

**SECTION 1**  
**INTERVENTION PROCESS**

## DESCRIPTION OF INTERVENTION

### Description of Reach VA Intervention

- ❑ The Reach VA Program occurs over a span of six (6) months and includes the efforts of both an Interventionist and a Group Leader to provide the following:
  - Nine home (individual) sessions lasting about 1 hour each, led by the Interventionist.
  - Three telephone (individual) sessions lasting up to ½ hour each, led by the Interventionist.
  - Five structured telephone support group sessions, consisting of 5-6 group members reviewing topical information and sharing experiences and concerns that last up to 1 hour each, led by the Group Leader.
- ❑ The program follows a plan that is structured and scripted. (See Session by Session section). Caregivers are assessed for risk using the Risk Priority Inventory at the first home visit. The Interventionist uses that assessment to target intervention for certain care recipient behaviors and /or issues related to communication and social support. The targeted intervention is added to the existing structured plan.
- ❑ The Interventionist will issue a Caregiver Notebook for the caregiver to use to organize intervention materials and as a resource guide. During the course of the intervention process, specific behavioral pamphlets (based on targeted behavioral problems) will be reviewed with the caregiver. Educational materials on safety and caregiver health practices, and training in stress management techniques will be provided and reviewed with the caregiver.
- ❑ The Interventionist will introduce the support groups during the initial home session and forward a copy of the Participant Information Form (PI) and the Risk Priority Inventory (PI) to the Group Leader.
- ❑ The Interventionist will be trained (See Section 7, Training) and certified in:
  - Conducting the intervention
  - Dementia and caregiving
  - The education/intervention materials
- ❑ The Interventionist will complete the following forms:

<b><u>Session 1</u></b>	
Participant Information Form (PI)	Copy to CC/Group Leader
Risk Priority Inventory (RP)	Copy to CC Group Leader
Caregiver Questionnaire (CQ)	Copy to CC
<b><u>Every Session</u></b>	
Interventionist Delivery Assessment Form (IA)	Copy to CC
Interventionist Notes	Kept by Interventionist/Copy to CC at end of intervention period

- Four to six weeks following program enrollment, the telephone support groups will meet on a monthly basis.
- The Group Leader (GL) will coordinate the enrollment and scheduling of the support groups. The GL will mail each participant instructions on how to connect to the call.
- The Group Leader will be trained (See Section 7, Training) and certified in:
  - Conducting telephone support groups
  - Dementia and caregiving
  - The education/intervention materials
- The GL will complete a Group Leader Delivery Assessment Form (GA) for each session. This form is used to record information on attendees, time and length of the call, and general content of the interaction. He/she will also keep a record of reasons for nonattendance among group members. A copy of the GA is routed to the Coordinating Center.

### **Structure of Each Intervention Session.**

- The Interventionist provides brief explanation of the particular focus of the session and how it will be structured.
- Interventionist checks in with CG about strategies/educational materials offered in the previous session, evaluates if CG has specific questions/concerns about the material, and determines if CG is using strategies, and if problem is resolved or continues.
- Interventionist and CG work together on barriers/new strategies, or introduction of a new topic.
- Interventionist obtains closure to each session by: a) establishing date/time of next session, b) briefly reviewing problem area(s) addressed and primary strategies offered in the session, c) briefly reviewing strategies caregiver agrees to try prior to next intervention contact, and d) helping caregiver problem solve when and how to practice/implement selected strategies.
- At conclusion of session, Interventionist completes the Interventionist Delivery Assessment Form (IA) and the Intervention Notes.

### **Resources Used by Interventionist.**

- Consultation Calls. Scheduled calls by the Coordinating Center will provide ongoing consultation, and sites will be able to request assistance at any time outside scheduled calls. For the first two months, scheduled calls will be weekly, then every two weeks for the remaining program.
- Summary of Resource Materials (See Section 2, Risk Priority Inventory). The Summary Chart indicates the materials that are available for each Risk Priority Inventory item. For each item, the table indicates whether there exists specific published educational resources available on site, the specific Caregiver Pamphlet that addresses the item, the specific stress management technique to use, and/or whether there is a relevant social support group session.

## SESSION-BY-SESSION DESCRIPTION

### **Session 1 (Home Visit):**

**(Allow 1½ hours)**

**Week 1**

The goal of the first home visit is to introduce the purpose, goals and scope of the intervention and begin the process of building rapport with the caregiver. The Interventionist must strike the right balance between active and empathetic listening, and structuring the session to accomplish the session activities. For the most part, activities will occur in the order presented here. When necessary, flexibility is allowed in changing the order of presentation, with the exception of data collection, which must be the first activity.

1. Data collection (30 minutes)

The Interventionist collects data on the Caregiver Data Forms. (See Section 6, Interventionist and Group Leader Forms).

- Patient Information Form (PI)
- Caregiver Questionnaire (CQ)
- Risk Priority Inventory (RP)

2. Introduce Intervention (10 minutes)

The Interventionist introduces the purpose, goals and scope of the intervention (see Guiding Script for Session 1, this section, page 20).

3. Review Caregiver Notebook (10 minutes)

The caregiver is presented the Caregiver Notebook. The Interventionist explains its purpose as a resource and as an organizing tool in which other materials will be placed. The Interventionist shows the sections of the notebook, and briefly explains its importance and which sections will be reviewed in more depth in future sessions. The Interventionist helps the caregiver identify a location in the home where the Notebook will be kept for reference in future sessions. (see Guiding Script for Session 1, this section page 20).

4. Introduce Telephone Support group (5 minutes)

The Interventionist explains that an important feature of the intervention is an opportunity to participate in telephone support groups (see Guiding Script for Session 1, this section, page 20).

5. Ask CG to tell story (20-25 minutes)

The Interventionist will ask the caregiver about experiences as a caregiver. The Interventionist will use open-ended probes such as:

- Experience of caregiving?
- When did dementia begin?
- How did CG know?
- How did he/she become a caregiver?

The Interventionist takes note of concerns that the caregiver may mention at this time. The Interventionist explains that the focus of the next session will be on general information about dementia, home safety and the caregiver's own health care needs and physical well-being.

6. Obtain closure to session (10 minutes)

- Provide brief summary of what was accomplished in session
- Set date and time for next session
- Ask CG to review CG Notebook
- Provide support and encouragement to CG

Closure provides a means of summarizing what happened, reinforcing lessons learned and what the caregiver should practice. It should always end with recognition of the difficult task of caregiving and encouragement and praise of the caregiver.

**Session 2 (Home Visit):**

**Week 2**

At the beginning of each session, the Interventionist reestablishes contact with the caregiver and continues the process of rapport building. This is not necessarily a problem identification request, but rather a "human-to-human" interaction. If any special activities (such as trips, parties, visits) were mentioned at the last visit, the Interventionist can inquire about them. The Interventionist can also ask the caregiver how he/she has been doing since the last visit and provide an opportunity for the caregiver to identify any new or pressing issues or concerns. The Interventionist then provides an overview of what will be covered during the session.

1. Introduce session (5 minutes)

- Check in with CG as to how he/she is doing
- Provide overview of purpose of this session and its structure

2. Ask caregiver if he/she has questions about CG Notebook (5 minutes)

3. **Provide general information about Alzheimer's Disease and dementia (5 minutes)**

The Interventionist begins with a brief presentation of General Information on Alzheimer's Disease and dementia. The Interventionist reviews the pamphlets in the pockets at the back of the notebook: Alzheimer's Disease Fact Sheet and Understanding Alzheimer's Disease.

4. **Present safety material (including alerts if appropriate) (15 minutes)**

The Interventionist begins with an in-depth presentation of the safety information in the Caregiver Notebook: Safety Pamphlet, p. 125, and then turns to folders in the back and briefly goes over the printed materials: What You Can Do To Prevent Falls; Check for Safety: A Home Fall Prevention Checklist for Older Adults; Firearms and Dementia; Driving and Dementia; Safe Return; Emergency Supply List; Preparing Makes Sense for People with Disabilities and Special Needs; and Poison Help.

The Interventionist refers to the Risk Priority Inventory (RP) to identify particular areas related to safety risk for the caregiver. If there are alert items indicated (driving, weapon in home), these are addressed first and the educational materials in the Caregiver Notebook are reviewed carefully. Otherwise, the Interventionist addresses other safety areas identified on the Risk Priority Inventory. If appropriate, specific strategies may be highlighted for the caregiver as a way of emphasizing their importance and encouraging the caregiver to practice. The Interventionist identifies specific strategies the caregiver agrees to practice in the subsequent two sessions. The Interventionist will refer back to these identified strategies and inquire if the caregiver attempted them and assess the outcome.

5. **Introduce health care issues (including alert if appropriate) and The Pocket Guide to Staying Healthy at 50+ (15 minutes)**

If there is a depression alert, the Interventionist reviews the Caregiver Depression Pamphlet (CG Notebook, page 189). If no depression alert, the Interventionist introduces the Pocket Guide to Staying Healthy at 50+ emphasizing the importance of taking care of oneself as a caregiver. The Interventionist shows the caregiver how to record health information for both caregiver and care recipient and encourages the use of the Pocket Guide to Staying Healthy at 50+. They discuss the importance of making and keeping appointments and preventive health check-ups. The Interventionist will refer back to the Pocket Guide to Staying Healthy at 50+ in the subsequent two sessions and inquire if the caregiver attempted to use it. If not, the Interventionist will provide encouragement and validation as to its importance.

6. **Discuss effects of stress (10 minutes)**

The Interventionist begins the first section of the Stress Management Pamphlet, Effects of Stress, pages 258 – 260 of the CG Notebook (see Section 4, Stress Management Techniques, Guiding Script Stress Management - Session # 2, page 2). The Interventionist discusses the effects of stress, including physical (blood pressure, immune system),

psychological (irritability, frustration, depression, anxiety), and social (relationship strain, social isolation.)

7. Obtain closure to session (5 minutes)

- Provide brief summary of what was accomplished in session
- Set date and time for next session
- Ask CG to practice safety and health tips that were identified in session
- Provide support and encouragement to CG

**Session 3 (Home Visit):**

**Week 3**

1. Introduce session (5 minutes)

- Check in with CG as to how he/she is doing
- Provide overview of purpose of this session and its structure

2. Review use of Pocket Guide to Staying Healthy at 50+ and safety recommendations (5 minutes)

3. Identify Target Behavior #1 (15 minutes)

- Review Risk Priority Inventory
- Jointly decide priority

The Interventionist and caregiver review Risk Priority Inventory focusing on behavioral and caregiving issues (see Section 3, Target Behavior and Problem Solving Guiding Script to identify target behavior using problem solving techniques). They jointly decide which problem will be the first that is worked on. The Interventionist asks general open-ended probes of the caregiver. The caregiver's story will also be important in this discussion.

- What is the behavior?
- Why is this behavior a problem?
- How would you like this behavior to change?
- Why do you think this behavior happens?
- When does the behavior happen?
- Where does the behavior happen?
- Who is around when the behavior occurs?
- What have you tried?
- Additional information (such as physical problems like hearing or vision)?
- What effect does this behavior have on you?
- Who is involved?
- Have you noticed any pattern in the behavior?

One area of concern is that the Interventionist and caregiver develop concrete, realistic expressions of the caregiver's expectations. Goals may be problem-focused goals (actual changes in the targeted problem behavior) or emotion-focused goals (managing the emotions or feelings of the caregiver that are linked to the target problem behavior). The problem may not be a care recipient issue but rather something like communication, or the caregiver's general stress.

The Interventionist and caregiver jointly engage in a problem solving process (including defining the most pertinent problem in specific and objective terms) to find effective and workable solutions to identified problem behaviors. The objective is to identify what happens to cause the behavior (antecedent), what the behavior is, and what are the consequences of the behavior for the CG and CR.

4. **Introduce Target Behavior Plan #1 (20 minutes)**

- Introduce and review appropriate pamphlet
- Review behavioral strategies
- Assess caregiver's responsiveness
- Provide examples for use
- Demonstrate active techniques
- Problem solve barriers

After problem identification, using the appropriate pamphlet in the Caregiver Notebook (see Section 3, Target Behavior and Problem Solving Guiding Script to identify target behavior using problem solving techniques), the Interventionist reviews the pamphlet with the caregiver, going over the strategies appropriate to the caregiver, makes suggestions of things that the caregiver could try and marks the boxes and discusses implementation of the strategy. For strategies the caregiver wants to try, the Interventionist provides multiple examples of how the behavior might be manifested, and how the caregiver should respond. Active techniques - modeling, role playing, and demonstration – should be used when appropriate and as much as possible. Interventionist and caregiver problem solve any barriers to the use of the strategies.

5. **Introduce stress management technique, Signal Breath (10 minutes)**

- Introduce stress management technique
- Teach CG to rate level of tension
- Describe technique
- Practice
- Identify success/barriers to practice
- Encourage use of technique

Interventionist introduces stress management technique (see Section 4, Stress Management Technique, Guiding Script Stress Management - Session # 3). Interventionist turns to Stress Management Pamphlet, pages 260 – 261 and teaches CG to rate level of tension and introduces the Signal Breath. The Interventionist discusses how to do the signal breath,

has the caregiver do a tension rating before and after, helps the caregiver to identify barriers to practice, and encourages the use of a stress diary (page 263). In each subsequent session, the Interventionist reviews and reinforces use of techniques.

6. Obtain closure to session (5 minutes)

- Provide brief summary of what was accomplished in session
- Set date and time for next session
- Ask CG to practice health and safety tips
- Ask CG to practice strategies related to Target Behavior Plan #1 and stress management technique, Signal Breath
- Inform CG that next session, the Interventionist will review the Target Behavior Plan #1 suggestion and strategy implementation
- Provide support and encouragement to CG

**Session 4 (Home Visit):**

**Week 4**

1. Introduce session (5 minutes)

- Check in with CG as to how he/she is doing
- Provide overview of purpose of this session and its structure

2. Review use of Pocket Guide to Staying Healthy at 50+ and safety recommendations (5 minutes)

3. **Review/modify Target Behavior Plan #1 (15 minutes)**

- Rate problem
- Review last session's strategies
- Discuss success/barriers
- Problem solve additional strategies
- Praise caregiver's efforts

At each session following the introduction of a pamphlet (see Section 3, Target Behavior and Problem Solving Guiding Script, Review/Modification of Target Behavior Plan), the Interventionist asks, "Compared to when we started, is the problem: A lot worse, A little worse, The same, A little better, A lot better?" In general, pamphlet strategies are not stopped but are modified throughout the life of the project, unless there is a rating of "A lot worse" for two sessions or there is marked increase in CR agitation or marked resistance to the strategies as a whole by the caregiver. This rating is included in the IA form. The Interventionist assesses the caregiver's use of the solutions and strategies, what was attempted, what worked, what did not. Together, they evaluate the usefulness/success of the solutions to answer two questions. How good was the caregiver's effort in the implementation of the suggested strategies? How good was the result? Based on these

discussions, new strategies are suggested and new boxes checked on the pamphlet. The Interventionist praises caregiver's efforts.

4. Review/modify Signal Breath (10 minutes)

- Review home practice
- Identify potential barriers
- Problem solve solutions
- Review and reinforce use of techniques

The Interventionist and CG will discuss what was attempted, what worked, what did not and modify and encourage use of Signal Breath. (See Section 4, Stress Management Techniques, Guiding Script Stress Management - Session # 4).

5. Introduce stress management technique, Power of Music (20 minutes)

- Describe technique
- Practice
- Identify success/barriers to practice
- Encourage use of technique

Interventionist turns to Stress Management Pamphlet, page 261 and introduces Power of Music. (See Section 4, Stress Management Techniques, Guiding Script Stress Management - Session # 4). The Interventionist follows the same format, asking the caregiver to do a tension rating before and after the practice, identify barriers, and practice at home. The Interventionist discusses the use of music to decrease stress and the caregiver identifies music that is soothing and relaxing.

6. Obtain closure to session (5 minutes)

- Provide brief summary of what was accomplished in session
- Set date and time for next session
- Ask CG to practice strategies related to Target Behavior Plan #1 and stress management techniques, Signal Breath and Music
- Provide support and encouragement to CG

**Session 5 (Home Visit):**

**Week 6-7**

1. Introduce session (5 minutes)

- Check in with CG as to how he/she is doing
- Provide overview of purpose of this session and its structure

2. Review/modify stress management techniques, Music and Signal Breath (5 minutes)

- Review home practice
- Identify potential barriers
- Problem solve solutions
- Review and reinforce use of techniques

The Interventionist and caregiver discuss problems and successes with the stress management techniques. They review home practice, identify potential barriers and problem-solve solutions (see Section 4, Stress Management Techniques, Guiding Script Stress Management - Session # 5).

3. Review/modify **Target Behavior Plan #1** (10 minutes)

- Rate problem
- Review last session's strategies
- Discuss success/barriers
- Problem solve additional strategies
- Praise caregiver's efforts

At each session following the introduction of a pamphlet, the Interventionist asks, "Compared to when we started, is the problem: A lot worse, A little worse, The same, A little better, A lot better?" This rating is included in the IA form. In general, pamphlet strategies are not stopped but are modified throughout the life of the project, unless there is a rating of "A lot worse" for two sessions or there is marked increase in CR agitation or marked resistance to the strategies as a whole by the caregiver. The Interventionist assesses the caregiver's use of the solutions and strategies, what was attempted, what worked, what did not. Together, they evaluate the usefulness/success of the solutions to answer two questions. How good was the caregiver's effort in the implementation of the suggested strategies? How good was the result? Based on these discussions, new strategies are suggested and new boxes checked on the pamphlet. The Interventionist praises caregiver's efforts.

4. **Identify Target Behavior #2 (if appropriate)** (15 minutes)

- Review Risk Priority Inventory (RP)
- Jointly decide priority

In general, a new Target Behavior Plan is begun two sessions after the start of the previous Target Behavior if the caregiver expresses interest in working on another problem and the Interventionist believes the other intervention efforts are not too burdensome. **It is important to note that not all caregivers will be ready for a second Target Behavior Plan at this time.**

After the Interventionist and caregiver negotiate second target behavior, the Interventionist asks general open-ended probes of the caregiver (see Section 3, Target Behaviors and

Problem Solving, Guiding Script to identify target behavior using problem solving techniques).

- What is the behavior?
- Why is this behavior a problem?
- How would you like this behavior to change?
- Why do you think this behavior happens?
- When does the behavior happen?
- Where does the behavior happen?
- Who is around when the behavior occurs?
- What have you tried?
- Additional information (such as physical problems like hearing or vision)
- What effect does this behavior have on you?
- Have you noticed any pattern in the behavior?

The Interventionist and caregiver jointly engage in a problem solving process (including defining the most pertinent problems in specific and objective terms) to find effective and workable solutions to identified Target Behavior.

5. **Introduce Target Behavior Plan #2 (20 Minutes)**

- Introduce and review appropriate pamphlet
- Assess caregiver's responsiveness
- Review behavioral strategies
- Provide examples for use
- Demonstrate active techniques
- Problem solve barriers

After problem identification, using the appropriate pamphlet in the Caregiver Notebook, the Interventionist reviews the pamphlet with the caregiver, going over the strategies appropriate to the caregiver, makes suggestions of things that the caregiver could try, and marks the boxes, and discusses implementation of the strategy. For strategies the caregiver wants to try, the Interventionist provides multiple examples of how the behavior might be manifested, and how the caregiver should respond. Active techniques - modeling, role playing, and demonstration – should be used when appropriate and as much as possible. Interventionist and caregiver problem solve any barriers to the use of the strategies.

6. **Obtain closure to session (5 minutes)**

- Provide brief summary of what was accomplished in session
- Set date and time for next session
- Ask CG to practice strategies related to Target Behavior Plans #1 and #2 and stress management techniques, Music and Signal Breath
- Provide support and encouragement to CG

1. Introduce session (5 minutes)
  - Check in with CG as to how he/she is doing
  - Provide overview of purpose of this session and its structure
  
2. Review/modify Target Behavior Plan #1 (5 minutes)
  - Rate problem
  - Review last session's strategies
  - Discuss success/barriers
  - Problem solve additional strategies
  - Praise caregiver's efforts
  
3. Review/modify stress management techniques, Music and Signal Breath (5 minutes)
  - Summary of techniques learned (see Section 4, Stress Management Techniques, Guiding Script Stress Management - Session # 6)
  
4. Review/modify Target Behavior Plan #2 (15 minutes)
  - Rate problem
  - Review last session's strategies
  - Discuss success/barriers
  - Problem solve additional strategies
  - Praise caregiver's efforts
  
5. Introduce stress management technique, Stretching (25 minutes)
  - Describe technique
  - Practice
  - Identify success/barriers to practice
  - Encourage use of technique

Interventionist turns to Stress Management Pamphlet, page 262 and introduces Stretching. (See Section 4, Stress Management Techniques, Guiding Script Stress Management - Session # 6). The Interventionist follows the same format, asking the caregiver to do a tension rating before and after the practice, identify barriers, and practice at home. The Interventionist discusses the use of stretching to decrease stress.

6. Obtain closure to session (5 minutes)
  - Provide brief summary of what was accomplished in session
  - Set date and time for next session

- Ask CG to practice strategies related to Target Behavior Plans #1 and #2 and stress management techniques, Stretching, Music and Signal Breath
- Provide support and encouragement to CG

## **Session 7 (Phone Visit)**

**Week 11**

1. Introduce session (5 minutes)
  - Check in with CG as to how he/she is doing
  - Provide overview of purpose of this session and its structure
  
2. Review/modify Target Behavior Plan #1 (5 minutes)
  - Rate problem
  - Review last session's strategies
  - Discuss success/barriers
  - Problem solve additional strategies
  - Praise caregiver's efforts
  
3. Review/modify stress management techniques, Stretching, Music and Signal Breath (10 minutes)
  - Summary of techniques learned (see Section 4, Stress Management Techniques, Guiding Script Stress Management - Session # 7)
  
4. Review/modify Target Behavior Plan #2 (5 minutes)
  - Rate problem
  - Review last session's strategies
  - Discuss success/barriers
  - Problem solve additional strategies
  - Praise caregiver's efforts
  
5. Obtain closure to session (5 minutes)
  - Provide brief summary of what was accomplished in session
  - Set date and time for next session
  - Ask CG to practice strategies related to Target Behavior Plans #1 and #2 and stress management techniques
  - Provide support and encouragement to CG

1. Introduce session (5 minutes)
  - Check in with CG as to how he/she is doing
  - Provide overview of purpose of this session and its structure
2. Review/modify Target Behavior Plan #1 and # 2 (5 minutes)
  - Rate problem
  - Review last session's strategies
  - Discuss success/barriers
  - Problem solve additional strategies
  - Praise caregiver's efforts
3. Review/modify stress management techniques, Stretching, Music and Signal Breath (5 minutes)
4. Identify Target Behavior #3 (if appropriate) (10 Minutes)
  - Review Risk Priority Inventory (RP)
  - Jointly decide priority

In general, a new Target Behavior Plan is begun two sessions after the start of the previous Target Behavior if the caregiver expresses interest in working on another problem and the Interventionist believes the other intervention efforts are not too burdensome. **It is important to note that not all caregivers will be ready for a third Target Behavior Plan at this time.**

Use open-ended probes (see Session #3) to identify specifics of problem area.

5. Introduce Target Behavior Plan #3 (15 Minutes) (see Session #3)
  - Introduce and review appropriate pamphlet
  - Assess caregiver's responsiveness
  - Review behavioral strategies
  - Provide examples for use
  - Demonstrate active techniques
  - Problem solve barriers
6. Introduce stress management technique, Pleasant Events (15 minutes)
  - Describe technique
  - Practice
  - Identify success/barriers to practice
  - Encourage use of technique

Interventionist turns to Stress Management Pamphlet, pages 264 – 266 and introduces Pleasant Events. (See Section 4, Stress Management Techniques, Guiding Script Stress Management - Session #8.) The Interventionist identifies barriers and encourages practice at home. The Interventionist discusses the use of Pleasant Event to decrease stress.

7. Obtain closure to session (5 minutes)

- Provide brief summary of what was accomplished in session
- Set date and time for next session
- Ask CG to practice strategies related to Target Behavior Plan #3 and stress management technique, Pleasant Events
- Provide support and encouragement to CG

**Session 9 (Phone Visit)**

**Week 16**

1. Introduce session (5 minutes)

- Check in with CG as to how he/she is doing
- Provide overview of purpose of this session and its structure

2. Review/modify Target Behavior Plan #1 and # 2 (5 minutes)

- Rate problem
- Review last session's strategies
- Discuss success/barriers
- Problem solve additional strategies
- Praise caregiver's efforts

3. Review/modify stress management techniques, Stretching, Music and Signal Breath (5 minutes)

2. Review/modify Target Behavior plan #3 (5 minutes)

- Rate problem
- Review last session's strategies
- Discuss success/barriers
- Problem solve additional strategies
- Praise caregiver's efforts

4. Review/modify stress management technique, Pleasant Events (5 minutes)

- Review home practice
- Identify potential barriers
- Problem solve solutions

- Encourage use of techniques (See Section 4, Stress Management Techniques, Guiding Script Stress Management - Session #9).

5. Obtain closure to session (5 minutes)

- Provide brief summary of what was accomplished in session
- Set date and time for next session
- Ask CG to practice strategies related to Target Behavior Plan #3 and stress management technique, Pleasant Events
- Provide support and encouragement to CG

**Session 10 (Home Visit):**

**Week 17-18**

1. Introduce session (5 minutes)

- Check in with CG as to how he/she is doing
- Provide overview of purpose of this session and its structure

2. Review/modify Target Behavior Plan #1 and # 2 (5 minutes)

- Rate problem
- Review last session's strategies
- Discuss success/barriers
- Problem solve additional strategies
- Praise caregiver's efforts

3. Review/modify stress management techniques, Stretching, Music, Signal Breath and Pleasant Events (5 minutes)

4. Review/modify Target Behavior Plan #3 (10 minutes)

- Rate problem
- Review last session's strategies
- Discuss success/barriers
- Problem solve additional strategies
- Praise caregiver's efforts

4. Introduce stress management technique, Mood Management (25 minutes)

- Describe technique
- Practice
- Identify success/barriers to practice
- Encourage use of technique

Interventionist turns to Positive Thinking Pamphlet, page 243 and introduces Positive Thinking and Mood Management, and teaches how to complete a Thought Record, page 247. (See Section 4, Stress Management Techniques, Guiding Script Stress Management - Session #10). The Interventionist identifies barriers and encourages practice at home. The Interventionist discusses the use of Positive Thinking and Mood Management to decrease stress.

5. Obtain closure to session (5 minutes)
  - Provide brief summary of what was accomplished in session
  - Set date/time for next session
  - Ask CG to practice strategies related to Target Behavior Plan #3 and stress management techniques, Mood Management
  - Provide support and encouragement to CG

### **Session 11 (Phone Visit)**

**Week 20**

1. Introduce session (5 minutes)
  - Check in with CG as to how he/she is doing
  - Provide overview of purpose of this session and its structure
2. Review/modify relevant Target Behavior Plans (5 minutes)
  - Rate problem
  - Review last session's strategies
  - Discuss success/barriers
  - Problem solve additional strategies
  - Praise caregiver's efforts
3. Review/modify stress management technique, Mood Management (10 minutes)
  - Practicing and reinforcing thought record
  - Summary of techniques learned (see Guiding Script Session # 11)
4. Discuss any final issues of caregiver (5 minutes)
5. Obtain closure to session (5 minutes)
  - Provide brief summary of what was accomplished in session
  - Set date and time for next session
  - Ask CG to practice strategies related to Target Behavior Plans and stress management techniques
  - Provide support and encouragement to CG

**1. Introduce session**

- Check in with CG as to how he/she is doing
- Provide overview of purpose of this session and its structure

In this session, the Interventionist must obtain closure with the caregiver (see Guiding Closure Overview, this section, page 26). The Interventionist reviews everything that has been accomplished and reinforces the use of the Caregiver Notebook as a resource to address newly emerging problem areas or concerns. The Interventionist also ensures that the caregiver has appropriate referral information (e.g., emergency numbers, Alzheimer Association and Area Agency on Aging, and important VA telephone numbers).

**2. Review Target Behavior Plans covered and strategies that worked****3. Review stress management techniques and strategies that worked****4. Validate CG use of strategies****5. Encourage use of available formal and informal support services****6. Obtain closure**

- Suggest continued use of CG Notebook
- Review referral numbers
- Thank caregiver for participation in program
- Remind CG of program evaluation
- Provide support and encouragement to CG

## SESSION BY SESSION CHECKLIST OVERVIEW

Session	Week	Scheduled Type	Actual Type	Scheduled Date	Actual Date	Actual Date
					No more than 15 actual contacts in these two columns.	
1.	1	Home				
2.	2	Home				
3.	3	Home				
4.	4-5	Home				
5.	6-7	Home				
6.	8-9	Home				
7.	11	Phone				
8.	13-14	Home				
9.	16	Phone				
10.	17-18	Home				
11.	20	Phone				
12.	21-22	Home				

### Substitution Rules:

- The program is designed with 12 sessions, 9 home sessions and 3 phone sessions.
- An Interventionist can replace up to two phone sessions with home sessions or two home sessions with phone sessions, for a range of 7 home sessions and 5 phone sessions to 11 home sessions and 1 phone session.
- The judgment of the Interventionist is to be used to substitute sessions. However, general rules for substitution include:
  - Home sessions can be increased if the caregiver is distressed or if the Interventionist needs to introduce a new target behavior.
  - Phone sessions can be increased if the caregiver is unavailable for one month, the caregiver cancels two sessions or if the purpose of the sessions can be easily accomplished in a phone call.
- Each session is designed to be completed in one contact; however, an additional 3 contacts are available to the Interventionist for a total of 15.
- Stress management and problem solving activities are BEST initiated on home visits, with follow-up activities related to these modules during phone visits. Possible exceptions to this rule would include working with a motivated caregiver who would be willing and able to have a 60 minute call.

## Guiding Script Session 1

### Introduce Intervention (10 minutes)

- *I want to tell you a little bit about REACH VA and how it was developed. I'll just go over it briefly.*
- *REACH VA is based on several years of research with hundreds of caregivers like yourself. These caregivers tried a number of different approaches for caring for loved ones and worked with us to figure out which were the most helpful. We took the most helpful approaches and put them into a single package for the REACH VA program. We think that this combination of approaches can be useful to caregivers like you. We want you to feel confident that you are providing the highest quality of care possible for (CR) while maintaining your physical health and a positive mood.*
- *Because this is a pilot program for the VA, we need to follow this plan exactly as it is designed. Therefore, sometimes we may seem a little inflexible, or may ask you to follow specific instructions. Following the program as it was designed is the only way that we will know if the program is helpful to caregivers.*
- *One of the really great things about this program is our team work approach to solving problems. I work with a whole team of people right here in (your city) who will provide ideas, support, and guidance as you and I work on problems that you face in your daily caregiving. Furthermore, our team is in contact with the teams in the other cities, so we have even that much more support to help you solve your caregiving problems.*

### **General Overview of Timeline and Contacts**

- *We have a great deal of information to share with you. However, we know you already have a very busy schedule. For this reason, we designed this program so that we can bring it to you. The entire program will be made available for you to access from your home. Here is a copy of the timeline that we would like to follow over the next six months. (Show copy in the Interventionist Notebook.) We can change this schedule if necessary since situations may come up. This gives you an idea of how we'd like to spend the next six months together. I will always set a time for the next appointment with you before I leave and let you know if I will come to your home or call you on the telephone.*
- **Individual Contacts.** *During the next six months, you and I will have a total of 12 sessions. Nine of these sessions will be face-to-face meetings in your home. Three of these meetings will be over the telephone. Face-to-face meetings usually last between 1 to 1½ hours; phone meetings are about ½ hour long. We can change a home meeting to a phone meeting or vice versa if we think it is necessary.*
- **Support Group Contacts.** *You will also be involved in 5 support group meetings during the next six months. Support group meetings occur over the telephone, so you*

*will not have to leave your home to attend. Each support group meeting lasts about an hour.*

- **Follow-up.** *At the end of the six months, someone will call you to do an interview and program evaluation.*

### **Overview of Areas Addressed in the Intervention**

- *There are five major areas that we have found to be important to cover when working with caregivers. Because so many caregivers have responded positively to these topics in the past, we included all of them in the program.*
- **Safety.** *Safety issues were one of the first things we considered when designing this program. As a person with dementia moves to more advanced stages of the disease, safety becomes increasingly important. Each person with memory problems is different, though, so it's hard to predict what kind of safety problems you will be up against as your (CR's) disease progresses. Because safety is such an important issue, we provide many different educational materials and we spend a significant part of the next session discussing possible safety situations that might impact you and your (CR).*
- **Health.** *Health issues are the second area we address; this includes both your health and that of your (CR). Often, as a loved-one progresses through this disease, he/she has increasing healthcare needs. It can be hard to keep track. At the same time, caregivers tend to neglect their own healthcare needs because they are so busy taking care of their loved-ones. We want to help you find ways to make it easier to stay on top of what both you and (CR) need for staying healthy.*
- **Social and Emotional Support.** *The third area we cover is that of social and emotional support. Most caregivers report that, at least sometimes, they feel emotionally exhausted and somewhat isolated from others. An important element of the program is to link caregivers to each other for ideas and emotional support. Furthermore, we provide resource information to help you explore services that might be available to you.*
- **Caregiver Well-Being.** *Just like we want to help you take care of your health, we also want to help you find ways to manage your mood and emotions. This is the fourth area we address in this project. Starting in the third session, we spend time in several of the meetings discussing and trying different methods to help you manage tension, moods, emotions, etc. We have lots of different ideas that have been helpful to other caregivers, and what's even better is that we can individualize many of them to really fit for you. You'll get to try each method, and by the end of the program you will have several tools to draw upon for managing your moods and emotions.*
- **Target Behaviors and Problem Solving.** *Finally, we know that there are many challenges to caregiving, and that these challenges are different for each person's situation. For this reason, we start in Session 3 to look at your individual concerns surrounding caregiving. For example, some caregivers become distressed when their relative asks the same question over and over. Some caregivers have to care for a*

*loved one who tries to leave the home and gets lost in familiar surroundings. You and I will talk about the most difficult or distressing situations that you are facing based on the questions that you just answered. We'll work on these problems one at a time, and we'll get ideas and guidance from the REACH VA team as we build plans for addressing each concern. By working this way, we can design a program to address the unique issues that you face in your situation.*

#### Review Caregiver Notebook (10 minutes)

- *The first thing I have for you is the CG Notebook. Every part of our program is presented in the Notebook. We are excited about the Notebook component of this program, because it not only contains lots of great information, but it also serves as a "central location" where you can organize all of your REACH VA materials. It's yours to keep even after you complete the project, and by that time it will be full of the personal materials that you and I will develop for you during our time together.*
- *Go through each section of the Notebook. Turn to the Table of Contents of the Behavioral Pamphlets and go over the topics in Behavioral Caregiving Issues. Turn to the folders in the back and briefly go over the information there. Inform the CG that the materials in the notebook are for the duration of the program not the first session.*
- *Identify a place for the CG to keep the Notebook. Where is a good place in your home that you can keep the Notebook so we can refer to it in future sessions and any other time you might need it?*

#### Introduce Telephone Support Group (5 minutes)

- *An important part of the program is the monthly telephone support groups. Support groups are a valuable resource for caregivers. They allow you to meet and interact with other caregivers who share your concerns and responsibilities. The groups will also enable you to exchange information, discuss potential solutions to problems, and offer encouragement and support to others.*
- *Support groups usually meet in the community and are sponsored by different organizations, local hospitals or community organizations. For this program the support groups will occur using your telephone so you will not have to leave your home to "attend" the meeting.*
- *The groups will begin in the next 4 or 5 weeks and will meet on a monthly basis for one hour in the morning or afternoon.*
- *In addition to you the groups will have a Group Leader and 4 or 5 other caregivers from the REACH program.*
- *Your group leader \_\_\_\_\_ will call to discuss the structure of the group and guidelines for how the group will work.*

- *I just want to emphasize again that it is really important for you to participate in the groups. Can you think of any problems that you might have with attending? What questions do you have about the Support Group?*

Ask CG to tell story (20-25 minutes)

- *Now, there are two other very important parts to this program, the one that targets your mood and emotions, and the one that targets specific problems you are having with your (CR). We won't talk about these in detail today, because I don't want to overwhelm you with information. However, we will start laying the groundwork today, and by the time we start these components in the third session, we will really be ready! The way for us to get started is to take a few minutes for you to tell me your story. Even though I gathered a lot of information from you at the interview, I would like to hear about your story in your own words.*

Use gentle probes to elicit caregiver story. For example:

- When was your (family member) first diagnosed with dementia?*
- How did you become a caregiver?*
- How did you know?*
- How are things going?*
- What is your day like?*

Obtain closure to session (10 minutes)

- *Let's briefly go over what we discussed during today's session.*
- *Confirm date and time for next session.*
- *I'd like for you to review the Caregiver Notebook and when I come back, we can discuss any questions that you might have or discuss what was helpful to you.*
- *I know that you are very busy in caring for your loved one and we appreciate you taking the time to work with us. We covered a lot of information today. Next time we will get started on a more individualized program that will be helpful to you in your day-to-day life as a caregiver to your loved one.*
- *Do you have any questions about anything we covered today?*

## CLOSURE SESSION

### Goal of the Closure Session

The primary goal of the closure session is to praise caregivers for their accomplishments and encourage them to continue the skills they have learned after their participation has ended. To accomplish this, the Interventionist should review and reflect on what was covered during the intervention. Review the components of the Intervention by briefly discussing each area of emphasis. Talk about what the caregiver has learned and help them to integrate their knowledge. Remind the caregiver that dementia is a progressive illness, which will present many new challenges to them as time goes by. Encourage the CG by reminding them that the knowledge and skills that they have gained will help the next time a problem arises. Reinforce to the CG that they are doing a good job and praise them for having increased their skills to be an even better caregiver.

There are several things to be aware of during the closure session in order to make it productive and beneficial.

Be careful not to sound as if the Interventionist is only asking a list of questions of the CG. Instead the Interventionist should engage them in a conversation. Having the Intervention Review Worksheet completed before the closure session will give the Interventionist a chance to think about what the Interventionist covered with the CG and will make it easier for the Interventionist to review these points rather than asking the CG to recall them for the Interventionist.

Stay focused. By this session the Interventionist and the CG may be very comfortable with one another, which can lead to the CG becoming “chatty”. Remember that the Interventionist is the professional and in control of the session. Keep the CG focused by gently bringing the CG back to topic.

Don't get bogged down on one topic. As the Interventionist, you may have spent a lot of time on a particular component such as safety or CG well-being. During the review do not spend too much time in one area, but rather highlight points the CG should remember and emphasize their value.

Encourage the caregiver to use the strategies. This will need to be individualized based on the Interventionist's past interactions with the caregiver.

### Using the Intervention Review Worksheet

The Closure Session is guided by the attached worksheet. As the Interventionist, there may be parts of the program you feel the CG should remember. Use the worksheet to write these ideas down. **The Interventionist should have ideas and suggestions already noted on the worksheet prior to the closure session and add to them as the Interventionist discusses the topics with the CG.** The CG receives this worksheet.

## Guiding Closure Overview

### Introduction

Inform the CG that this is the last session and the Interventionist will be reviewing the materials that were discussed during the project.

- *Today is our last session and what we will do is review what we have accomplished over the past six months*

### Caregiver Notebook

Summarize the CG Notebook and encourage its use after their participation is completed. Discuss ways the CG can continue using the Notebook. Examples include:

- Share with family and friends who want to know more about Alzheimer's disease and dementia.
- Help with behavior or stress issues that arise

### Safety

Review areas of safety that were discussed. (Refer to the RP). Use the worksheet to write down important information that was brought out during the intervention. Remind CG where the safety information can be found in the CG Notebook. Remind CG that the key to safety is

#### **PREVENTION.**

- *When considering safety, think ahead. You want to prevent accidents before they occur*

### Health

Discuss health issues (Refer to RP) and the Pocket Guide to Staying Healthy at 50+. Use the worksheet to write down important information that was brought out during the intervention. Encourage the CG to remember the importance of his/her own health and to think of prevention here as well.

### Caregiver Well-Being

Review the stress management techniques and reinforce the value of continuing to incorporate the techniques into daily life.

Signal Breath, Stretching, Music: Discuss which technique CG liked best and remind him/her of the value of the technique. Encourage the CG to continue that technique before or during a stressful situation.

Pleasant Events: Remind the CG of the importance of doing things that he/she enjoys.

Mood Management: Review the Thought Record and how it can help the CG overcome negative thoughts. Remind the CG that how he/she thinks about a situation can make the situation better or worse.

### **Social Support**

Review the telephone support group. Discuss what the CG learned from the group. Remind the CG that other community support groups can provide continued support.

### **Target Behaviors and Problem Solving**

Acknowledge that new problems may occur and remind the CG that he/she has the skills needed to handle the situation. Remind CG of the problem solving activity used to identify a problem he/she has and how this technique can be useful in response many situations and can be accomplished alone or with a friend. (Remind CG of problem solving rules.)

- Alzheimer's and dementia is a constantly changing disease and you may face new problems with your loved one. You can use the problem solving steps to solve future problems.
- You might also want to revisit the behavioral strategies(s) and reinforce their continued use.

# INTERVENTION REVIEW WORKSHEET

## SAFETY

Here's some space to list safety issues we discussed during our time together.

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*Alzheimer's disease and dementia affects your loved one's ability to know the difference between what's harmful and what's not. Because of this, refer to your **Caregiver Notebook** when checking your home for safety issues.*

## HEALTH

Here's some space to list health issues we discussed during our time together.

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*Remember the Pocket Guide to Staying Healthy at 50+. It can be very useful when keeping track your health care needs. It is very important for you to maintain your own health in order to continue providing the best care for your loved one.*

## STRESS MANAGEMENT

Here's some space to list stress management techniques we discussed during our time together.

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*During our time together, we discussed several different ways to manage your tension, mood and emotions. When you are faced with a difficult situation, use **Signal Breath, Music or Stretching** to help manage your emotions. Also, remember it is important to take time out for yourself by choosing a **Pleasant Event** you can do at least once a week. Remember that how you think about a problem can make it easier to manage so it is important to continue with your thought record to help with **Mood Management**.*

## SOCIAL SUPPORT

Here's some space to list social support issues we discussed during our time together or you discussed on the telephone support group calls.

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*Try to think creatively and entertain new possible sources for support. Feel justified in asking your family, friends, church, and other groups for help, and take help when it is offered. Contact the local Alzheimer's Association or the Area Agency on Aging for information on resources and services that may be helpful to you and your loved one. VA resources are also available.*

- **Alzheimer's Association** - \_\_\_\_\_ **VA** - \_\_\_\_\_
- **Area Agency on Aging** - \_\_\_\_\_ **Other**- \_\_\_\_\_

## TARGET BEHAVIORS AND PROBLEM SOLVING

Here's some space to list caregiving challenges we discussed during our time together.

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*As a caregiver you may face many different challenges. You are a great problem solver and have already solved many of your caregiving challenges. If new challenges arise, remember to ask yourself a few questions such as:*

- **When does the problem occur?**
- **How often does it occur?**
- **Where does the problem occur?**
- **What would make the problem better?**

*Always check in your caregiver notebook for information about situations that come up in your caregiving.*

## INTERVENTION DELIVERY DECISION RULES

### I. If caregiver does not identify any risk (e.g., no risks identified at baseline interview; or at first or second intervention visit; or caregiver indicates risks identified at baseline were resolved):

1. Use general probe question:
  - *Are there things that bother you about caregiving or things that you would like to learn about?*
2. If no response, then use more specific probes listed below, until receive a yes response, then go to #3. If no response to all probes, go to #4.
  - *Are there things that bother you or things you would like help with related to your CR's behaviors or his/her need for help with everyday activities?*
  - *Are there things that bother you about friends or family, or not being able to take care of yourself, or everyday chores?*
  - *Are there things that worry you about the safety of CR?*
3. If yes, revisit relevant item(s) on risk appraisal and follow standard procedure.
4. If no response to probes in **first/second session**, then:
  - Review general educational materials provided in Sessions #1 and #2
5. If no response to probes in **second/third session**, then:
  - Review educational material provided in Sessions #1 and #2
6. If no response to probes by **third attempt (session #3 or #4)**, then:
  - Use Healthy Lifestyle Pamphlet, Caregiver Notebook, page 223 to encourage caregiver health

### II. If caregiver has a problem that is not identified on the Risk Priority Inventory:

1. See if problem fits easily with existing pamphlet topic. If not, call the Coordinating Center and work on another problem first.
  - *I understand this issue is very important to you...*
2. If problem does not fit or there is not a pamphlet in the Caregiver Notebook, indicate to caregiver:

- *This is not part of our intervention. We cannot help you with this but others may be able to (and refer to VA resources). Try to help caregiver by identifying a relevant resource that caregiver can access/contact.*
3. If problem is relevant to support group, suggest those resources:
    - *I think you will find some help with this issue in your support group. Try using those support resources and I will check in with you to see if you are finding it helpful.*
  4. Refer caregiver to Area Agency on Aging, Alzheimer's Association, etc.

**III. A problem is identified but caregiver chooses not to work on it:**

1. If identified problem is an alert item, see Section 3, Risk Priority Inventory, Risk Alerts. Alert items must be addressed.
2. If identified problem is not an alert item, then refer the CG to appropriate educational material but do not go beyond that.
  - *Here is some material that you might find useful. Please let me know if at any time you want to learn more about this issue.*

**IV. Caregiver identifies too many problem areas:**

1. Prioritize items, alert items first.
2. Negotiate to help identify most important area for caregiver to work on.
3. Refer caregiver to support group to obtain information about select problem areas.
4. Near end (last two sessions) of intervention, provide caregiver with relevant education material for remaining issues.

**V. Involvement of other family members in intervention:**

1. Other family members can be involved in home intervention session if this is initiated by the caregiver.
2. Other family members cannot be involved in the Telephone Support Groups due to confidentiality issues.

## **VI. Drop out status from Telephone Support Group:**

1. A group session will be conducted regardless of the number of caregivers attending.

## **VII. Guidelines for working with a caregiver with low literacy:**

1. Use demonstration more and review in more detail pertinent written materials.
2. Identify other family/friends/neighbors who may help with reading material, if appropriate.

## **VIII. Guidelines for working with a caregiver that places the CR:**

1. The Interventionist will contact the CG to let him/her know that home/phone visits are discontinued. If the care receipt returns to HBPC during the six month period; the Interventionist could offer to continue the intervention.
2. Interventionist informs the CG that we would still like him/her to complete the six month interview and program evaluation.
  - *Although, we will not be continuing with our visits, we would still want to interview you at the 6-month follow-up point. The interview would be different and somewhat shorter. It would be of great value to the program to have you participate in the 6-month interview and program evaluation. We know that your participation will help the VA to decide if this program would help other caregivers who may find themselves in a similar situation to yours.*
3. Support Group Leader invites the CG to continue participation in the telephone support groups.
4. Interventionist marks placement on the IA Form.

## **IX. Guidelines for working with a bereaved caregiver:**

1. The Interventionist should first and foremost express condolences either when contacted or by calling the caregiver after learning of the CR's death. During this conversation, the Interventionist will provide support and understanding to the caregiver. Offer to send Grieving Article (see Appendix A). This first contact may not be the most appropriate time to discuss the program further. A follow-up call may be necessary.
2. Interventionist informs the CG that we would still like him/her to complete the six month interview and program evaluation.

- *Although, we will not be continuing with our visits, we would still want to interview you at the 6-month follow-up point. The interview would be different and somewhat shorter. It would be of great value to the program to have you participate in the 6-month interview and program evaluation. We know that your participation will help the VA to decide if this program would help other caregivers who may find themselves in a similar situation to yours.*
- 3. Support Group Leader invites the CG to continue participation in the telephone support groups.
- 4. Interventionist marks bereavement on the IA Form.