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# Therapeutic Mechanism(s) of the Benefit-finding Intervention for Dementia Caregivers: A reply to Cantó

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To the editor:

I read Cantó's letter with great interest and found his clinical work in Spain to be highly inspiring. It is very rare for clinicians to attend to the needs of family caregivers so intently. Cantó articulated very nicely the merits of a "gain-focused" approach when working with caregivers and provided an intriguing account of how family caregivers responded to it in individual therapy. In fact, clinicians or therapists like Cantó are in an excellent position to tailor their therapies to the specific needs of the individual, making benefit-finding a potentially more powerful tool than the standardized intervention. I hope more and more clinicians and therapists will incorporate benefit-finding into their work.

It is especially reassuring for the benefit-finding approach to receive validation in a different cultural setting. Earlier, Gersdorf in Germany has also shown interest in applying the benefit-finding intervention.[1] I think there is enough cross-cultural data to suggest that positive aspects of caregiving is a pancultural phenomenon,[2] and by extrapolation, to expect that benefit-finding is an approach that can be applied cross-culturally. Judging from Cantó's report, it seemed his patients accepted the approach very well.

For the sake of the trial, the benefit-finding intervention used was a relatively structured modality guided by a manual.[3] It is conceivable that such a manual can be adapted for individual therapy. However, for me, benefit-finding is not meant to be *one* intervention or *one* technique. It is best treated as an evolving approach that is guided by some general principles, most notably alternative thinking ability and positive reappraisal.[4] These principles can be creatively applied in many different forms, as was so well-done by Cantó, that suit the characteristics of the practice setting.[5]

Given these encouraging developments, it may be difficult, as Cantó has said, to comprehend why treatment outcomes were not mediated by increased positive gains after exposure to the benefit-finding intervention. Indeed, in six analyses wherein a significant treatment effect was found for benefit-finding in the cluster-randomized controlled trial, five of the effects were shown to be mediated by the increase in self-efficacy in controlling upsetting thoughts from pre- to post-treatment. Nevertheless, one effect on depressive symptoms (the primary outcome) was mediated by increased positive gains (as measured by the number of benefit words in narratives).[3] Thus, it is not entirely correct to say that the effects of benefit-finding were not mediated by positive gain at all, although the pattern suggested that it was not the main mediator. Instead, self-efficacy in controlling upsetting thoughts was the main mediator.

The benefit-finding intervention had strong effects on positive gains, on top of effects on depressive symptoms and burden.[3] Statistically, in order for the hypothesized mediation to be found, the mediator and the outcome variable have to change more or less jointly. Thus, the simplest explanation was that while the intervention produced changes in positive gains, the changes were more or less independent of the concomitant changes in most outcome variables.

This, however, provides simply a descriptive account of the data rather than an insightful perspective as to why self-efficacy in controlling upsetting thoughts, rather than positive gains, was the main therapeutic mechanism.

In hindsight, a possible explanation was that the training in alternative thinking and positive reappraisal enhanced the ability to switch mind set and to "short circuit" rumination over frustrating aspects of the caregiving experience. The reappraisal exercises used in the intervention were basically set switching tasks.[4] Emerging research is suggesting that cognitive flexibility, which may be improved with cognitive-behavioral therapy,[6] is associated with less rumination and cognitive reappraisal ability.[7,8] While set switching is involved in positive reappraisal and finding positive gains, it probably cultivates in caregivers a sense of control over negative thoughts as well. Given the fact that positive and negative aspects of caregiving are largely independent of each other,[9] it might not be too surprising to find that the improvement in positive gains did not explain the treatment outcomes of burden and depressive symptoms. On the contrary, self-efficacy in controlling upsetting thoughts, which is theoretically more closely related to these outcomes, was found to be therapeutic mechanism instead.[3]

Of further interest is that self-efficacy in controlling upsetting thoughts has been found to be associated with more positive gains in the context of more challenging caregiving.[10] More research is needed to investigate the relationships among self-efficacy in controlling upsetting thoughts, positive gains, and mental flexibility (which unfortunately was not assessed in our trial), and to shed light on the potential role that mental flexibility plays in the therapeutic action of the benefit-finding intervention.

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