slaugytoją“	2
	Psichologinė pagalba	„psichologinės pagalbos“, „psichologas“	2
	Finansinė parama	„finansinė parama“, „materialinė pagalba“	2
Iš viso:			6