

REACH II Intervention: Background and Rationale

Background

The personal, social, and health impacts of caregiving have been well documented in recent years (Ory, Hoffman, Yee, Tennstedt, & Schulz, 1999; Schulz & Beach, 1999; Schulz, 2000; Schulz, O'Brien, Bookwala, & Fleissner, 1995). These findings in turn have generated intervention studies aimed at addressing the burden, distress, and health-related morbidity associated with caregiving. The majority of intervention studies have focused on caregivers of persons with progressively dementing illnesses such as Alzheimer's disease (AD). Using a wide variety of intervention approaches, researchers have been able to achieve small to moderate decreases in burden and depression and, in a few cases, impressive clinically meaningful outcomes (Schulz, 2000; Schulz et al., 2002). Similar results have been reported for the intervention literature overall. A recent meta-analysis of the caregiver intervention literature reports that interventions produced significant improvement of .14 to .41 standard deviation units, on average, for caregiver burden, depression, and subjective well-being (Sorensen, Pinquart, & Duberstein, 2002). However, these conclusions need to be qualified by a host of methodological problems that still characterize much of this literature. First, sample sizes are often too small to detect even large effects (Cooke et al., 2001), and minority populations are not well represented in intervention trials. Second, randomized controlled trial methods have been used infrequently and are often implemented incompletely. Third, interventions are not well described, and treatment implementation data are infrequently collected or reported (Burgio et al., 2001). Finally, the proportion of studies reporting clinically significant outcomes for important public health indicators is relatively small (Schulz et al., 2002).

REACH I addressed several of these shortcomings by implementing six different randomized clinical trials at six different sites using identical measurement intervals and common outcome measures. Studies included relatively large sample sizes (N =1222 total) with significant numbers of African American and Hispanic caregivers. Interventions were carefully described and implemented. Meta-analysis was used to examine pooled parameter estimates of 9 active compared to 6 control group conditions of REACH at 6-months on burden and depressive symptoms in family caregivers (Gitlin et al., 2003). Associations of caregiver relationship, gender, education, racial/ethnic identity and treatment outcomes were examined. For burden, active interventions were superior to control conditions. Also, active interventions were superior to control conditions for women but not for men, and for caregivers with < high school education but not for those with higher education. For depressive symptoms, a statistically significant association of group assignment was found for Miami's combined family therapy and computer technology intervention. Also, active interventions were superior to control conditions for caregivers who were Hispanic, non-spouses or of lower education. Analyses based on a conceptual framework developed by REACH investigators showed that interventions using hands-on training modalities such as role play, modeling, demonstration and practice were most effective in reducing depressive symptomatology (Czaja et al., 2003; Belle et al., 2003). Finally, the data suggest that caregivers are receptive to and benefit from new technology (the CTIS system) that facilitates communication and information access. Overall, these findings suggest that interventions need to be responsive to important variations in need among caregivers and should therefore have some degree of tailoring to the individual, and that there are specific components and delivery methods likely to enhance the effectiveness of an intervention.

Rationale for REACH II Intervention

The design of the REACH II intervention is guided by a careful consideration of the existing literature as well as the experience and findings from REACH I. The overriding message from both of these sources is that caregiving presents multiple challenges that are not easily addressed. As a result, there is no single, easily implemented, and consistently effective method for achieving clinically significant effects among caregivers or care recipients.

One of the disappointments in the caregiving intervention research literature has been the relative lack of success in achieving clinically significant outcomes. Researchers have achieved small to moderate statistically significant outcomes on a wide variety of indicators such as depressive symptoms, burden, and other indicators of psychological well-being. The lack of strong findings is in part due to the misapplication of intervention approaches borrowed from medical and psychotherapeutic approaches. With rare exception, caregivers typically do not fall into single syndromal clinical categories that lend themselves to a clearly targeted intervention. For example, although most caregivers have elevated levels of depressive symptoms they do not meet criteria for clinical depression. Thus, unless one targets specific subgroups of caregivers who are clinically depressed, the ability to demonstrate large effects is constrained by the moderate level of the problem being addressed and the limited range of improvement possible. In general, caregivers can be characterized as having problems in multiple interrelated domains which exist at varying, but typically not extreme, levels of intensity. The intervention approach selected for this study is based on this assumption and is designed to maximize outcomes in multiple different domains by tailoring the intervention to respond to individual variation in risk.

Virtually all caregiving interventions involve several treatment elements aimed at simultaneously addressing multiple problems. Multi-component interventions delivered in high doses are generally more effective than more narrowly targeted interventions (Schulz, 2000; Sorensen et al., 2002). Although we subscribe to the multi-component approach to caregiver interventions, we diverge from the existing literature in an important way. Based on our assessment of the existing literature and the experience of REACH I, we believe a 'one size fits all' approach to caregiver interventions is likely to be ineffective. Because of the diversity of challenges inherent in the caregiving situation, interventions need to allow for some degree of tailoring of intervention components to meet the specific needs of the individual. Thus, we subscribe to a structured – but at the same time, tailored – approach to delivering interventions that are responsive to individual risk profiles.

Figure 1 illustrates the stress-health process, the overarching framework we use in REACH. Figure 2 shows how various components of the intervention we plan to test might impact on each element of the stress-health process. The goal of a multi-component intervention is to reduce stressors, enhance the individual's capacity to deal with stressors, and change negative emotional and behavioral responses of the caregiver and care recipient. This, in turn, should decrease the risk for mental and physical health problems. Our intervention approach targets multiple components of the stress-health model and focuses on five areas linked to caregiver stress health processes: safety, self-care, social support, emotional well-being; and problem behaviors. Because there is considerable variability in the needs of caregivers/care recipients, we use a risk appraisal approach to determine how much emphasis we place on each of the treatment components. Thus, the intervention is standardized with respect to the treatment components available, but varies with respect to the dosing or depth of treatment delivered for each of the available treatment components. The tailoring of the intervention will be guided by the individual profiles of the Risk Appraisal. For example, persons in active treatment who have minimal problems with depression will receive only a small dose of the intervention component designed to enhance emotional well-being. This will enable the interventionist to concentrate on those areas where risk factors are higher.

In order to deliver the intervention in a cost-effective manner we use a combination of in-home visits augmented by telephone-based technology found to be effective in REACH I. The outcomes assessment approach is consistent with the multiple risk factors intervention approach described above in that our primary outcome is a multivariate measure comprised of indicators in five domains: depressive symptoms, burden, self care, social support, and change in problem behaviors. Thus, we predict that overall, individuals assigned to active treatment will demonstrate better outcomes on our composite multivariate measure than individuals assigned to the control condition.

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Figure 1 REACH Stress-health Process Model

(Schulz et al., Handbook on Dementia Caregiving)

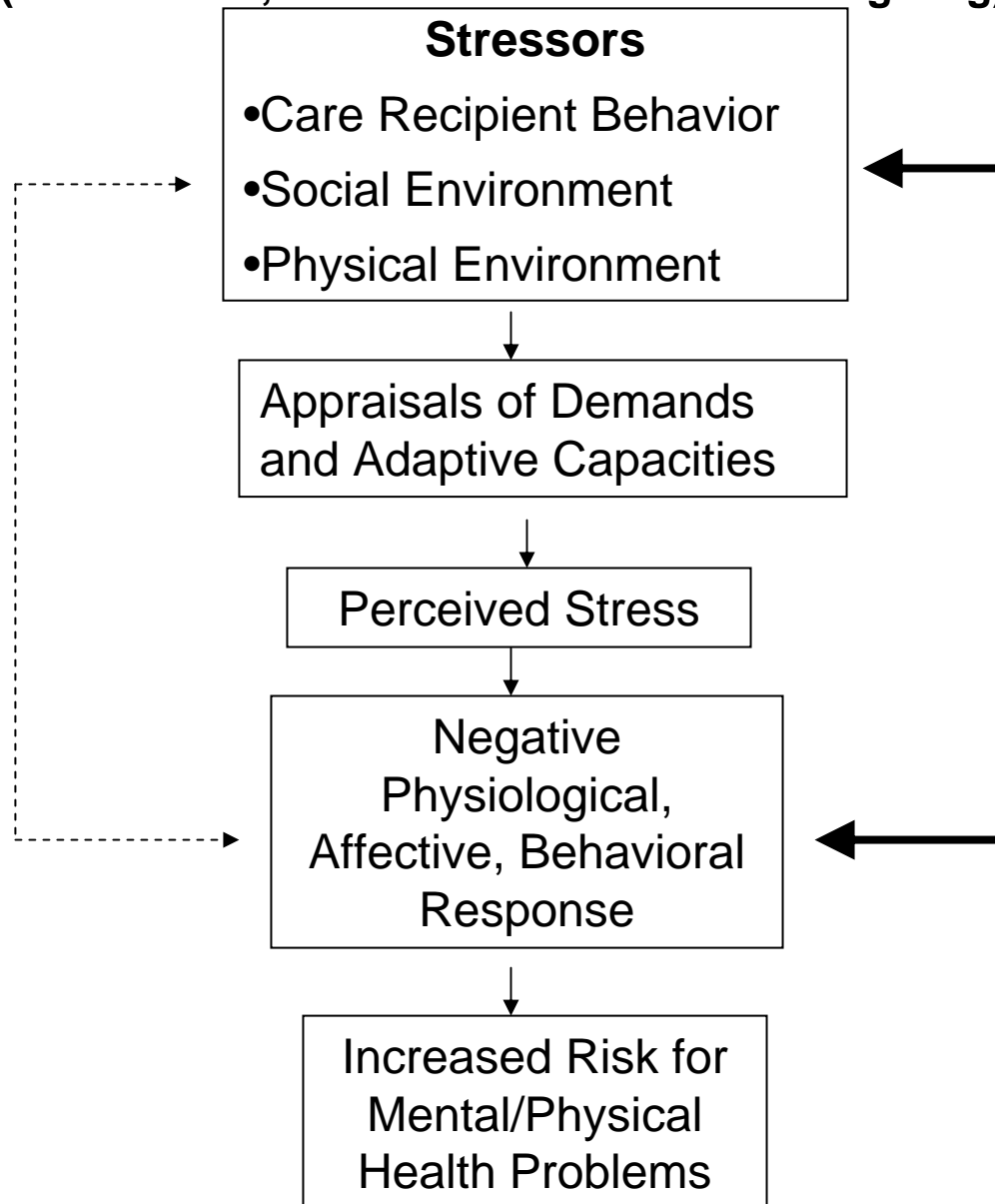
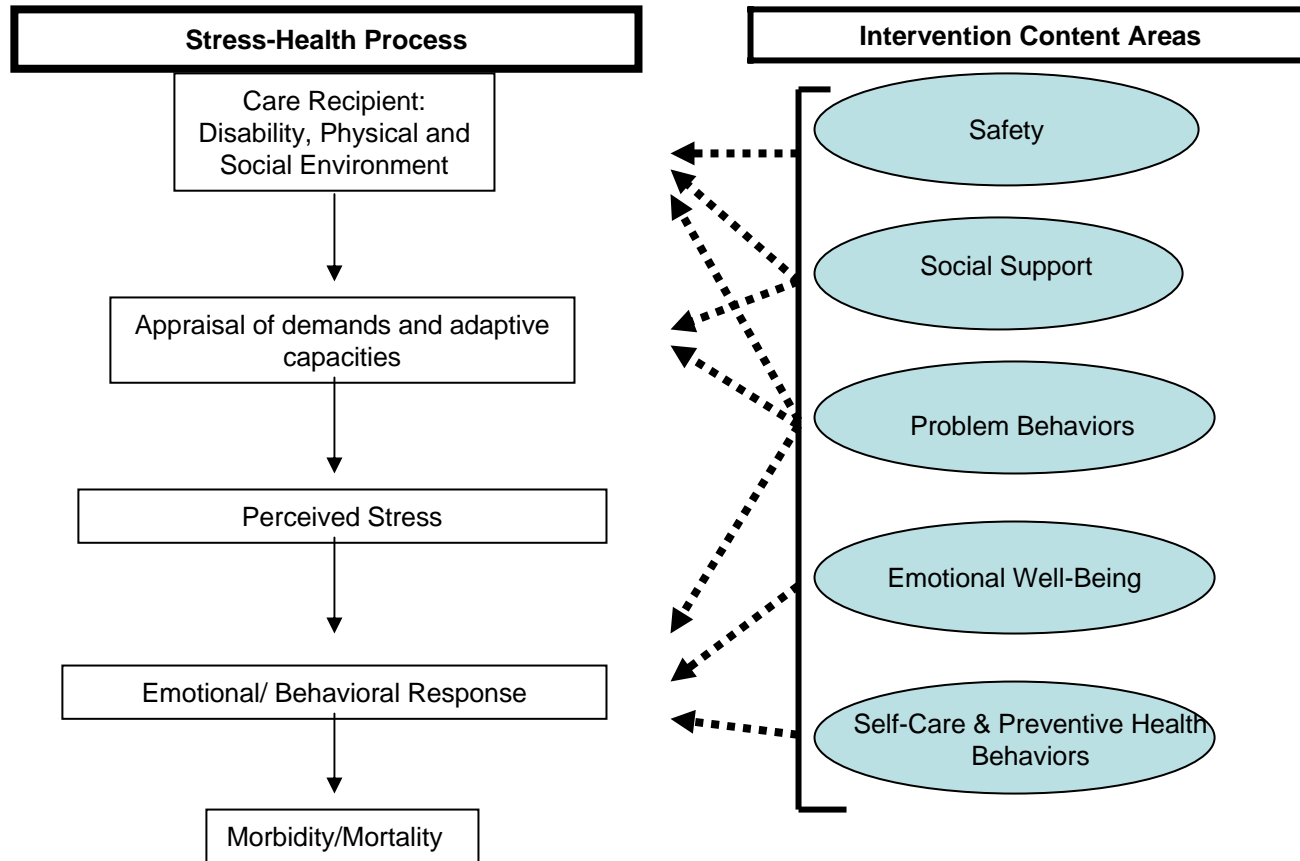
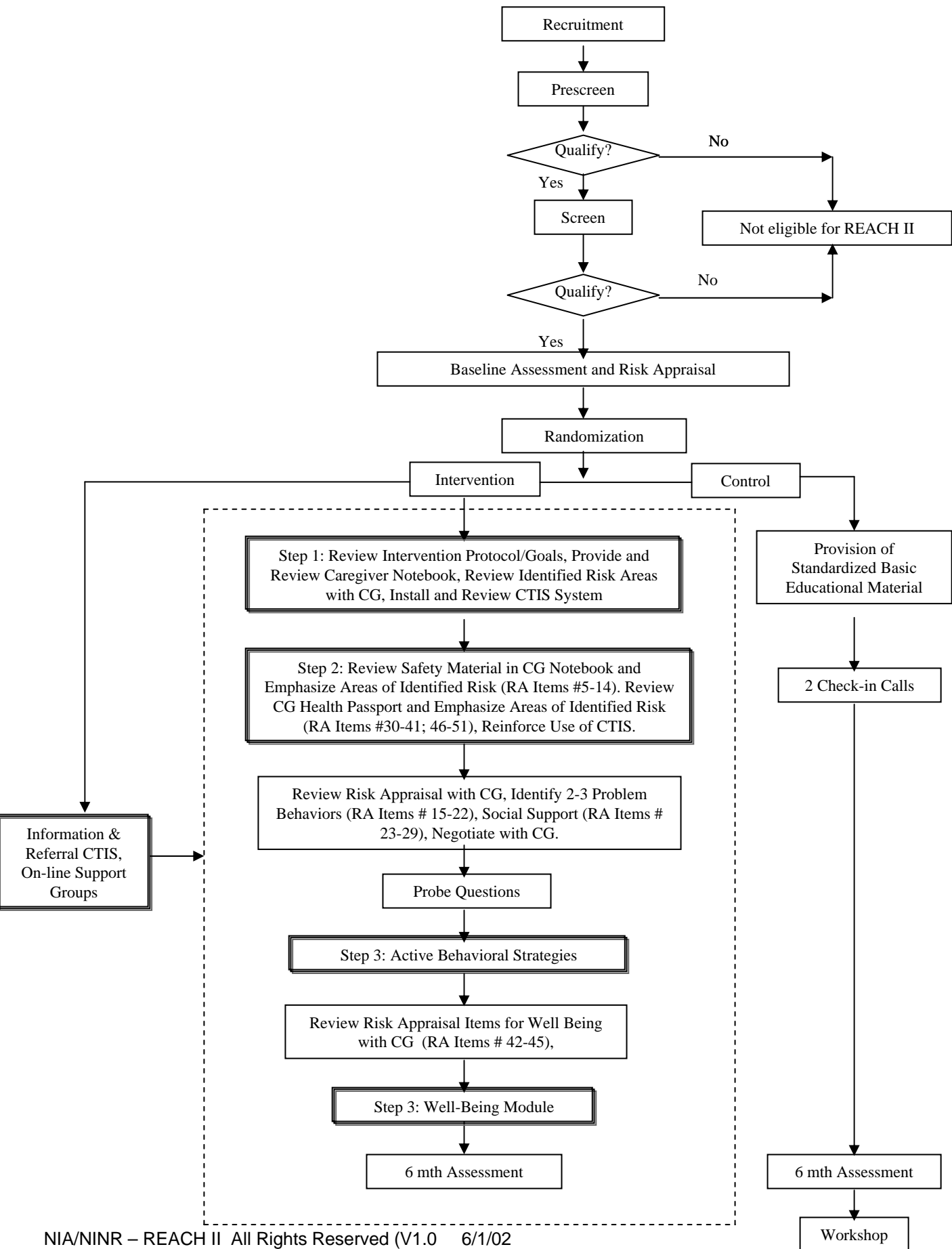


Figure 2. Hypothesized impact of various intervention components on the stress-health process applied to caregivers.



Flowchart of REACH II Intervention Protocol



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
<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		<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
<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 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 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.

DESCRIPTION OF REACH II CONTROL GROUP

Following baseline interview, caregivers will be assigned to the intervention or control group. The Project Manager or Telephone Contact Control (TCC) staff will contact caregivers assigned to the control group to inform them of their group placement. The following script is used for this telephone call. If the caregiver can not be reached after five attempts have been made, the control group letter with the educational material is sent out without first making phone contact. No additional attempts at phone contact are made then, until the 3 month call.

Script to inform Caregiver of Control Group Assignment following Randomization

The following call should be made by a member of the project staff in such a way as to assure that the Interviewer remains blind to treatment condition

Hello, this is _____ from _____ regarding the REACH II project. Is this a convenient time to talk? This will only take a few minutes.

If no: When would be a more convenient time to call you back?

If yes: I am calling to inform you that you have been assigned, by chance, to Group B. This is the group in which you will receive 2 phone calls to check in on you during the next six months. At the end of the six months, you will be invited to participate in a workshop that will take place in your home or at (NAME LOCATION). At this workshop, you will be told about community programs, helpful information about caregiving and memory loss, and new ways of managing behavior problems, your own stress and other areas of caregiving difficulty. I'm going to put a package of educational materials in the mail for you this week, and we will be calling you back within the next several months to see how you are doing. Do you have any questions? Thanks again for your involvement with this important project.

Control Group Activities

Caregivers in the control group will a) receive education materials; b) receive two telephone contacts, the protocol of which follows, and 3) be invited to participate in a workshop in their home or at a central location following completion of the 6-month follow-up (each site will design its own workshop that will include materials and activities provided to intervention group).

Educational Materials

Education materials are mailed to the caregiver following baseline and randomization to the control group. Materials include the following:

1. Alzheimer's Disease Facts' *
 - Published by Alzheimer's Association: 1-800-272-3900
 - Order form enclosed
 - English version: item # PR617Z
 - Spanish version: item # ED227ZS
 - \$10/100
2. 'Fact Sheet: Dementia' *
 - Published by Family Caregiving Alliance: 1-415-434-3388
 - Order form enclosed
 - Specify language on order form
 - \$1/each

3. Fact Sheet: Caregiving' *

- Published by Family Caregiver Alliance: 1-415-434-3388
 - Order form enclosed
 - Specify language on order form
 - \$1/each

4. 'Stress and the Caregiver' *

- Published by Journeyworks Publishing: 1-800-775-1998
 - Order form enclosed
 - English version Title #: 5071
 - Spanish version Title #: 5238
 - Prices: \$16/50
 - \$54/200
 - \$125/500
 - \$225/1000

5. Home Safety for the Alzheimer's Patient' *

- Published by ADEAR: 1-800-438-4380
 - Order form enclosed **OR** mail order information and check or money order to:
 - The ADEAR Center
 - PO Box 8250
 - Silver Spring, MD 20907-8250
 - English version catalog #: A-11
 - Spanish version catalog #: A-21
 - \$2.50/each, postage and handling included in price

***represents materials available in both English and Spanish**