

DESCRIPTION OF REACH II INTERVENTION - OVERVIEW

1. Overview

The REACH II intervention is multi-component, involving various treatment modalities and a range of strategies and techniques to address five potential areas of risk in caregiving: safety, social support, problem behaviors, emotional well-being, self-care and preventive health behaviors.

The basic **delivery elements** of the intervention are as follows:

- ❑ Intervention occurs over 6 months;
- ❑ There are 9 home sessions (1½ hours in length), and 3 telephone sessions (up to ½ hours) for a total of 12 sessions;
- ❑ Caregivers (CG) receive the REACH II Caregiver Network CTIS (Computer Telephone Integration system), a telephone-based system that enables caregivers to access basic information and referral and tips on different aspects of caregiving. The system is also used by the interventionist to reinforce in-home training sessions;
- ❑ Caregivers receive a Caregiver Notebook that contains educational information about dementia, taking care of oneself, safety and other relevant areas of caregiving as well as other written materials that the interventionist provides during in-home sessions (see section 5 for table of contents of notebook). The notebook serves as a tool to organize intervention materials and as a resource guide for the CG to use during and after intervention;
- ❑ Interventionist reviews specific issues related to safety and caregiver health practices using education material provided in Notebook;
- ❑ Interventionist provides specific behavioral prescriptions on targeted care recipient (CR) behaviors and/or issues related to communication and social support (prescriptions refer to 1 to 2 page strategies that are action oriented and individualized to address a particular problem area);
- ❑ Interventionist provides training in a stress management module composed of three different stress reduction techniques;
- ❑ Caregivers participate in 5 structured tele-support group sessions (using the REACH II Caregiver Network) in which they receive topical information by an interventionist and have opportunities to share experiences and areas of concern with other caregivers in the study.

The intervention is customized to those areas of risk that are identified by the caregiver at the baseline interview. To assist in tailoring the intervention, interventionists are provided the following information from the REACH II baseline interview:

- Caregiver and care recipient demographics (CG age, race, gender, language preference, relationship)
- CG Risk appraisal (see Section 4)
- CG response to the Revised Memory and Problem Behavior Checklist (RMBPC; frequency of occurrence of 24 problem behaviors and level of caregiver upset)
- CR Personal Appearance Index and Home Environmental Assessment
- CG CES-D Score
- CR MMSE Score
- CG Literacy Level

This information is used by the interventionist to:

- ❑ Identify particular safety risk areas from which to highlight for the CG the most relevant safety education material in the Caregiver Notebook;
- ❑ Identify particular risk areas in self-health care in order to highlight the most relevant sections of the CG Health Passport material when reviewing these materials with the CG;
- ❑ Identify the specific problem behaviors and areas of social support and communication to target;
- ❑ Integrate use of reduction techniques to address target areas;
- ❑ Identify areas of well-being of most distress to the caregiver to help inform which modules are introduced (e.g., mood management or pleasant events)

2. Structure of Each Intervention Session

Each intervention session is structured similarly as follows:

- ❑ Prior to conducting the session, the interventionist reviews Risk Priority Worksheet (RPW) see Section 4 and intervention notes;
- ❑ With the caregiver the interventionist first provides brief explanation of the particular focus of the session and how it will be structured;
- ❑ Interventionist next reviews use of REACH II Caregiver Network (CTIS) and troubleshoots if CG has difficulty/or reinforces how it may be helpful to CG;
- ❑ Interventionist checks in with CG about their enrollment and participation in social support groups;
- ❑ Interventionist checks in with CG about strategies/educational materials offered in the previous session, evaluates if CG has specific questions/concerns about the material, determines if CG is using strategies, and if problem is resolved or continues;
- ❑ 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) helps caregiver problem solve when and how to practice/implement selected strategies
- ❑ At conclusion of session, interventionist completes the Delivery Assessment Form and Intervention Note Form (described below; see forms in Appendix C).

3. Forms Used by Interventionist

The interventionist must complete different forms throughout the intervention, below is a brief description of key forms. For a complete review, see forms in Appendix C or REACH II Caregiver Network Manual as indicated.

- ❑ Delivery Assessment Form: This form must be completed within 24 hours of completion of each intervention session (telephone or home visit). The interventionist records delivery characteristics as well as specific information regarding the mechanisms of delivering the intervention (e.g., didactic, role play etc) receipt and enactment. Completed forms must be submitted to the Project Director weekly and will be entered using the POP system within 2 weeks from intervention session.
- ❑ Intervention Note Form: This form is completed during or immediately following the completion of an intervention session. It serves as an on-going record of the particular targeted area(s) addressed and specific strategies introduced in each session, and the level of enactment of the caregiver. The interventionist also records the status of each targeted area (resolved, continues but progress made etc) which helps the interventionist determine when to stop with a particular problem area and target a new area of concern. The form is reviewed at weekly supervisory sessions.

- ❑ Social Support Form: This form is used to enroll a caregiver into a social support group session. (See Section 7 of MOP and Section 5 of REACH II Caregiver Network Manual)
- ❑ Social Support Contact Form: This form is used by the group facilitator for each of the 5 support group sessions to record delivery aspects. (See REACH II Caregiver Network Manual)
- ❑ REACH II Caregiver Network (CTIS) Enrollment Form: (See Section 6). Refer to Appendix C for a complete listing of the primary forms used.
- ❑ ABCs of Problem Behaviors: This form serves as a guide to the ABC problem-solving process. It is used by the interventionist to work with the caregiver to identify the target behavior and its characteristics.
- ❑ Behavioral Prescription Form: This form is used to develop specific strategies to address a targeted behavioral problem. The prescription is reviewed with the caregiver using active engagement (e.g., demonstration, role play, modeling) and is given to the caregiver to keep in the CG notebook (see Section 8).

4. Resources used by Interventionist

Throughout the intervention, the interventionist will need to refer to and use several different types of resources in order to systematically and consistently tailor components of this intervention to the caregiver's unique constellation of risk areas. The resources used are as follows:

- ❑ Weekly on-site supervisory sessions: Interventionists will meet weekly with on-site members of the research team. At these meetings, each caregiver case will be discussed and guidelines reinforced as to developing appropriate prescriptions.
- ❑ Appendix A of MOP: This appendix contains a summary table which serves as a quick and easy reference for interventionists. It indicates the materials that are available for each risk appraisal and RMBPC item. For each item, the table indicates whether there exists a specific published educational resources available on site, the prescriptions available, the specific REACH II Caregiver feature that addresses the item, the specific well-being module to use, and whether there is a relevant social support group session. Appendix A also contains resource prescriptions from which interventionists can develop a target behavioral prescription.
- ❑ Bi-monthly tele-conference sessions: These sessions will involve interventionists from each research site, the purpose of which will be to troubleshoot and review basic procedures and to insure consistent application of intervention procedures across sites
- ❑ Web-based prescriptions: Each new prescription developed by an interventionist will be posted on a secured password protected section of the REACH II web site. Interventionists will be able to access and use prescriptions developed at other sites for an identified target behavior.
- ❑ On-site educational resources including REACH I intervention material.

Session-by-Session Description

Session 1 (Home Visit):

Week 1

1. Introduce intervention (5 minutes)

The goal of the first home visit is to introduce the purpose, goals and scope of the intervention (see guiding script) and begin the process of building rapport with the caregiver. It is important for the interventionist to set a comfortable and relaxed tone and avoid the use of scientific jargon and research vocabulary. 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. However, flexibility is allowed in changing the order of presentation. For example, some caregivers may want to talk about their experiences and review risk areas first prior to learning about the REACH II Caregiver Notebook.

2. Review Caregiver Notebook (15 minutes)

The caregiver is provided 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 each section of the notebook, 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 Section 5 for contents and more detailed discussion of key information interventionist needs to impart to caregiver.

3. Introduce the REACH II Caregiver Network and Install the Screenphone (30 minutes)

The interventionist introduces the REACH II Caregiver Network and installs the screenphone. It is important for the interventionist to demonstrate and practice each feature of the network with the caregiver and stress the benefits of using the network. The interventionist should ask the caregiver to think about how they might like to use the respite feature of the network and of some family members or friends they might like to ask to develop respite messages. The interventionist reviews the "Help" card in the Caregiver Notebook. The Help Card provides basic directions for use of the system (see Section 6 and The REACH II Caregiver Network User Manual for details and protocol for implementing the system and training caregivers). Following the demonstration and practice the interventionist observes the caregiving using the network on their own and rates their performance using The REACH II CG Network Training Observation Checklist form. The caregiver also completes the REACH II Caregiver Network Caregiver Training Questionnaire.

4. Introduce On-Line Support group (10 minutes)

The interventionist explains that an important feature of the intervention is an opportunity to participate in support groups (see support group introduction script – Section 4 of the REACH II Caregiver Network User Manual). The support groups will occur via the network so the caregiver can participate without having to leave home. Each group will involve information on a significant topic and opportunities for exchange of information and experiences among participating caregivers (see Section 7 and Section 4 of the REACH II Caregiver Network User Manual for details on support group topics and importance of caregiver participation). The interventionist will provide information on structure and schedule; identify group language

preference and time preference, and complete support group enrollment form. This form must be faxed to the coordinator at the University of Miami.

5. Ask CG to tell story and review risk priority worksheet (20-30 minutes)

The interventionist will ask the caregiver about experiences as a caregiver. This information will be used to lead in and to reinforce the items from the Risk Prioritization Worksheet, as well as to relate each of the other components of the intervention back to the caregiver's issues and experiences. The interventionist will use open-ended probes such as:

- Experience of caregiving
- When did dementia begin
- How did CG know
- How did become caregiver

An important part of this session is a review of areas of caregiving concerns as identified at baseline (safety, health, stress, behavior training, support). Detailed guidance for presentation of the high, moderate and low risk items to the caregiver is found in Section 4 ("Specific Guidelines for use of Risk Priority Worksheet"). The interventionist engages the caregiver in a discussion of key areas and explains how each will be addressed in future intervention visits, relating the areas to the caregiver's story. The interventionist asks the caregiver to think about the particular areas to target in the intervention. The interventionist explains that the focus of the next session will be on 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
- Review Caregiver Network user help card
- Encourage use of Caregiver Network
- 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

1. Introduce session:

- Check in with CG as to how they are doing
- Provide overview of purpose of this session and its structure

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 and how during the session.

2. Review and practice use of the REACH II Caregiver Network

The interventionist and caregiver should practice use of the REACH II Caregiver Network. If needed the caregiver will be rated on the CG Network Training Observation Checklist or take the CG Network Training Questionnaire. The Family Respite Enrollment Form should be also be completed.

3. Inform CG about social support group initial meeting time

If the social support group has been set up, the interventionist will inform the caregiver. If not, the interventionist should reinforce the use of the social support groups when they start.

4. Ask caregiver if have questions about CG Notebook

5. Review safety material (including alerts if appropriate) (30 minutes)

The interventionist begins with an in-depth presentation of the safety information in the Caregiver Notebook. The interventionist refers to the Risk Priority Worksheet (RPW) 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 Notebook are reviewed carefully. Otherwise, the interventionist addresses other areas identified on the RPW. 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 the outcome. The interventionist should also refer to the safety feature (caregiving tips submenu) of the Caregiver Network.

6. Introduce health care issues and Health Passport (30 minutes)

The interventionist introduces the health passport material emphasizing the importance of taking care of oneself as a caregiver, referring to the RPW to highlight caregiver-specific health-related issues. The interventionist shows the caregiver how to record health information for both caregiver and care recipient and encourages the use of the Passport. They discuss the importance of making and keeping appointments and preventive health check-ups. The interventionist will refer back to the Passport in the subsequent two sessions and inquire if the caregiver attempted to use them. If not, the interventionist will provide encouragement and validation as to their importance.

7. Introduce physical well-being issues and resources

- Healthy Lifestyle pamphlet, if appropriate
- REACH II Caregiver Network information/tips relevant to self-care

If any other caregiver-specific health-related issues were identified on the RPW, the interventionist introduces the Healthy Lifestyle pamphlet and the Healthy Living feature of the Information/Tips feature of the REACH II Caregiver Network, further emphasizing the importance of taking care of oneself as a caregiver

8. Obtain closure to session:

- 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
- Reinforce caregiver network use
- Provide support and encouragement to CG

Session 3 (Home Visit):

Week 3

1. Introduce session:

- Check in with CG as to how they are doing
- Provide overview of purpose of this session and its structure

2. Review use of REACH II Caregiver Network and reinforce meeting time for initial support group session

3. Review use of Health passport and safety recommendations

4. Identify and initiate problem solving approach with Target behavior #1

- Review Risk Priority Worksheet
- Jointly decide priority

The interventionist and caregiver review Risk Priority Worksheet focusing on CR self-care difficulties, problem behaviors, and social support issues. They jointly decide which problem will be the first that is worked on. An item on the RPW may seem most critical, but upon closer examination, turn out to be trivial. At the other extreme, a problem not even listed (or even for which there is no existing category) might turn out to be the priority problem (e.g., "He doesn't recognize who I am anymore."). As far as determining priority on the form, the most critical step is to identify the #1 priority based on negotiation between the CG and the interventionist from the Emotional Well-being and Behaviors/Social Support components. A second priority can be identified at this point, but would need to be re-negotiated once the #1 priority has been adequately addressed.

5. Complete ABC's of Problem Behaviors: Probes for the ABC Process Form for Target behavior #1 (Refer to Section 8)

- 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)

After the interventionist and caregiver negotiate first target behavior, the interventionist asks general open-ended probes of the caregiver to identify the antecedents, behavior and consequences of the identified problem area. The caregiver's story will also be important in this

discussion. Guidelines on the use of problem solving techniques such as the ABCs of Problem Behaviors and Brainstorming are provided in Section 8 of the MOP.

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 - appraisal). Sometimes the problem may not be a care recipient issue but rather something like communication and the interventionist will need to be flexible in the ABC questioning, as all questions may not be germane.

6. Conduct brainstorming session with CG

Caregiver and interventionist brainstorm solutions and rule out any unacceptable solutions. The interventionist suggests that the caregiver refer to the Caregiver Network features and the NIA Caregiver Guide Booklet that is in the CG Notebook to learn about strategies specific to the problem area. The interventionist also informs the caregiver that s/he will develop a specific set of strategies (a prescription, Behavioral Prescription Form described in Section 8) based on the information provided by the caregiver. Upon return to the office, the interventionist meets with the research team, refers to the resource materials (general prescriptions – see Appendix A; REACH Web page for other site prescriptions; and the set of educational materials/brochures each site will have) to develop a prescription that is tailored to the particular situation of the caregiver.

7. Discuss effects of stress

The interventionist discusses the effects of stress, including physical (blood pressure, immune system), psychological (irritability, frustration, depression, anxiety), and social (relationship strain, social isolation). The interventionist has handouts to give the caregiver.

8. Introduce well-being module #1 (stress management), component #1, signal breath (30 minutes)

- Describe technique
- Complete tension rating before and after practice
- Practice
- Identify barriers to practice
- Encourage use of techniques
- Encourage use of stress diary

The interventionist then introduces signal breath, the first of three components of the first well-being module, stress management. 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. In each subsequent session, the interventionist reviews and reinforces use of techniques. The interventionist also refers to the Stress Management feature of the Healthy Living Menu on the Caregiver Network (this feature reviews the signal breath technique)

9. Obtain closure to session:

- 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 review/practice stress management techniques introduced

- Inform CG that next session will focus on strategies for managing the target behavior and suggest they should review NIA Caregiver Guide booklet in CG Notebook if relevant to their particular target behavior
- Refer caregiver to information/tips feature of Caregiver Network that is relevant to problem behaviors (highlight relevant resource/information tip section)
- Provide support and encouragement to CG

Session 4 (Home Visit):

Week 4

1. Introduce session:
 - Check in with CG as to how they are doing
 - Provide overview of purpose of this session and its structure
2. Check in with CG about use of REACH II Caregiver Network resource guide/information/tips
3. Remind CG when social support groups will begin or encourage attendance
4. Review use of Health passport and safety recommendations
5. **Introduce target behavior #1, use active teaching techniques and provide written behavioral prescription**
 - Review behavioral prescription
 - Assess caregiver's responsiveness
 - Provide examples for use
 - Demonstrate active techniques
 - Problem solve barriers
 - Encourage use of Weekly Recording Form

The interventionist reviews the behavioral prescription with the caregiver, covering the entire prescription and assessing caregiver's responsiveness to suggestions. For suggestions 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 (as much as possible). Interventionist and caregiver problem solve any barriers to the use of the strategies. The Weekly Recording Form is introduced as a way of monitoring progress. The caregiver is encouraged but not required to complete the tracking forms. Guidelines on presenting the behavioral prescription to caregivers are provided in Section 8 of the MOP.

6. Review/modify first component of stress management module (signal breath)
 - Discuss problems and successes
 - 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 stress management techniques

7. **Introduce well-being module #1 (stress management), component #2, music (30 minutes)**

- Describe technique
- Complete tension rating before and after practice
- Practice
- Identify barriers to practice
- Encourage use of techniques
- Encourage use of stress diary
- Refer to stress management feature on the Healthy Living feature of the Caregiver Network

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.

8. Obtain closure to session:

- 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 #1
- Ask CG to practice stress management techniques, signal breath and music
- Encourage use of tracking forms, Weekly Recording Form and Stress Diary
- Reinforce use of Caregiver Network and social support groups
- Provide support and encouragement to CG

Session 5 (Home Visit):

Week 6-7

1. Introduce session:

- Check in with CG as to how they are doing
- Provide overview of purpose of this session and its structure

2. Check in with CG about use of Caregiver Network resource guide/information/tips

3. Reinforce participation in social support groups

4. Review/modify target behavior #1 prescription

- Rate problem
- Assess CG's use of solutions and strategies
- Determine what was attempted, what worked, what did not
- Review any tracking forms filled out by the caregiver
- Evaluate usefulness/success of solutions
- Praise caregiver's efforts
- Suggest new strategies
- Take prescription to be modified for next visit

At each session following the introduction of a prescription, 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, prescriptions 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 prescription 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, and reviews any tracking forms filled out by the caregiver. 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 prescribed strategies? How good was the result? The interventionist praises caregiver's efforts. Based on these discussions, new strategies are suggested and the prescription will be modified after the interventionist returns to the office. The modified prescription will be provided at the next visit.

5. Review/modify stress management techniques, music and signal breath

- Discuss problems and successes
- 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.

6. Identify and initiate problem solving module with Target behavior #2 (if appropriate)

- Review Risk Priority form
- Jointly decide priority

In general, new prescriptions are begun two sessions after the start of the previous prescription and 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 behavioral prescription at this time.**

7. Complete ABC's of Problem Behaviors: Probes for the ABC Process Form for Target behavior #2 (Refer to Section 8)

- 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)

8. Conduct brainstorming session with CG

9. Introduce well-being module #1 (stress management), component #3, stretching (30 minutes)

- Describe technique
- Complete tension rating before and after practice
- Practice
- Identify barriers to practice
- Encourage use of techniques
- Encourage use of stress diary
- Provide support and encouragement to CG

10. Obtain closure to session:

- 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 #1 and stress management techniques
- Reinforce use of Caregiver Network and social support groups
- Remind CG that CG Notebook may have tips related to target behavior #2
- Provide support and encouragement to CG

Session 6 (Home Visit):

Week 8-9

1. Introduce session:

- Check in with CG as to how they are doing
- Provide overview of purpose of this session and its structure

2. Check in with CG about use of Caregiver Network resource guide/information/tips

3. Reinforce social support groups

4. Review/modify target behavior #1

- Rate problem
- Assess CG's use of solutions and strategies
- Determine what was attempted, what worked, what did not
- Review any tracking forms filled out by the caregiver
- Evaluate usefulness/success of solutions
- Praise caregiver's efforts
- Suggest new strategies
- Take prescription to be modified for next visit

5. Review/modify stress management techniques, stretching, music, signal breath

- Discuss problems and successes
- Review home practice
- Identify potential barriers
- Problem-solve solutions.
- Review and reinforce use of techniques

6. Introduce target behavior #2, use active teaching techniques and provide written behavioral prescription

- Review behavioral prescription
- Assess caregiver's responsiveness
- Provide examples for use
- Demonstrate active techniques
- Problem solve barriers
- Encourage use of Weekly Recording Form

7. Introduce well-being module #2, component #1, pleasant events or mood management (30 minutes)

- Describe technique
- Complete tension rating before and after practice
- Practice
- Identify barriers to practice
- Encourage use of techniques
- Encourage use of stress diary

8. Obtain closure to session:

- 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 #2 and stress management techniques
- Reinforce use of Caregiver Network and social support groups
- Provide support and encouragement to CG

Session 7 (Phone Visit)

Week 11

1. Introduce session:

- Check in with CG as to how they are doing
- Provide overview of purpose of this session and its structure

2. Check in with CG about use of Caregiver Network resource/information/tips

3. Reinforce participation in social support groups

4. Review/modify relevant prescriptions and well-being module techniques provided in previous sessions

5. Review/modify Target behavior #2

- Rate problem
- Assess CG's use of solutions and strategies
- Determine what was attempted, what worked, what did not
- Review any tracking forms filled out by the caregiver
- Evaluate usefulness/success of solutions
- Praise caregiver's efforts
- Suggest new strategies
- Take prescription to be modified for next visit

6. Review/modify well being module #2 (either pleasant events or mood management), component #1

7. Obtain closure to session:

- 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 #2 and well-being techniques
- Reinforce use of Caregiver Network and social support groups
- Provide support and encouragement to CG

1. Introduce session:
 - Check in with CG as to how they are doing
 - Provide overview of purpose of this session and its structure
2. Check in with CG about use of Caregiver Network resource/information/tips
3. Reinforce participation in social support groups
4. Review/modify relevant prescriptions and well-being module techniques provided in previous sessions
5. Review/modify target behavior #2
 - Rate problem
 - Assess CG's use of solutions and strategies
 - Determine what was attempted, what worked, what did not
 - Review any tracking forms filled out by the caregiver
 - Evaluate usefulness/success of solutions
 - Praise caregiver's efforts
 - Suggest new strategies
 - Take prescription to be modified for next visit
6. Review/modify well being module #2 (either pleasant events or mood management), component #1
 - Discuss problems and successes
 - Review home practice
 - Identify potential barriers
 - Problem-solve solutions.
 - Review and reinforce use of techniques
7. Identify and initiate problem solving module with Target behavior #3 (if appropriate)
 - Review Risk Priority form
 - Jointly decide priority

Use open-ended probes (see session #3) to identify specifics of problem area. (If no problem area, then ask probes to identify if appropriate to introduce another well-being module)
8. Complete ABC's of Problem Behaviors: Probes for the ABC Process Form for Target behavior #3 (Refer to Section 8)
 - 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)

9. Conduct brainstorming session with CG
10. Introduce well-being module #2, pleasant events or mood management, component #2 (30 minutes)
 - Describe technique
 - Complete tension rating before and after practice
 - Practice
 - Identify barriers to practice
 - Encourage use of techniques
 - Encourage use of stress diary
11. Obtain closure to session:
 - 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 #2 and well-being techniques
 - Remind CG that CG Notebook may have tips related to target behavior #2
 - Reinforce use of Caregiver Network and social support groups
 - Provide support and encouragement to CG

Session 9 (Phone Visit)

Week 16

1. Introduce session:
 - Check in with CG as to how they are doing
 - Provide overview of purpose of this session and its structure
2. Check in with CG about use of Caregiver Network resource/information/tips
3. Reinforce participation in social support groups
4. Review/modify relevant prescriptions and well-being module techniques provided in previous sessions
5. Review/modify target behavior #2
 - Rate problem
 - Assess CG's use of solutions and strategies
 - Determine what was attempted, what worked, what did not
 - Review any tracking forms filled out by the caregiver
 - Evaluate usefulness/success of solutions
 - Praise caregiver's efforts
 - Suggest new strategies
 - Take prescription to be modified for next visit
6. Review/modify well being module #2, pleasant events or mood management, component #2
 - Discuss problems and successes
 - Review home practice
 - Identify potential barriers
 - Problem-solve solutions.

- Review and reinforce use of techniques

7. Obtain closure to session:

- 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 #2 and well-being techniques
- Reinforce use of Caregiver Network and social support groups
- Provide support and encouragement to CG

Session 10 (Home Visit):

Week 17-18

1. Introduce session:

- Check in with CG as to how they are doing
- Provide overview of purpose of this session and its structure

2. Check in with CG about use of Caregiver Network resource guide/information/tips

3. Reinforce support group participation

4. Review/modify relevant prescriptions and well-being module techniques provided in previous sessions

5. Review/modify target behavior #2

- Rate problem
- Assess CG's use of solutions and strategies
- Determine what was attempted, what worked, what did not
- Review any tracking forms filled out by the caregiver
- Evaluate usefulness/success of solutions
- Praise caregiver's efforts
- Suggest new strategies
- Take prescription to be modified for next visit

6. Review/modify well being module #2, pleasant events or mood management session, component #2

- Discuss problems and successes
- Review home practice
- Identify potential barriers
- Problem-solve solutions.
- Review and reinforce use of techniques

7. **Introduce target behavior #3, use active teaching techniques and provide written behavioral prescription**

- Review behavioral prescription
- Assess caregiver's responsiveness
- Provide examples for use
- Demonstrate active techniques
- Problem solve barriers
- Encourage use of Weekly Recording Form

8. **Introduce well-being module #2, pleasant events or mood management session, component #3**

- Describe technique
- Complete tension rating before and after practice
- Practice
- Identify barriers to practice
- Encourage use of techniques
- Encourage use of stress diary

9. **Obtain closure to session**

- Briefly review what was accomplished in Session
- Set date/time for next session
- Ask CG to practice strategies related to target behavior #3 and well-being techniques
- Reinforce use of Caregiver Network and social support groups
- Provide support and encouragement to CG

Session 11 (Phone Visit)

Week 20

1. **Introduce session:**

- Check in with CG as to how they are doing
- Provide overview of purpose of this session and its structure

2. **Check in with CG about use of Caregiver Network resource/information/tips**

3. **Reinforce participation in social support groups**

4. **Review/modify relevant prescriptions and well-being module techniques provided in previous sessions**

5. **Discuss any final issues of caregiver**

6. **Obtain closure to session:**

- Provide brief summary of what was accomplished in session
- Set date and time for next session
- Ask CG to practice strategies related to target behaviors and well-being techniques
- Reinforce use of Caregiver Network and social support groups
- Provide support and encouragement to CG

Session 12 (Home Visit)

Week 21-22

1. **Introduce session:**

- Check in with CG as to how they are doing
- Provide overview of purpose of this session and its structure

In this session, the interventionist must obtain closure with the caregiver. 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 assures that the caregiver has appropriate referral information (e.g., emergency numbers, Alzheimer Association and AAA telephone numbers).

2. Review target behavior problem areas covered and strategies that worked
3. Review well being modules 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
 - Remind caregiver that interviewer will remove screenphone at next visit
 - Review referral numbers
 - Thank caregiver for participation in study
 - Provide support and encouragement to CG

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 judgement of the interventionist and research team 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 prescription.
 - 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.
- Well being 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 bright, motivated caregiver who would be willing and able to have a 60 to 90 minute call.

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 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 and research team 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 prescription.
 - Phone sessions can be increased if the caregiver is unavailable for one month, the caregiver cancels two contacts or if the purpose of the session can be easily accomplished in a phone call.
- There should be no more than 15 actual contacts.
- Well being 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 bright, motivated caregiver who would be willing and able to have a 60 to 90 minute call.

SESSION BY SESSION CHECKLIST

Session 1	Week 1	Home Session	Scheduled Date:
Materials Needed	Session Activities		Date/Notes
<ul style="list-style-type: none"> <input type="checkbox"/> CG Notebook <input type="checkbox"/> Interventionist badge <input type="checkbox"/> Highlighter FORMS <input type="checkbox"/> PI form (directions and phone number) <input type="checkbox"/> Risk Priority Worksheet <input type="checkbox"/> DA <input type="checkbox"/> Introductory guiding scripts for intervention and caregiver network <input type="checkbox"/> Caregiver network telephone with battery installed <input type="checkbox"/> 3 prong adapter <input type="checkbox"/> Screw driver to anchor the adapter to the outlet cover as the AC adapter is heavy <input type="checkbox"/> 12 ft modular phone cord <input type="checkbox"/> Installation checklist <input type="checkbox"/> 4 prong modular adapter for old style jack to modern modular jack <input type="checkbox"/> CG Network Training Questionnaire <input type="checkbox"/> CG Network Training Observation Checklist <input type="checkbox"/> Caregiver network user help card with caregiver access number (PIN) on front 	<ul style="list-style-type: none"> <input type="checkbox"/> Introduce intervention (<i>5 mins.</i>) (Goals and scope) <input type="checkbox"/> Review Caregiver Notebook (<i>15 mi.ns.</i>) <input type="checkbox"/> Introduce REACH II Caregiver Network and install screenphone(<i>30 min</i>) <input type="checkbox"/> Introduce on-line social support group (<i>10 mins.</i>) <input type="checkbox"/> Ask CG to tell story and review Risk Priority Worksheet (<i>20-30 mins.</i>) <ul style="list-style-type: none"> - Experience of caregiving - When did dementia begin - How did CG know - How did become caregiver <input type="checkbox"/> Obtain closure to session (<i>5-10 mins.</i>) <ul style="list-style-type: none"> - Summary of session - Set date and time for next session - Ask CG to review CG Notebook - Review caregiver network user help card - Encourage use of caregiver network - Provide support and encouragement to CG 		

Session 2 Week 2	Home Session	Scheduled Date:
Materials Needed	Session Activities	Date/Notes
<ul style="list-style-type: none"> <input type="checkbox"/> PI form (directions and phone number) <input type="checkbox"/> Risk Priority Worksheet <input type="checkbox"/> DA <input type="checkbox"/> Intervention Note Form <input type="checkbox"/> Introductory guiding scripts <input type="checkbox"/> Caregiver Network Training Observation Checklist or Questionnaire <input type="checkbox"/> Extra Notebook in case caregiver's is lost or misplaced 	<ul style="list-style-type: none"> <input type="checkbox"/> Introduce session <ul style="list-style-type: none"> - Check in with CG as to how they are doing - Provide overview of purpose of this session and its structure <input type="checkbox"/> Review/practice use of REACH II Caregiver Network <input type="checkbox"/> Inform CG of initial support group meeting time <input type="checkbox"/> Ask CG if have questions about CG Notebook <input type="checkbox"/> Review Safety material (alerts first if appropriate) <i>(30 min)</i> <input type="checkbox"/> Introduce health issues & Health Passport <i>(30 min)</i> <input type="checkbox"/> Introduce physical well-being issues and resources <ul style="list-style-type: none"> - Healthy Lifestyle pamphlet, if appropriate - Caregiver Network information/tips relevant to self-care <input type="checkbox"/> Obtain closure to session <ul style="list-style-type: none"> - Summary of what was accomplished - Set date and time for next session - Ask CG to practice safety and health tips identified in session - Reinforce caregiver network use - Provide support and encouragement to CG 	

Session 3	Week 3	Home Session	Scheduled Date:
Materials Needed		Session Activities	Date/Notes
<ul style="list-style-type: none"> <input type="checkbox"/> Risk Priority Worksheet <input type="checkbox"/> CG Notebook <input type="checkbox"/> DA Form <input type="checkbox"/> Intervention Note Form* <input type="checkbox"/> ABCs Problem Behavior: Probes for the "ABC Process" <input type="checkbox"/> Brainstorming Form <input type="checkbox"/> Some Effects of Stress <input type="checkbox"/> Steps You Can Take <input type="checkbox"/> Stress Diary <input type="checkbox"/> Negotiation script <input type="checkbox"/> Refer to decision rules (no/too many problems) 		<ul style="list-style-type: none"> <input type="checkbox"/> Introduce session <ul style="list-style-type: none"> - Check in with CG as to how they are doing - Provide overview of session purpose and structure <input type="checkbox"/> Review use of caregiver network <input type="checkbox"/> Reinforce 1st support group session <input type="checkbox"/> Review use of Health passport / safety recommendations <input type="checkbox"/> Identify and initiate problem solving module Target behavior #1 <ul style="list-style-type: none"> - Review Risk Priority Worksheet - Jointly decide priority <input type="checkbox"/> Complete ABC's of Problem Behaviors: Probes for the ABC Process Form for Target behavior #1 (Refer to Section 8) <ul style="list-style-type: none"> - 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) <input type="checkbox"/> Conduct brainstorming session with CG <input type="checkbox"/> Discuss effects of stress <input type="checkbox"/> Introduce Well-being Module #1 (stress management), component #1, signal breath (30 mins.) <ul style="list-style-type: none"> - Identify technique - Complete tension rating before/after practice - Practice - Identify barriers to practice - Encourage use of techniques and stress diary <input type="checkbox"/> Obtain closure to session: <ul style="list-style-type: none"> - Summary of what was accomplished in session - Set date and time for next session - Ask CG to practice health and safety tips/stress techniques - Suggest CG review CG Notebook and caregiver network information/tips that are relevant to problem behaviors - Provide support and encouragement to CG 	

*If problem resolution question asked of CG, transfer score to DA Form.

Session 4 Week 4-5	Home Session	Scheduled Date:
Materials Needed	Session Activities	Date/Notes
<ul style="list-style-type: none"> <input type="checkbox"/> Risk Priority Worksheet <input type="checkbox"/> CG Notebook <input type="checkbox"/> DA Form <input type="checkbox"/> Intervention Note Form* <input type="checkbox"/> Relevant Prescription <input type="checkbox"/> Weekly Recording Form <input type="checkbox"/> Stress Diary <input type="checkbox"/> Refer to decision rules if (no/too many problems) 	<ul style="list-style-type: none"> <input type="checkbox"/> Introduce session <ul style="list-style-type: none"> - Check in with CG as to how they are doing - Provide overview of purpose of this session and its structure <input type="checkbox"/> Check-in with CG about use of caregiver network resource guide/information/tips <input type="checkbox"/> Remind CG of support group time and encourage attendance <input type="checkbox"/> Review Health passport & safety recommendations <input type="checkbox"/> Introduce Target behavior #1, use active teaching techniques and provide written behavioral prescription to CG <ul style="list-style-type: none"> - Review behavioral prescription - Assess caregiver's responsiveness - Provide examples for use - Demonstrate active techniques - Problem solve barriers - Encourage use of Weekly Recording Form <input type="checkbox"/> Discuss/review first component of stress management module (signal breath) and techniques attempted <input type="checkbox"/> Introduce well-being module #1, component #2, music (30 min) <input type="checkbox"/> Obtain closure to session: <ul style="list-style-type: none"> - Summary of what was accomplished in session - Set date and time for next session - Ask CG to practice strategies related to target behavior #1 - Encourage use of stress management techniques, signal breath and music - Encourage use of tracking forms, Weekly Recording Form and Stress Diary - Reinforce use of caregiver network and social support group - Provide support and encouragement to CG 	

*If problem resolution question asked of CG, transfer score to DA Form.

Session 5 Week 6-7	Home Session	Scheduled Date:
Materials Needed	Session Activities	Date/Notes
<ul style="list-style-type: none"> <input type="checkbox"/> Risk Priority Worksheet <input type="checkbox"/> CG Notebook <input type="checkbox"/> DA Form <input type="checkbox"/> Intervention Note Form* <input type="checkbox"/> Relevant Prescription <input type="checkbox"/> Weekly Recording Form <input type="checkbox"/> Stress Diary <input type="checkbox"/> ABCs Problem Behavior: Probes for the “ABC Process” <input type="checkbox"/> Brainstorming Form <input type="checkbox"/> Negotiation script <p>Refer to decision rules if CG did not try or strategies did not work</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Introduce session <ul style="list-style-type: none"> - Check in with CG as to how they are doing - Provide overview of purpose of this session and its structure <input type="checkbox"/> Check-in with CG about use of REACH II Caregiver Network resource guide/information/tips <input type="checkbox"/> Reinforce participation in social support groups <input type="checkbox"/> Review/modify Target behavior #1 prescription <ul style="list-style-type: none"> - Rate problem - Assess CG’s use of solutions and strategies - Determine what was attempted, what worked, what did not - Review any tracking forms filled out by the caregiver - Evaluate usefulness/success of solutions - Praise caregiver's efforts - Suggest new strategies - Take prescription to be modified for next visit <input type="checkbox"/> Review/modify stress management techniques, music and signal breath <input type="checkbox"/> Identify and initiate problem solving approach with Target behavior #2 (if appropriate) <input type="checkbox"/> Introduce well-being module #1, component #3, stretching (30 min) <input type="checkbox"/> Obtain closure to session: <ul style="list-style-type: none"> - Summary of what was accomplished in session - Set date and time for next session - Ask CG to practice strategies related to target behavior #1 and stress management techniques - Remind CG that CG Notebook may have tips related to target behavior #2 - Reinforce use of caregiver network and social support groups - Provide support and encouragement to CG 	

*If problem resolution question asked of CG, transfer score to DA Form.

Session 6	Week 8-9	Home Session	Scheduled Date:
Materials Needed	Session Activities		Date/Notes
<input type="checkbox"/> Risk Priority Worksheet <input type="checkbox"/> CG Notebook <input type="checkbox"/> DA Form <input type="checkbox"/> Intervention Note Form* <input type="checkbox"/> Relevant Prescription <input type="checkbox"/> Weekly Recording Form <input type="checkbox"/> Stress Diary <input type="checkbox"/> Negotiation script <input type="checkbox"/> Identifying Pleasant Events <input type="checkbox"/> My List of Pleasant Events Form <input type="checkbox"/> My Pleasant Event This Week <p style="text-align: center;">OR</p> <input type="checkbox"/> Three Key Steps for Managing Your Mood <input type="checkbox"/> Home Practice: Practicing a Thought Record Refer to decision rules if CG did not try or strategies did not work	<input type="checkbox"/> Introduce session <ul style="list-style-type: none"> - Check in with CG as to how they are doing - Provide overview of purpose of this session and its structure <input type="checkbox"/> Check-in with CG about use of caregiver network resource guide/information/tips <input type="checkbox"/> Reinforce participation in social support groups <input type="checkbox"/> Review/modify Target behavior #1 <input type="checkbox"/> Review/modify stress management module components (signal breath, music, stretching) <input type="checkbox"/> Introduce Target behavior #2 , use active teaching techniques and provide written behavioral prescription to CG <input type="checkbox"/> Introduce well-being module #2, pleasant events or mood management, component #1 (30 mins.) <input type="checkbox"/> Obtain closure to session: <ul style="list-style-type: none"> - Summary of what was accomplished in session - Set date and time for next session - Ask CG to practice strategies related to target behavior #2 and stress management techniques - Reinforce use of caregiver network and social support groups - Provide support and encouragement to CG 		

*If problem resolution question asked of CG, transfer score to DA Form.

Session 7 Week 11	Phone Session	Scheduled Date:
Materials Needed	Session Activities	Date/Notes
<ul style="list-style-type: none"> <input type="checkbox"/> Risk Priority Worksheet <input type="checkbox"/> CG Notebook <input type="checkbox"/> DA Form <input type="checkbox"/> Intervention Note Form* <input type="checkbox"/> Relevant Prescription <input type="checkbox"/> Weekly Recording Form <input type="checkbox"/> ABCs Problem Behavior: Probes for the “ABC Process” <input type="checkbox"/> Brainstorming Form <input type="checkbox"/> Stress Diary <input type="checkbox"/> My Pleasant Event This Week <input type="checkbox"/> List of Pleasant Activities for CR and Me <input type="checkbox"/> The Pleasant Event We will Do this Week <input type="checkbox"/> OR <input type="checkbox"/> Home Practice: Practicing a Thought Record: 3 columns <input type="checkbox"/> Home Practice: Practicing a Thought Record: 5 columns <p>Refer to decision rules if CG did not try or strategies did not work</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Introduce session <ul style="list-style-type: none"> - Check in with CG as to how they are doing - Provide overview of purpose of this session and its structure <input type="checkbox"/> Check-in with CG about use of caregiver network resource guide/information/tips <input type="checkbox"/> Reinforce participation in social support groups <input type="checkbox"/> Review/modify relevant prescriptions and well-being module techniques provided in previous sessions <input type="checkbox"/> Review/Modify Target behavior #2 strategies <input type="checkbox"/> Review/Modify well being module #2 (either pleasant events or mood management), component #1 <input type="checkbox"/> Obtain closure to session: <ul style="list-style-type: none"> - Summary of what was accomplished in session - Set date and time for next session - Ask CG to practice strategies related to target behavior #2 and well-being techniques - Reinforce use of caregiver network and social support groups - Provide support and encouragement to CG 	

*If problem resolution question asked of CG, transfer score to DA Form.

Session 8 Week 13-14	Home Session	Scheduled Date:
Materials Needed	Session Activities	Date/Notes
<ul style="list-style-type: none"> <input type="checkbox"/> Risk Priority Worksheet <input type="checkbox"/> CG Notebook <input type="checkbox"/> DA Form <input type="checkbox"/> Intervention Note Form* <input type="checkbox"/> Relevant Prescription <input type="checkbox"/> Weekly Recording Form <input type="checkbox"/> Stress Diary <input type="checkbox"/> The Pleasant Event We will Do this Week <input type="checkbox"/> OR <input type="checkbox"/> Home Practice: Practicing a Thought Record: 5 columns <p>Refer to decision rules if CG did not try strategies or strategies did not work</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Introduce session <ul style="list-style-type: none"> - Check in with CG as to how they are doing - Provide overview of purpose of this session and its structure <input type="checkbox"/> Check in with CG about use of caregiver network resource guide/information/tips <input type="checkbox"/> Reinforce participation in social support groups <input type="checkbox"/> Review/modify relevant prescriptions and well-being module techniques provided in previous sessions <input type="checkbox"/> Review/modify Target behavior #2 strategies <input type="checkbox"/> Review/modify well being module #2 (either pleasant events or mood management), component 1 <input type="checkbox"/> Identify and initiate problem solving module with Target behavior #3 <input type="checkbox"/> Introduce well being module #2 (either pleasant events or mood management), component 2 <input type="checkbox"/> Obtain closure to session: <ul style="list-style-type: none"> - Summary of what was accomplished in session - Set date and time for next session - Ask CG to practice strategies related to target behavior #2 and well-being techniques - Remind CG that CG Notebook may have tips related to target behavior #3 - Reinforce use of caregiver network and social support groups - Provide support and encouragement to CG 	

*If problem resolution question asked of CG, transfer score to DA Form.

Session 9 Week 16	Phone Session	Scheduled Date:
Materials Needed	Session Activities	Date/Notes
<ul style="list-style-type: none"> <input type="checkbox"/> Risk Priority Worksheet <input type="checkbox"/> CG Notebook <input type="checkbox"/> DA Form <input type="checkbox"/> Intervention Note Form* <input type="checkbox"/> Relevant Prescription <input type="checkbox"/> Weekly Recording Form <input type="checkbox"/> Stress Diary <input type="checkbox"/> Negotiation script <input type="checkbox"/> Identifying Pleasant Events <input type="checkbox"/> My List of Pleasant Events Form <input type="checkbox"/> My Pleasant Event This Week <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Three Key Steps for Managing Your Mood <input type="checkbox"/> Home Practice: Practicing a Thought Record <p>Refer to decision rules if CG did not try or strategies did not work</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Introduce session <ul style="list-style-type: none"> - Check in with CG as to how they are doing - Provide overview of purpose of this session and its structure <input type="checkbox"/> Check in with CG about use of caregiver network resource guide/information/tips <input type="checkbox"/> Reinforce participation in social support groups <input type="checkbox"/> Review/modify relevant prescriptions and well-being module techniques provided in previous sessions <input type="checkbox"/> Review/modify Target behavior #2 <input type="checkbox"/> Review/modify well being module #2 (either pleasant events or mood management), component #2 <input type="checkbox"/> Obtain closure to session: <ul style="list-style-type: none"> - Summary of what was accomplished in session - Set date and time for next session - Ask CG to practice strategies related to target behavior #2 and well-being techniques - Reinforce use of caregiver network and social support groups - Provide support and encouragement to CG 	

*If problem resolution question asked of CG, transfer score to DA Form.

Session 10 Week 17-18	Home Session	Scheduled Date:
Materials Needed	Session Activities	Date/Notes
<ul style="list-style-type: none"> <input type="checkbox"/> Risk Priority Worksheet <input type="checkbox"/> CG Notebook <input type="checkbox"/> DA Form <input type="checkbox"/> Intervention Note Form* <input type="checkbox"/> Relevant Prescription <input type="checkbox"/> Weekly Recording Form <input type="checkbox"/> Stress Diary <input type="checkbox"/> The Pleasant Event We will Do this Week <input type="checkbox"/> OR <input type="checkbox"/> Home Practice: Practicing a Thought Record: 5 columns <p>Refer to decision rules if CG did not try or strategies did not work</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Introduce session <ul style="list-style-type: none"> - Check in with CG as to how they are doing - Provide overview of purpose of this session and its structure <input type="checkbox"/> Check in with CG about use of caregiver network resource guide/information/tips <input type="checkbox"/> Reinforce support group participation <input type="checkbox"/> Review/modify relevant prescriptions and well-being module techniques provided in previous sessions <input type="checkbox"/> Review/modify Target behavior #2 <input type="checkbox"/> Review/modify well being module #2 (either pleasant events or mood management), component #2 <input type="checkbox"/> Introduce Target behavior #3, use active teaching techniques and provide written behavioral prescription to CG <input type="checkbox"/> Introduce well-being module #2 (either pleasant events or mood management), component #3 <input type="checkbox"/> Obtain Closure <ul style="list-style-type: none"> - Summary of what was accomplished in session - Set date/time for next session - Ask CG to practice strategies related to target behavior #3 and well-being techniques - Reinforce use of caregiver network and social support groups - Provide support and encouragement to CG 	

*If problem resolution question asked of CG, transfer score to DA Form.

Session 11 Week 20	Phone Session	Scheduled Date:
Materials Needed	Session Activities	Date/Notes
<ul style="list-style-type: none"> <input type="checkbox"/> Risk Priority Worksheet <input type="checkbox"/> CG Notebook <input type="checkbox"/> DA Form <input type="checkbox"/> Intervention Note Form* <input type="checkbox"/> Relevant Prescription <input type="checkbox"/> Weekly Recording Form <input type="checkbox"/> Stress Diary <input type="checkbox"/> The Pleasant Event We will Do this Week <input type="checkbox"/> OR <input type="checkbox"/> Home Practice: Practicing a Thought Record: 5 columns <input type="checkbox"/> Refer to decision rules if CG did not try or strategies did not work 	<ul style="list-style-type: none"> <input type="checkbox"/> Introduce session <ul style="list-style-type: none"> - Check in with CG as to how they are doing - Provide overview of purpose of this session and its structure <input type="checkbox"/> Check in with CG about use of caregiver network resource guide/information/tips <input type="checkbox"/> Reinforce participation in social support groups <input type="checkbox"/> Review/modify relevant prescriptions and well-being module techniques provided in previous sessions <input type="checkbox"/> Discuss any final issues of caregiver <input type="checkbox"/> Obtain closure to session: <ul style="list-style-type: none"> - Summary of what was accomplished in session - Set date and time for next session - Ask CG to practice strategies related to target behavior #3 and well-being techniques - Reinforce use of caregiver network and social support groups - Provide support and encouragement to CG 	

*If problem resolution question asked of CG, transfer score to DA Form.

Session 12 Week 21-22	Home Session	Scheduled Date:
Materials Needed	Session Activities	Date/Notes
<ul style="list-style-type: none"> <input type="checkbox"/> Risk Priority Worksheet <input type="checkbox"/> CG Notebook <input type="checkbox"/> DA Form <input type="checkbox"/> Intervention Note Form* <input type="checkbox"/> Relevant Prescription <input type="checkbox"/> Additional referral phone numbers, if appropriate <input type="checkbox"/> Closure script 	<ul style="list-style-type: none"> <input type="checkbox"/> Introduce session <ul style="list-style-type: none"> - Check in with CG as to how they are doing - Provide overview of purpose of this session and its structure <input type="checkbox"/> Review target behavior problem areas covered and strategies <input type="checkbox"/> Review well being modules and strategies <input type="checkbox"/> Validate CG use of strategies <input type="checkbox"/> Encourage use of available formal & informal support services <input type="checkbox"/> Obtain closure <ul style="list-style-type: none"> - Suggest continued use of CG Notebook - Remind caregiver that interviewer will remove screenphone at next visit - Review referral numbers - Thank caregiver for participation in study - Provide support and encouragement to CG 	

*If problem resolution question asked of CG, transfer score to DA Form.

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 (loved one's) behaviors or need for assistance with everyday activities?

Are there things that bother you about friends or family, or not being about 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:*

- a. *Review general educational materials provided in sessions #1 and 2*
- b. *Review REACH II Caregiver Network*
- c. *Discuss support group participation*

5. *If no response to probes in **second/third session**, then:*

- a. *Review educational material*
- b. *Ask if using REACH II Caregiver Network and have any questions.*

6. *If no response to probes by **third attempt (session #3 or 4)**, then:*

a. *Use one or more of the following probes:*

Part of this project involves helping caregivers learn different strategies and what works best.

- *Would you share with us what works best for you in keeping your loved one safe?*
- *How do you keep in touch with your family and friends, or how do you make time for yourself?*
- *How do you handle difficult behaviors such as repetitive questioning?*
- *How do you keep from feeling overwhelmed?*

b. *Use active listening and validation*

- c. *When possible, ask CG to show what they do – then go to relevant prescription and highlight other strategies and suggest they may want to try these other approaches as well.*

- d. *Ask caregiver if you can come back to home to check in on them. If yes, then repeat probes for #6 above.*

II. If caregiver has a problem that is not identified on the risk appraisal or other forms:

1. *See if problem fits easily with existing prescription items. If not, bring case back to supervisory meeting and work on another problem first.*

I understand this issue is very important to you...

2. *If problem does not fit or there is no prescription; indicate to caregiver:*

This is not part of our intervention. We can not help you with this but others may be able to.

Try to identify with caregiver a relevant resource for caregiver to follow with.

3. *If problem is relevant to support group or REACH II Caregiver Network, suggest those resources:*

I think you will find some help with this issue in your support group and on the REACH II Caregiver Network. Try using those support resources and I will check in with you to see if you are finding it helpful.

4. *Refer caregiver to REACH II Caregiver Network to find AAA, 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, then implement alert protocol using alert script.*
2. *If identified problem is not an alert item, then hand them appropriate educational material/prescription, 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 and REACH II Caregiver Network features 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. Determining how to move on to the next problem area:

1. *Using Intervention Notes Form, evaluate caregiver progress in effectively using strategies and/or if problem has been resolved (Refer to Section 8 – Problem Solving for protocol). If no progress, use “no progress script” and move on to the next problem area and periodically check in with caregiver as to status of problem.*

VI. Involvement of other family members in intervention:

1. Other family members can be involved in an intervention session if this is initiated by the caregiver. The interventionist would document other family involvement on the Delivery Assessment Form.
2. A family member may share their CTIS pin # with other family members if they choose. However, the telephone must remain in the home of the primary caregiver.

VII. REACH II Caregiver Network – CTIS issues

1. A lost or misplaced CTIS phone will not be replaced.
2. The grant will pay for the purchase of a tonal phone for caregiver if they only have a pulse.

VIII. Drop out status from Support Group:

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

IX. Guidelines for working with a caregiver with low literacy:

1. Provide behavioral prescriptions using bullet points and minimal wording.
2. Use demonstration more and review in more detail pertinent written materials.
3. Provide the CG Notebook but indicate that each section is discussed on the CTIS – show caregiver how to access specific information found in Notebook on the CTIS.
4. Identify other family/friends/neighbors who may help with reading material if appropriate.

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 in REACH II 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 a wonderful caregiver 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 you are quizzing the CG. Instead you should engage them in a conversation. Having the closure worksheet completed before the closure session will give you a chance to think about what you covered with the CG and will make it easier for you to review these points rather than asking the CG to recall them for you.
- 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 you are the professional and in control of the session. Keep the CG focused by casually 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 core skills and strategies: *This will need to be individualized based on your past interactions with the caregiver. For example: If you have a caregiver who did not use the Health Passport, point out that although they did not use it during the project, there are other ways to utilize the passport. One example might be having it available for another person to access who cares for the CR occasionally. Also the information in the passport can be helpful in an emergency situation.*

Using the Closure Session 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. *Have your ideas and suggestions already noted on the worksheet prior to the closure session and add to them as you discuss the topics with the CG.*

Introduction: Inform the CG that this is the last session and you will be reviewing the materials that were discussed during the project. You may say something like **“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 them to use it after their participation is completed. Discuss ways the CG can continue using the notebook. Examples include:

- A place to organize new information such as brochures, information on new medications, articles on new Alzheimer’s research.
- Share with family and friends who want to know more about Alzheimer’s disease.

Safety: Review areas of safety that were discussed. (Refer to the RPW's). 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**. You may say something such as “***When considering safety think ahead. You want to prevent accidents before they occur***”.

Health: Discuss health issues (Refer to RPW's) and the Health Passport. Use the worksheet to write down important information that was brought out during the intervention. Encourage the CG to remember the importance of their health and thinking prevention here as well.

Caregiver Well-Being: Review the Well-Being Modules and reinforce the value of continuing to incorporate the techniques into daily life.

- **Relaxation Techniques:** Discuss which technique CG liked best and remind them 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 they enjoy.
- **Mood Module:** Review the 5 column 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 on-line support group. Discuss what the CG learned from the group. Inform the CG they can take part in other community support groups that can provide continued support.

Problem Solving: Acknowledge that new problems may occur and remind the CG that they have the skills needed to handle the situation. Remind CG of the brainstorming activity and let them know that this technique is useful in response to most any situation and can be accomplished alone or with a friend. (Remind CG of brainstorming rules.) For example, you might say “*Alzheimer’s is a constantly changing disease and you may face new problems with your loved one. You can use the brainstorming skills to solve future problems.*” You might also want to revisit the behavioral prescription(s) and reinforce the continued use of the strategies.

Additional Review Options

It might also be helpful to briefly revisit the list that you’ve just created (on the worksheet) and identify strategies that both you and the caregiver think were the most helpful for the CG. Some options for review with the caregiver include the following (remember that these are options only and do not necessarily have to be used with the CG)

OPTION 1

1. *Interventionist uses a 3 by 5 or 5 by 7 note card for discussing a future problem specifically or generally.*
2. *Interventionist writes the caregiver identified problem down on the note card, if applicable.*
3. *The interventionist will then ask the caregiver to think of the strategies that he or she identified as helpful to him or her and how those strategies may help this new potential concern.*

4. *The interventionist assists caregiver in reviewing strategies and making suggestions about how to deal with this future problem or highlighting strategies the interventionist felt worked well for the caregiver.*
5. *Together the interventionist and caregiver will come up with ideas that can be written down in a few phrases or sentences on the note card. Again, the interventionist should be the one to write down the strategies.*
6. *Once you have completed the note card, the caregiver, suggest that the caregiver place the note card in a place that is accessible to the caregiver, such as on the refrigerator, near the phone, near the bed, in the Caregiver Notebook pocket, etc. so he or she can refer to it when needed.*
7. *Review how this technique of using a note card for brainstorming and identifying strategies can be used in the future.*

OPTION 2

1. *Interventionist uses a 3 by 5 or 5 by 7 note card for recopying strategies from the Intervention Review so the caregiver can post those most helpful ideas somewhere accessible.*
2. *Once you have completed the note card, the caregiver, suggest that the caregiver place the note card in a place that is accessible to the caregiver, such as on the refrigerator, near the phone, near the bed, in the Caregiver Notebook pocket, etc. so he or she can refer to it when needed.*
3. *Review how this technique of using a note card for brainstorming and identifying strategies can be used in the future.*

OPTION 3

Do not use the note card with the caregiver. The Intervention Review is enough review and information for the caregiver.

INTERVENTION REVIEW

SAFETY

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

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*Alzheimer's disease affects your (CR)'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 **Health Passports**, They can be very useful when keeping track of both you and your (CR)'s health care needs. It is very important for you to maintain your own health in order to continue providing the best care for your (CR).*

CAREGIVER WELL-BEING

Here's some space to list well-being issues 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. (If applicable, add statement about pleasant events and/or mood management) (Also, remember it is important to take time out for yourself by choosing a **Pleasant Event** you can do at least once a week/Also, remember 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.

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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 which may be helpful to you and your loved one.

- **Alzheimer's of Central Alabama** ----- (xxx) xxx-xxxx
- **Area Agency on Aging** ----- (xxx) xxx- xxxx

PROBLEM SOLVING

Here's some space to list problem solving issues 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?**