

PHYSICAL AND EMOTIONAL WELL-BEING

Rationale for the Importance in Caregiving

The tasks and burdens associated with caregiving are typically numerous and varied and often change across the course of the dementing illness. Given these often overwhelming responsibilities, caregiving for family members with dementia is often associated with increased levels of depression, anxiety and anger, as well as higher use of psychotropic medications, poorer self-reported physical health, and compromised immune function (e.g., Bookwala, Yee & Schulz, 200; Schulz, O'Brien, Bookwala, & Fleissner, 1995). Thus, the caregiver physical and well-being intervention components are designed in response to increased caregiver mental and physical health concerns associated with the burdens and stressors of family caregiving.

Theoretical Rationale

Emotional Well-being. The intervention's emotional well-being components are derived primarily from the stress and coping model of Lazarus and Folkman (1984) and from the work of Beck, Lewinsohn, Novaco and colleagues (Beck, Rush, Shaw & Emery, 1979; Lewinsohn et al., 1983; Lewinsohn, Muñoz, Youngren & Zeiss, 1986; Novaco, 1979) whose theories articulate the role of cognitions and behaviors in negative affective states, such as depression, anxiety and anger/frustration. The use of these models fit easily into the REACH 2 proposed framework. Simply put, stress and coping models propose that the manner in which individuals evaluate and manage perceived stress is critical in determining the amount of distress they will experience. These are general models that can be applied to many specific situations, and help to account for the common observation that "objective" stressors (such as death of one's spouse) lead to many different levels of intensity in terms of response, according to how the event is viewed by the person, and whether or not he/she believes that necessary resources to cope are present. Stress and coping models incorporate both cognitive and behavioral aspects (in terms of appraisal and response); however, these are more fully developed in theories of Beck, Lewinsohn, Novaco, and colleagues who also apply their concepts more specifically to individuals with affective distress. As well, their writings provide many highly operationalized techniques for achieving treatment goals--essentially through reduction of negative thoughts and attitudes, and through increase in positive reinforcement via use of more adaptive social behaviors. Cognitive-behavioral approaches involve helping patients develop the requisite skills (which vary according to the point of emphasis of the model) which are seen as essential for improved mood and function.

Physical Well-being. Most outcomes in caregiver intervention research have focused on the mental health or psychosocial consequences of caregiving. However, caregiving can also negatively affect caregivers' physical health and health behaviors (Schulz et al., 1995). Since caregiving can be a prolonged stressor, caregivers may be at risk for conditions such as high blood pressure and increased susceptibility to colds and flu. Caregivers also appear less likely than their non-caregiving counterparts to practice preventive health behaviors that are important in chronic disease prevention and control (Burton, Newsom, Schulz, Hirsch & German, 1997; King & Brassington, 1997; Scharlach, Midanik, Runkle, & Soghikian, 1997). Moreover, recent data from the Caregiver Health Effects Study showed that older adults caring for a disabled spouse who experienced strain as a result of their caregiving role were 63% more likely to die within four years than non-caregivers (Schulz & Beach, 1999). In response, the intervention's physical well-being component will focus on basic education and referral to health care providers to encourage caregivers to maintain their physical health.

Description of Intervention's Basic Principles

Emotional Well-being Modules. The caregiver emotional well-being modules are designed to teach a limited number of skills for managing caregiver mood and behavior. This education and training is handled through two overarching approaches: 1) an emphasis on reducing negative affect (frustration/anger and sadness/depression) by learning to relax in the stressful situation, learning to appraise the care-receiver's behavior more realistically, learning to identify and challenge negative thinking, and learning how to be appropriately assertive; and, 2) an emphasis on increasing positive mood through acquisition of such skills as seeing the contingency between mood and activities, developing strategies to do more small, everyday pleasant activities. Such approaches have been applied successfully to dementia family caregivers (e.g., Gallagher-Thompson & DeVries, 1994; Gallagher-Thompson, Lovett et al., 2000; Gallagher-Thompson, Coon et al., submitted).

Five separate REACH intervention modules were developed to teach and reinforce these skills that include both education, skill development, and in-session role-play or practice, as well as out-of-session homework assignments/practice. The five modules are:

- ❖ Stress Reduction and Relaxation
- ❖ Assertive Communication
- ❖ Frustration Management
- ❖ Managing your Mood
- ❖ Increasing Pleasant Events

Physical Health Passport. Taking care of one's physical health will be handled through basic education and referral to appropriate professionals through use of the Caregiver Health Passport. The Health Passport information can be used as a guide for discussion with their health care provider. This tool is designed to help caregivers manage the health of their care recipients as well as themselves by:

- ❖ Keeping a record of the medical services received.
- ❖ Providing basic health information.
- ❖ Reminding the caregiver of and tracking preventive health services.

Beck, A. T., Rush, J., Shaw, B., & Emery, G. (1979). Cognitive therapy of depression. New York: Guilford.

Bookwala, J., Yee, J.L., & Schulz, R. (2000). Caregiving and detrimental mental and physical health outcomes. In G.M. Williamson, P.A. Parmelee, & D.R. Shaffer (Eds), Physical illness and depression in older adults: A handbook of theory, research, and practice (pp. 93-131). New York: Plenum.

Burton, L.C., Newsom, J.T., Schulz, R., Hirsch C., German P.S. (1997). Preventive health behaviors among spousal caregivers. Preventive Medicine, 26, 162-169.

Folkman, S., Schaeffer, C., & Lazarus, R. (1979). Cognitive processes as mediators of stress and coping. In V. Hamilton & D. Warburton (Eds.), Human stress and cognition (pp. 265-298). Chichester: John Wiley and Sons.

Gallagher-Thompson, D., Coon, D., Solano, N., Ambler, C., Rabinowitz, R. & Thompson, L. (submitted). Change in indices of distress among Caucasian and Latina caregivers of elderly relatives with dementia: Site specific results from the REACH National Collaborative Study.

Gallagher-Thompson, D. & DeVries, H. (1994). "Coping with Frustration" classes: Development and preliminary outcomes with women who care for relatives with dementia. The Gerontologist: Practice Concepts Section, 34, 548-552.

Gallagher-Thompson, D., Lovett, S., Rose, J. McKibbin, C., Coon, D. W., Futterman, A., & Thompson, L. W. (2000). Impact of psychoeducational interventions on distressed family caregivers. Journal of Clinical Geropsychology, 6, 91-110.

King, A. C. & Brassington G. (1997). Enhancing physical and psychological functioning in older family caregivers: the role of regular physical activity. Annals of Behavioral Medicine, 19, 91-100.

Lazarus, R., & Launeir, R. (1978). Stress-related transactions between persons and environment. In L. Pervin and M. Lewis (Eds.), Perspectives in international psychology (pp. 287-325). New York: Plenum Press.

Lewinsohn, P. M., Munoz, R. F., Youngren, M. A., & Zeiss, A. M. (1986). Control your depression. New York: Prentice Hall.

Lewinsohn, P. M., Sullivan, J. M. & Grosscup, S. (1982). Behavioral therapy: Clinical applications. In A. J. Rush (Ed.), Short-term psychotherapies for depression (pp. 50-87). New York: Guilford.

Novaco, R.W. (1979). The cognitive regulation of anger and stress. In P.C. Kendall & S.D. Hollon (Eds.), Cognitive-behavioral interventions: Theory, research and procedures. New York: Academic Press.

Scharlach, A.E., Midanik, L.T., Runkle, C.M. & Soghikian, K. (1997). Health practices in adults with elder care responsibilities. Preventive Medicine, 26, 155-161.

Schulz, R., & Beach, S. R. (1999). Caregiving as a risk factor for mortality: The caregiver health effects study. JAMA, 282, 2215-2219.

Schulz, R., O'Brien, A. T., Bookwala, J., & Fleissner, K. (1995). Psychiatric and physical morbidity effects of dementia caregiving: Prevalence, correlates, and causes. The Gerontologist, 35, 771-791.

Stress Management Module

Relevant Risk Appraisal Question: **In the past month or so, has caregiving made you feel overwhelmed or extremely tired?**

Example of the Probing Process:

If yes: How often would you say this happens? What do you generally do when this happens? (probe for typical coping strategies).

Do these methods generally help you to feel less overwhelmed? yes/no

If yes: which are the most effective?

If no: What do you think is getting in the way of these being helpful to you in reducing the stress you feel?

In either case: I'd recommend we work on some new strategies designed to help manage stress. There are several skills we can work on during our time together. I would recommend we begin with relaxation training and teach you some ways to reduce feelings of being overwhelmed. I can teach you several different methods for managing stress, both while you are IN the stressful situation itself, and more generally.

If caregiver says they are uninterested: probe: "It seems to me that it could be very helpful for you to learn some ways to reduce stress. Can you tell me why you are reluctant to work on this?" (The reason for the strong probe is that feeling overwhelmed is not generally conducive to good caregiving; therefore to me it would be a priority for intervention).

Relevant Forms for Stress Management Module include:

- Stress/ Tension Diaries Sessions 1,2,3

Relevant Handouts for Stress Management Module include:

- Some Effects of Stress
- Steps You Can Take

Session #1

SOME EFFECTS OF STRESS

Potential Physical Effects of Stress

When a person is under stress, the body releases the primary stress hormone called cortisol. Cortisol is very important, because it organizes systems throughout the body (including the heart, lungs, and immune system) to manage the stressful event.

When a stressor continues for a long time, it can take a serious toll on the body's ability to function and may lead to many health problems. Since caregiving can be a long-term stressor, caregivers can be at risk for conditions such as:

- High blood pressure

- Heart problems
- Increased susceptibility to colds and flu.

Potential Psychological Effects of Stress

When left untreated, chronic or long-term stress can cause problems such as depression, anxiety, anger, and irritability. Some people feel that they do not have the energy to do routine tasks and wish they were somewhere else. Some people start to feel hopeless and helpless, cry often, and notice changes in their appetite or sleep patterns. They may feel exhausted and empty. In summary, stress can take away from quality of life, by lowering a person's ability to experience pleasure and a sense of accomplishment.

Potential Social Effects of Stress

Caregiver's friendships and relationships often suffer due to the challenges of caregiving. Forming and maintaining social support can relieve stress by giving caregivers a chance to discuss their thoughts and feelings. It is common for caregivers to feel that no one understands what they are going through. However, caring for someone with memory problems does not have to be a lonely experience. As the behaviors and care needs change in the person with dementia, let friends and family members know when you need help, or even just a break. Caring for a loved one with dementia is too big a job for one person. There are many local support groups that can give you a chance to meet others who have similar experiences. You might say that you don't have time for these kinds of things, but it is important for your health and well-being that you make time. Caregiver stress can lead to illness or burnout if you do not take steps to prevent it.

STEPS YOU CAN TAKE:

Give yourself permission to take breaks, even for just 15 minutes at a time. Taking care of yourself helps reduce stress and keeps you healthier.

← - - - - Formatted: Bullets and Numbering

- Take a walk or make time for other physical exercise and healthy physical outlets.
- Make time to spend with friends and family you enjoy.
- Call friends, neighbors or family on the phone to stay in touch with others.
- It's still important to laugh! Remember and use your sense of humor. Listen to tapes, records, television or people that help you laugh.
- Talk things out with a friend or get professional counseling if needed.
- Learn and practice relaxation techniques.
- Maintain religious or spiritual practices that are important to you (e.g., attend Church or Synagogue, pray, read religious literature).

Try to solve problems as they come up rather than avoiding them. Ask for help or let others help you.

← - - - - Formatted: Bullets and Numbering

- Establish priorities and organize time more effectively. Let the small stuff go. Again, ask for help or let others help you.

- Stop running negative thoughts and attitudes through your mind and learn healthier ways of thinking about yourself and your situation.

Take time for your physical health.

- Keep your own doctor, dentist, and other professional healthcare appointments.
- Take prescribed medications as suggested by your health care professional.
- Try to get enough sleep and rest. Talk with your healthcare professional and other caregivers about ways to get enough rest.
- Avoid smoking or relying on alcohol or drugs to feel better.

B. Brief Relaxation Strategies for Caregivers I: The Signal Breath* (20 Minutes)

As you know, caregivers are sometimes faced with situations that can result in frustration or stress which can potentially lead to reduced health and well-being.

Ask caregiver: “What sort of caregiving situations have been frustrating or stressful to you?” (Have caregiver name a couple of problems that have recently come up during caregiving).

To help you reduce your stress and tension in situations like these, we are going to practice together three different short relaxation strategies over the next several weeks. I encourage you to use these strategies on a daily basis. Our goal in practicing these strategies is to help you gain more control over your tension so that you can manage stressful situations better. I will work with you on three different possibilities for relaxation. One each week. As you use these strategies, you may find that one or some work better than others.

A. Rating your Level of Tension or Stress

In using these different strategies, it is very helpful to learn to rate your level of tension of stress both before and after the exercise. Doing these ratings helps you find out which strategies work best for you.

Interventionist: Use the Stress Diary and the Scale at the Top for the following exercise.

Let’s begin by rating your level of tension before the practice exercise using the scale at the top page. I will also ask you to re-rate your level of tension after the exercise. What number/phrase best represents your current level of tension?

Before the relaxation exercise, I feel _____(Rate from 1 to 5).

B. Script for Interventionists: Introduction to the Signal Breath

The first relaxation strategy is called the Signal Breath. The Signal Breath was designed specifically to help you when you are in the middle of stressful situations. We chose this simple but effective technique, because caregivers often have limited time for themselves. The great thing about the Signal Breath is that it only takes a moment and can potentially reduce a lot of tension. Also, it can be used anywhere, at any time, as many times as you want. In fact, you could even use the Signal Breath in a crowded room and no one would know.

C. Script for Interventionists: How to do the Signal Breath

Okay, so let's try this out. I want you to take in a deep breath, and hold it for a few moments. However, don't breathe so deeply or hold it so long that it is uncomfortable. About 3 or 4 seconds is usually long enough. Exhale slowly while at the same time saying to words such as "relax", "let go", "easy does it" to yourself. Also, while you are exhaling, try to let your jaw, shoulders, and arms go loose and limp.

Okay, let's try it again. Take in a deep breath, and hold it. Now, let it go slowly and say to yourself a calming word. Let your jaw, shoulders, and arms go loose and limp. One more time, take in a deep breath and hold it. Let it out slowly. Relax. Let your body go loose and limp.

Now let's re-rate your level of tension. What number/phrase best represents your current level of tension?

After the Signal Breath exercise, I feel _____(Rate from 1 to 5).

Ask Caregiver: "How did that feel for you?" _____

"Did it help a little?" _____

"What was your relaxing word?" _____

Interventionist: If caregiver says it didn't work or it was not helpful, remind them that it requires regular practice, and encourage them to do so. Also remember to use the " Trouble Shooting " Suggestions as warranted.



C. Script for Interventionists: Home Practice- Stress Diary

I encourage you to practice the Signal Breath at least once each day. Some caregivers find it useful to practice when they are not stressed, because it helps reduce feelings of tension when stressful

situations ultimately arise. That is great, but I also want you to practice it when you are in the midst of a stressful situation if possible. Here is a handout for you called the Stress Diary. We will be using this with each technique we practice. Please try fill out this diary every day this week. Rate your tension before and after using the Signal Breath. Under comments, you can provide some details about the stressful situation and how you used the technique. The more you practice this technique, the greater your chances it will be helpful. Next time we meet, we will go over the Stress Diary and your use of the Signal Breath.”

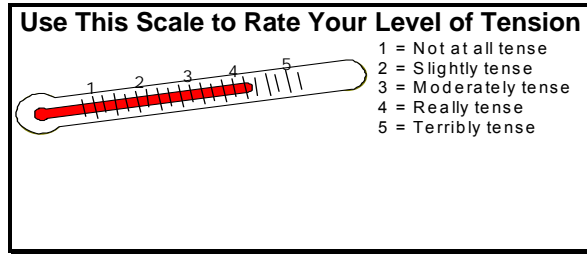
Finally, next time we meet we will be using music as a relaxation strategy. There are some things you need to do to prepare for the next session.

- 1) Do you have a tape player, CD player or radio that we could use to listen to music that you would find relaxing? If not, is there someone you can borrow one from?
- 2) Which type of equipment will you use, so I can be prepared?
- 3) Please select one or two pieces of music that you enjoy and have them available for our next session. If you don't have any music, I can bring a tape or CD of some music that many people find relaxing.

**The Signal Breath technique was originally designed by Dr. Richard L. Hanson at the Long Beach VA Medical Center in his work with chronic pain patients and has been adapted for use with caregivers of persons with dementia by Jocelyn Shealy McGee, MSG, MA at the Palo Alto VA Health Care System.*

Stress Diary

****For each day select one situation to record. Try to do the stress management exercise**



while you are in a stressful situation. If you can't do that, record as much of this as you can anyway.

DATE	STRESS	COMMENTS (Important details about the situation, why I felt this way, and what worked or did not work etc.)
	Before technique: _____ After technique: _____	Situation: _____ Comments: _____
	Before technique: _____ After technique: _____	Situation: _____ Comments: _____
	Before technique: _____ After technique: _____	Situation: _____ Comments: _____
	Before technique: _____ After technique: _____	Situation: _____ Comments: _____
	Before technique: _____ After technique: _____	Situation: _____ Comments: _____
	Before technique: _____ After technique: _____	Situation: _____ Comments: _____
	Before technique: _____ After technique: _____	Situation: _____ Comments: _____

Brief Relaxation Strategies for Caregivers 2: The Power of Music (20 Minutes)

* Interventionists must bring a tape and CD (provided by their REACH site) as a back up in case the caregiver forgets to have music available.

A. Review of Home Practice

I'd like to review the Stress Diary and the Signal Breath that we discussed last week. Did you practice the Signal Breath and complete your Stress Diary? Let's go over the Diary together.

If yes, provide lots of praise (e.g. "You did so well; and, ask CG the following questions:

1. Please tell me about your experiences using the Signal Breath. How did it feel? Did you feel like you had more control in the situation? Did some of the situations turn out better, because you were less stressed?

2. Please tell me about your experience using the Stress Diary.

3. How did you feel before and after using the Signal Breath? The Stress Diary?

Interventionist: If the caregiver reports that he/she did not benefit from doing the Signal Breath or the Diary, respond with the following: "It typically takes time and practice to benefit from these strategies. You have been feeling stressed and overwhelmed for a long time, and it will take a while to notice a difference. But remember, taking time to relax will improve your well-being."

If they did not practice, problem-solve barriers to doing the home practice (use the Trouble Shooting Sheet and suggestions below).

1. **Situation:** "I was tired."

Potential Solution: It is usually helpful to set aside a specific time each day to do the Signal Breath. Perhaps immediately before you go to bed at night would be a good time. It may even help you sleep better.

2. **Situation:** "I forgot."

Potential Solution: Put the Stress Diary by your bedside or on the refrigerator or somewhere that you will not miss it. If you place it where you see it, it can serve as a prompt for you to do it.

B. Rating your Level of Tension or Stress

Interventionist: Use the Stress Diary and the Scale at the Top for the following exercise.

Let's begin by rating your current level of tension before the practice exercise using the scale at the top of the Tension Diary. Doing these ratings helps you find out which strategies work best for you. Just like last time we met, I will also ask you to re-rate your level of tension after the exercise. What number/phrase best represents your current level of tension?

Before the tension reduction exercise, I feel _____(Rate from 1 to 5).

C. Script for Interventionists: Introduction to Music

This simple and enjoyable relaxation technique focuses on using music as a way to reduce the stress and frustration that sometimes come with caregiving. It is our belief that music has the power to decrease tension even under the most difficult circumstances, and the wonderful thing about music is that it can be used anytime you are feeling tense.

The kind of music that people find relaxing varies. For example, one person may enjoy jazz and another may relax to classical music. What are a few types of music that you find relaxing?

Interventionists: Please have caregivers list the types of music they find relaxing.



Do you and your loved one like similar kinds of music. If so, what kind of music could you use to relax together?

Interventionists: Please have caregivers list the types of music both they and their loved could use to relax together, if any.



On the flip side, other people may find some forms of music stressful, irritating or bothersome. Are there any types of music that you or your loved one find stressful or bothersome?

Interventionists: Please have participants share types of music they do not like.



D. Script for Interventionists: In Session Music Exercise

Let's listen to a short tape or CD of some music that you may find relaxing (or if no tape player or CD player available---let's find a radio station playing that type of music). I will want to know how you feel after you listen to this music. So find a comfortable position in your chair and close your eyes. Let your mind and body relax with the sound of this music.

**If caregiver has music ready to use, please use that. If not, use music provided by your REACH center.

Interventionists: Play a tape, CD or find a radio station playing the type of music the CG finds relaxing for about five minutes. Afterwards, have participants discuss their reactions to the music.

Ask Caregiver: "How did it feel to listen to this type of music?" _____

"What kinds of things did you think about while listening to the music?" _____
_____.

E. Script for Interventionists: Home Practice

Earlier we identified types of music that you find enjoyable. Now I want to set a plan with you to listen to music each and every day this week and use the Stress Diary. I also want to encourage you to continue using the Signal Breath whenever you want.

Ask Caregiver: "What tape or CD player or radio will you use to help you listen to music?" Help caregiver identify what they will use (e.g., tape recorder, radio, stereo). _____

"What time of day would work best for you to do this?" _____.

"Where will you go to complete your exercise?" _____
_____.

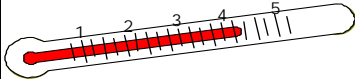
Deleted: ¶

We will go over the Stress Diary and your use of music next time.

Stress Diary

****For each day continue using the Signal Breath, and Music. Try to do these exercises at least once each day.**

Use This Scale to Rate Your Level of Tension



- 1 = Not at all tense
- 2 = Slightly tense
- 3 = Moderately tense
- 4 = Really tense
- 5 = Terribly tense

DATE	STRESS	COMMENTS (Important details about the situation, why I felt this way, and what worked or did not work etc.)
	Before technique: _____ After technique: _____	Situation: _____ Comments: _____
	Before technique: _____ After technique: _____	Situation: _____ Comments: _____
	Before technique: _____ After technique: _____	Situation: _____ Comments: _____
	Before technique: _____ After technique: _____	Situation: _____ Comments: _____
	Before technique: _____ After technique: _____	Situation: _____ Comments: _____
	Before technique: _____ After technique: _____	Situation: _____ Comments: _____
	Before technique: _____ After technique: _____	Situation: _____ Comments: _____



Session 3

Brief Relaxation Strategies for Caregivers 3: Stretching (20 Minutes)

A. Review of Home Practice

I'd like to review the Stress Diary and the use of Music that we discussed last week.

Did you take time to listen to music and complete your Relaxation Diary? Let's go over the Diary together.

If yes, provide lots of praise and ask CG the following questions:

1. Please tell me about your experiences listening to Music.

2. Please tell me about your experience using the Stress Diary.

3. How did you feel before and after Listening to Music? The Stress Diary?

Interventionist: If the caregiver reports that he/she did not benefit from listening to Music or the Diary, respond with the following: "It typically takes time and practice to benefit from these strategies. You have been feeling stressed and overwhelmed for a long time, and it will take a while to notice a difference. But remember, taking time to relax will improve your well-being."

If they did not practice, problem-solve barriers to doing the home practice, and Trouble Shooting Sheet.

3. **Situation:** "There was no time."
Potential Solution: It is usually helpful to set aside a specific time each day to do the Signal Breath. Perhaps immediately before you go to bed at night would be a good time. It is important to give this gift to yourself in order to keep yourself healthy.
4. **Situation:** "The technique did not work."
Potential Solution: Most people find that the more they practice the more effective the strategy is. Try to increase your use of the strategy this week.

B. Rating your Level of Tension or Stress

Interventionist: Use the Stress Diary and the Scale at the Top for the following exercise.

Let's begin again today by rating your current level of tension before the practice exercise using the scale at the top of the Stress Diary. Doing these ratings helps you find out which strategies work best for you. Just like last time we met, I will also ask you to re-rate your level of tension after the exercise. What number/phrase best represents your current level of tension?

Before the relaxation exercise, I feel _____(Rate from 1 to 5).

C. Script for Interventionists: Introduction to Stretching

Simply stretching tired muscles can go a long way towards reducing tension and stress. Stretching exercises can be used almost anywhere, at any time, for as long as you want, so it can be an especially convenient relaxation technique for caregivers. It is important to do stretching exercises that feel good to you. As we practice this today, please tell me if you experience any discomfort and we will stop and try something else.

Interventionists: If the caregiver has physical discomfort or impairments that preclude Stretching, use the alternative exercise "Meadow and Stream" located at the end of this Module.

B. Script for Interventionists: In Session Stretching Exercise

Today, we will do a few stretching exercises that will help you relax. First, let's start by standing up or if you prefer you may choose to do this exercise in your chair. Whatever is the most comfortable for you is all right. Take a deep signal breath, all the way down to the bottom of your stomach, and slowly let it out. As you exhale feel the tension drain from your body. Take one more breath and hold it for a moment...and let it out slowly. With each breath you are becoming more and more relaxed. Now, gently reach your arms out to the side with as though you were trying to touch the walls. Relax your shoulders and stretch yourself a little. Gently reach your arms out in front of you. Feel the muscles in your back and shoulders loosen up. Stretch out in front a little further. And now reach up as high as you can. Push up your arms towards the sky, as if you were trying to reach the sun. Again, reach your arms out to the side as though you are trying to touch the walls, as though you are trying to push the walls outward. Reach out in front of you. Feel your muscles in your back and shoulders become looser and less tense. Reach towards the sky one more time. Reach as high as you can. Try to touch the sun. Now, roll your shoulders back. Feel the tension drain from your body. Roll your shoulders back again. One more time roll your shoulders. Now roll them forward. Forward again. One more time forward. Now shrug your shoulders, lifting them up and then pushing them down. Shrug your shoulders again. Shrug them one more time. Now another take in a deep and refreshing breath and exhale all of the tension in your body. Take one more breath...and exhale letting go of any remaining tension. You should feel more calm and relaxed now.

After the relaxation exercise, I feel _____(Rate from 1 to 5).

Ask Caregiver: "How did it feel to stretch your muscles?"
_____.

"Did it help a little?" _____.

"Was it uncomfortable?" _____.

C. Script for Interventionists: Home Practice

Now I want to set a plan with you to practice stretching each and every day this week and use the Stress Diary. I want to encourage you to continue to use the Signal Breath and listen to Music whenever you can.

Ask Caregiver: *What time of day will you do your stretching exercises?"*
_____.

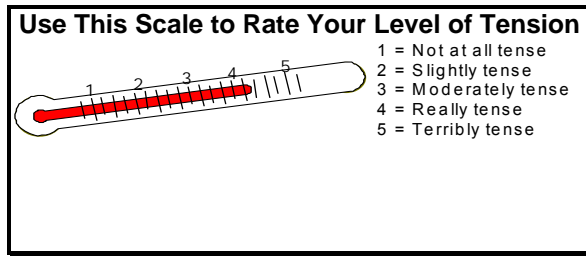
"Where will you go to complete the exercise?"
_____.

<p><u>Interventionists:</u> Make a plan/set up a schedule that encourages them to use it throughout the week. If the caregiver has or will borrow a tape player, provide a tape of the exercise. If the caregiver is unable to get a tape player, review and provide a copy of the bulleted script for their use in practice.</p>

We will go over the Stress Diary and your use of Stretching next time we meet.

Stress Diary

****For each day continue using the Signal Breath and music Add the stretching exercise.**



Try to do these exercises at least once each day.

DATE	STRESS	COMMENTS (Important details about the situation, why I felt this way, and what worked or did not work etc.)
	Before technique: _____ After technique: _____	Situation: _____ Comments: _____
	Before technique: _____ After technique: _____	Situation: _____ Comments: _____
	Before technique: _____ After technique: _____	Situation: _____ Comments: _____
	Before technique: _____ After technique: _____	Situation: _____ Comments: _____
	Before technique: _____ After technique: _____	Situation: _____ Comments: _____
	Before technique: _____ After technique: _____	Situation: _____ Comments: _____
	Before technique: _____ After technique: _____	Situation: _____ Comments: _____

Session 4

Brief Relaxation Strategies for Caregivers: Review (20 Minutes)

A. Review of Home Practice

I'd like to review the Stress Diary and the Stretching Exercise that we discussed last week.

Did you take time to listen to music and complete your Stress Diary? Let's go over the Diary together.

If yes, provide lots of praise and ask CG the following questions:

1. Please tell me about your experiences with the Stretching Exercise (or Guided Imagery if used as alternative).

2. Please tell me about your experience using the Stress Diary.

3. How did you feel before and after Listening to Music? The Stress Diary?

Interventionist: If the caregiver reports that he/she did not benefit from stretching, respond with the following: " It typically takes time and practice to benefit from these strategies. You have been feeling stressed and overwhelmed for a long time, and it will take a while to notice a difference. But remember, taking time to relax will improve your well-being."

If they did not practice, problem-solve barriers to doing the home practice, and use the Trouble Shooting Sheet.

What stopped you from stretching? Trying out the Stress Diary?

B. Script for Interventionists: Summary of Techniques Learned

1. *Discussion:* *Let's review the three techniques you learned for decreasing stress. First, you learned the "Signal Breath". Second, your learned how to use music. Finally, you learned about stretching (or guided imagery).*

Which one(s) did you prefer? This might change with additional practice.

When do you think you will be able to use the techniques?

2. Discussion: How can you use these techniques when you are actually in the middle of a stressful caregiving situation?

3. Tell Caregiver: I would like to encourage you to keep using these different stress management techniques and to keep a daily record of your progress. You and I will review them periodically to see how they work. Do you have any questions?



Appendix A: Optional Relaxation for Caregivers

Guided Imagery: Meadow and Stream

Script for Interventionists:

This is a guided relaxation imagery exercise. First of all, get yourself into a comfortable position. Just settle back into your chair. Close your eyes and take in a deep signal breath, holding the breath for a few moments and then let it out slowly feeling relaxation as you do so. And now take in another deep breath,... hold it until you feel a little tension in your chest and then... let go... relax... allow all the muscles in your body to become loose, limp, soft like a rag doll, just allow pleasant waves of relaxation to flow through you, soothing and relaxing each and every part of your body... including your arms and hands... your neck and shoulders... your scalp and all the muscles in your face... and as you rest there quietly, breathing freely and evenly, allow the muscles of your chest to become loose and relaxed... and then your stomach and your back... both your upper back and lower back... your hips and legs... allow the relaxation to flow through your legs all the way down your feet and ankles... and as I continue talking to you, these waves of relaxation can continue to spread throughout your body... penetrating deeply to every cell of your body... but no matter how relaxed you feel right now, it is possible to become even more deeply relaxed and yet awake and aware of my voice.

Now even though your attention may wander from time to time, simply bring it back to the images that I am going to describe. Imagine yourself about to open a very large door, and as the door opens you suddenly find yourself transported to another place, stepping out into a grassy meadow, a peaceful, quiet meadow. And flowing through the meadow is a small winding stream, and on each side of the stream are tall shady trees... picture yourself right now sitting or lying down along the bank of this stream. You may want to rest against the trunk of one of the trees... notice the pale blue sky and the fluffy white clouds, feel the warmth of the sun with it's pleasant rays shining down and sparkling as it reflects off the flowing water... it is a beautiful, pleasant, peaceful day, not too warm or too cold... the air is fresh and clean and you may even be aware of sounds of birds chirping or the sound of the water as it flows along the stream... it is so peaceful here... so calm and tranquil... just look around you... taking it all in... enjoy the simple beauty of this place...

And now look more closely at the stream... notice the clear, cool water as it flows by... perhaps wondering where the water comes from and where it goes... and as you look upstream you begin to notice what looks like a very large leaf floating on the water, and your eyes observe this leaf as it is getting closer and closer to the place where you are sitting... and then, when the leaf is just in front of you... you suddenly find yourself projecting and transferring to this leaf all of your concerns and discomfort, all of your cares and worries are transferred to the leaf, and so as the leaf continues to float down the stream it carries away all of your discomfort, all of your cares and worries,... just watch it float along getting farther and farther away from you... until it finally disappears completely and you are left feeling even more relaxed, more comfortable, and more at ease than you have felt for a long time...

For in this state of deep relaxation all parts of your body are working together harmoniously, smoothly, and healthily... a deep sense of well-being fills your mind... a feeling of healthy energy and vitality fills your body,...and as you prepare to eventually leave this special place of relaxation, you can carry back with you many of these pleasant feelings and sensations knowing that as you practice this exercise and similar exercises, it will become easier to use the powers of your mind to experience these positive effects... And now I will bring you back slowly from this relaxation by counting backwards from 3 to 1. When I get to 1, you'll be alert, refreshed, and comfortable. Okay, "3" much more alert; "2" feeling refreshed and comfortable, and "1" as you open your eyes and return your awareness to the room you are in.

Pleasant Events

Example of a Relevant Risk Appraisal Question: **Is it hard for you to have quiet time for yourself or time to do things you enjoy?**

Example of Probing Process

If yes: How often would you say this happens? What do you generally do when you feel that you have no time for yourself? (probe for typical coping strategies). Do these methods generally help you have time for yourself and/or time to do the things you enjoy?

If no: What prevents these methods from helping you have more time for yourself?

In either case: I recommend we work on helping you develop more time to do things you enjoy and increase your positive feelings?

If caregiver says they are uninterested: probe: It seems to me that it could be very helpful for you to learn some ways to find time for yourself. Can you tell me some of the reasons you are reluctant to work on this? The reason for further probing is that the absence of pleasant events (i.e., positive reinforcement) is not good for the caregiver's well-being. Tell the caregiver that research has shown that when caregivers increase their participation in pleasant events, their mood and overall well-being improves. In turn, they are able to be a better caregiver (e.g., more patient with CR, less stressed with caregiving responsibilities).

Relevant Forms for the Pleasant Events Module Include:

- My List of Pleasant Events
- My Pleasant Events This Week
- List of Pleasant Activities for the CR and CG
- The Pleasant Event We will do this Week

Relevant Handouts for the Pleasant Events Module Include:

- Identifying Pleasant Events
- Pleasant Events for You and Your Relative

Session #1: Identifying Pleasant Events

How Can Caregivers Benefit From Doing Pleasant Events?

- Increased quality of life
- Improved physical health
- Improved emotional health
- Increased social support

Although caregiving is time consuming, it is important that you take time to do things that you enjoy. This is important because if all your activities are limited to your caregiving responsibilities, you may begin to feel burned out and frustrated.

Depression or sadness can develop when we have too many unpleasant events or too few pleasant events. As a caregiver, having too many unpleasant events and too few pleasant events can make you feel like you have no control. You may say to yourself “What’s the use?” “It seems like there’s nothing I can do to make things better.” However, you can feel better by making sure your day has a few events that bring you pleasure!

What Counts As A Pleasant Event?

Pleasant events don’t have to be big activities that require a lot of planning. They can be small activities that you do on your own, with friends, or with your relative (CR). Examples of pleasant events are reading, going for a walk, or listening to music. Even though these activities may only last 15 minutes, taking this time out for yourself is important for your well-being.

Anything you like to do is a pleasant event!

Remember the following key point:

Start small and keep it simple! The most important thing to remember is to choose events that you can do everyday or a few times a week. Choosing small events that don’t require a lot of planning is the best way to start increasing the pleasure in your life. You may enjoy traveling, but realistically you cannot take a trip every day. A smaller and more realistic activity would be going on a day trip, going to the mall, biking or walking around your neighborhood.


Here is an example of events that you might find pleasurable. Let’s review the list and see which ones appeal to you.

1. Listen to music.
2. Window shop or buy something for yourself or someone special.
3. Take a walk.
4. Read.
5. Go out to eat with friends or family members.
6. Cook or bake your favorite foods.
7. Write letters, cards.
8. Do crafts.
9. Exercise.
10. Go to the movies.
11. Rent a video.

- 12. Go for a car ride.
- 13. Have a picnic in the park.
- 14. Have friends over.
- 15. Enjoy flowers.
- 16. Garden.
- 17. Look at the moon and stars.
- 18. Take a nap.
- 19. Be with your children or grandchildren.
- 20. Listen to the radio.
- 21. Watch your favorite TV show.

Let's work together to figure out pleasant events that you could do on a regular basis. Let's start by creating a list of possible activities. I would like you to write them down on "your personal list of pleasant events" (see handout). For this exercise, we will only focus on activities you can do without your (CR). Let's review the list again. (Refer to the sample activities on the previous page).

My list of pleasant events


1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Now let's review your personal list of pleasant activities and pick one activity that you would like to schedule this week. Choose an activity that you believe you can realistically do this week.

The pleasant event I will be doing this week is:

Now, fill in the following information for this activity. (Have CG fill in the blanks or if preferred, interventionist may fill in blanks)

1. I need the following materials to do _____:

2. _____ will take place at the following location:

3. When and how often can _____ be done? _____

4. How much time will _____ take? _____

5. The steps I need to take in order to complete _____ are:

a. _____

b. _____

c. _____

d. _____

Based on your answers to these questions, let's schedule when you will be doing your pleasant event this week.

The pleasant event I will be doing this week is:

I will do my pleasant event on the following day(s) and time(s):

Day	Time	(circle)
Monday		am/pm
Tuesday		am/pm
Wednesday		am/pm
Thursday		am/pm
Friday		am/pm
Saturday		am/pm
Sunday		am/pm

Post this schedule somewhere you will see it everyday (e.g., refrigerator, mirror, bedside table).

HOME PRACTICE: Do the pleasant event you have chosen at the time(s) indicated on your schedule. We will review this at our next meeting.

- Do you have any concerns about completing your pleasant event?
- What, if anything, is unclear that we covered?
- What other questions do you have about doing this?

It's important that you try to do your pleasant activity this week. That's the only way to see how it really works - if you don't try it, we won't know if it helps or not.

I'll be interested to hear all about how it went when I see you next time. I realize this is tough, but you are really working hard, and need a break.

Session # 2: Pleasant Events for You and Your CR.

I'd like to review the materials you received last visit.

Review home practice:

- Did you complete your pleasant event?

If yes, provide lots of praise and ask CG the following questions:

1. How did you feel during your pleasant activity?

2. How did you feel after you completed your pleasant activity?

Interventionist: If the caregiver reports that he/she did not benefit from doing the pleasant event, respond with the following: "It takes time for pleasant events to work. You have been feeling stressed and overwhelmed for a long time, and it will take a while to notice a difference. But remember, taking time to enjoy yourself will improve your well-being."

2. How did it feel to complete your goal?

If caregiver did not complete their home practice, problem-solve barriers to doing pleasant event.

- What stopped you from doing your pleasant activity?

Interventionist: Please problem-solve with CG using the suggestions below and the Trouble Shooting Sheet.

Barrier	Possible Solution
No free time	Remind CG to choose small and simple activities that don't require much time.
No money	Remind CG to choose inexpensive activities.
Forgot	Help caregiver identify a place in their home (e.g., mirror, nightstand, refrigerator) that they see or go to frequently. Encourage CG to keep the home practice sheet in that spot.
CG says it won't help	Encourage CG to try doing the home practice at least once. Ask CG how s/he knows it will not work. What evidence does s/he have that it will not work? If the CG does not try, he/she will never know if it helps or not.

Pleasant events for you and CR

The pleasant event we identified last week was an activity you could do without (CR). However, since you are a caregiver, it is not always possible for you to do activities without (CR). Plus, we believe that it is important that you and (CR) do pleasant activities together. This can be hard, since you have so many tasks to do as a caregiver, but we believe it is valuable to continue to enjoy each other's company by doing enjoyable activities. We are now going to develop a list of pleasant events that you and your loved one (CR) can enjoy together. Lets begin be reviewing the list below.

Let's think of at least ten events that you and your loved one can enjoy together.


1. Listen to music.
2. Window shop or buy something for yourself or someone special.
3. Take a walk.
4. Read.
5. Go out to eat with friends or family members.
6. Cook or bake your favorite foods.
7. Write letters, cards.
8. Do crafts.
9. Exercise.
10. Go to the movies.
11. Rent a video.
12. Go for a car ride.
13. Have a picnic in the park.
14. Have friends over.
15. Enjoy flowers.
16. Garden.
17. Look at the moon and stars.
18. Take a nap.
19. Be with children or grandchildren.
20. Listen to the radio.
21. Watch your favorite TV show.

From this list of activities, are there any that you believe you can do on a **regular basis with CR**? If so, write them down on your "list of pleasant events for me and CR." If there are events that you enjoy that are not on this list, **please add them to the list**. Remember, choose activities that you realistically can do **on a daily or weekly basis**.

If you're having trouble coming up with possible activities, think about events you used to enjoy together in the past. Is it possible to still do those activities? If not, can they be modified? For example, if you used to take long walks together, you can now take short walks (1-2 blocks) around your neighborhood.

Remember to start small and keep it simple! For example, give CR a hand massage, read to CR, or listen to music together. The goal is to develop activities that you will enjoy together.

List of activities for me and _____ (CR).


1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Let's review the above list and pick an activity that you would like to schedule this week for you and CR to enjoy together. Choose an activity that you believe you can realistically do together this week.

The pleasant event we will be doing this week is:

Now, fill in the following information for the activity you chose. (Have CG fill in the blanks or if preferred, interventionist may fill in blanks)

1. I need the following materials to do _____:

2. _____ will take place at:

3. When and how often can _____ be done? _____

4. How much time will _____ take? _____

5. The steps I need to take in order to complete _____ are:

a. _____

b. _____

c. _____

d. _____

Based on your answers to these questions, let's schedule a time that you and (CR) can do your pleasant event.

The pleasant event we will be doing this week is:

(CR) and I will do our pleasant event on the following day(s) and time(s):

Day	Time	(circle)
Monday		am/pm
Tuesday		am/pm
Wednesday		am/pm
Thursday		am/pm
Friday		am/pm
Saturday		am/pm
Sunday		am/pm

Post this schedule somewhere you will see it everyday (e.g., refrigerator, mirror, bedside table).

In addition to doing something enjoyable with your CR, it is also important that you continue to do pleasant events on your own (without CR). This allows you take time out from caregiving and focus on yourself for a few minutes. Let's identify the activity you would like to do on your own this week.

Interventionist: Review the CG list that you developed with CG at the previous meeting Encourage CG to either do the same activity s/he completed this past week or to choose a new activity.

Let's schedule a time that you can do your pleasant event.

The pleasant event I will be doing this week is:

I will do my pleasant event on the following day(s) and time(s):

Day	Time	(circle)
Monday		am/pm
Tuesday		am/pm
Wednesday		am/pm
Thursday		am/pm
Friday		am/pm
Saturday		am/pm
Sunday		am/pm

Post this schedule somewhere you will see it everyday (e.g., refrigerator, mirror, bedside table).

HOME PRACTICE:

1. Do the pleasant event that you and CR will enjoy together at the time(s) indicated on your schedule. We will review this at our next meeting.
 2. Do a pleasant event on your own (without CR) at the time(s) indicated on your schedule.
- Do you have any concerns about completing your pleasant events?
 - What, if anything, is unclear that we covered?
 - What other questions do you have about doing this?

It's important that you try to do your pleasant activities this week. That's the only way to see how they really work - if you don't try them, we won't know if they help or not.

Session # 3: **Review and Reinforcement of Pleasant Events.**

I'd like to review the materials you received at our last visit.

Review Home practice:

Did you and (CR) do the pleasant event you chose during our last meeting?

If yes, provide lots of praise and ask CG the following questions:

1. How did you feel during the pleasant activity with CR?

2. How did you feel after you completed your pleasant activity?

3. What was CR's reaction to the activity?

4. What was it like to do a pleasant activity with (CR)?

5. How did it feel to complete the goal?

6. How did it feel to do your own pleasant activity?

If CG did not do his/her own activity: ask what stopped his/her activity, problem solve barriers to doing pleasant events using Trouble Shooting Sheet and the information in the rest of this module.

If CG did not do pleasant events with CR or by themselves, problem-solve barriers to completing pleasant events, and use trouble shooting sheet.

- For Example: What stopped you from doing the pleasant events with CR?

Barrier	Possible Solution
No free time	Remind CG to choose small and simple activities that don't require much time
No money	Remind CG to choose inexpensive activities
CR was not in the mood	Challenge any negative assumptions that may be contributing to this barrier. Encourage CG to not give up, but instead to try again on a different day.
CR does not want to do activity.	Suggest that CG invite CR to do something with him/her or help him/her. Introduce activity in simple terms, using good communication skills.
CR does not want to do activity.	Remind CG to be sure CR is comfortable before beginning; Check light, temperature, chair, need for toilet, water or food.
CR cannot do it right	Explain to CG that the goal is enjoyable time rather than task accomplishment. Make suggestions to adapt the activity for CR. Remind CG to explain and demonstrate activity each time
CR will not focus.	Suggest giving CR something to keep hands occupied like a small ball to squeeze, something with texture to hold or twist.
CR falls asleep.	Suggest that CG consider letting this happen and enjoying the time independently.

Now, lets develop a list of pleasant events for your ongoing use:


1. A list for yourself that we want you to continue to use.

and


2. A list for you and CR to do together that we want you to continue to use.

Let's do this together.

My list of pleasant events


1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

List of activities for me and _____ (CR)


1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Before we close, I want to emphasize how crucial it is to continue to do these things in order to improve your well-being and mood.

I encourage you to continue to schedule pleasant activities. Even though caregiving is time consuming, it is important that you take care of yourself, so that you can provide (CR) with the best care possible. Choose a variety of activities, some which can do by yourself, with friends, family, or CR.

- Are there any barriers that you can think of that will keep you from doing your pleasant events in the future? Use Trouble Shooting Sheet to brainstorm overcoming obstacles.

Managing Your Mood

Examples of Relevant Risk Appraisal Question:

In the past month, have you felt depressed, sad, had crying spells or felt like you often needed to cry?

In the past month, have you been angry or frustrated as a result of your caregiving?

Interventionist: Ask caregivers to describe the feelings they are experiencing. Use the terms they identify in the blank spaces below.

Example of the Probing Process:

If yes: How often would you say this happens? What do you generally do when this happens? (probe for typical coping strategies).

Do these methods generally help you to feel less overwhelmed? yes/no

If yes: which are the most effective?

If no: What do you think is getting in the way of these being helpful to you in reducing your feelings of _____ (i.e. anger, sadness, frustration)?

In either case: I recommend we work on helping you develop skills to improve your mood. There are several skills we can work on during our time together.

If caregiver says they are uninterested: probe: "It seems to me that it could be very helpful for you to learn some strategies to feel less _____ (i.e. anger, sadness, frustration)." Research has shown that if these strategies are used, you will experience a decrease in unpleasant feelings. Can you tell me some of the reasons you are reluctant to work on this? The reason for further probing is that the unpleasant emotions (i.e., anger, frustration, sadness, depression) are not good for the caregiver's well-being.

Relevant Forms for Managing Your Mood Module:

- * Practicing a Thought Record: 3 Columns
- * Practicing a Thought Record: 5 Columns

Relevant Handouts for Managing the Mood Modules:

- * Three Key Steps for Managing Your Feelings
- * Challenging and Replacing Unhelpful Thoughts

Session # 1: Introduction to Mood Management

A. How to manage your mood

When caregivers are in a situation that makes them feel _____, they tend to focus only on those strong emotions. However, the thoughts caregivers have about the situation can have a significant impact on how they feel.

The first step to improving your mood is to give yourself permission to **stop** and **focus**. When you are in a stressful situation, take a moment to think about the thoughts and feelings you are having.

Example: To help you better understand the relationship between thoughts and feelings lets review the following example.

Lydia and David

Lydia is providing care for her husband, David, who has Alzheimer's disease. Although David can still take care of some of his own basic needs, he can't follow any of Lydia's instructions. In this situation, Lydia's thoughts are:

"David refuses to listen to me, even though he is able to. David is working against me. He is purposely not following my suggestions. David doesn't appreciate me. He doesn't appreciate all that I'm doing for him."

Lydia then feels frustrated and sad.

Teaching caregivers skills to change the unhelpful thoughts they are having in stressful situations can help prevent them from feeling frustrated, sad, or upset.

B. What am I thinking?

There are three steps to changing your unhelpful thoughts.

Three key steps for managing your feelings

1. The *first* step is to stop and identify the current thoughts that are resulting in your unpleasant feelings.
2. The *second* step is to challenge and replace your unhelpful thoughts with more helpful thoughts by looking at the event from a different point of view.
3. The *third* step is pay attention to how you feel **now** about the situation.

As discussed earlier, the *first* step to managing your mood is to stop and identify the current thoughts that are contributing to your unpleasant feelings. This process often happens so quickly that you are unaware that you have thoughts that occur between a stressful event and your unpleasant feelings. It is important to stop and identify the thoughts you are having in a stressful situation. The way to stop and identify your thoughts is by keeping track of *what* you are thinking. To help you learn this skill we will use a **Thought Record (TR)**.

Thought Record (TR)

The TR has **three** columns for the following information:

- a.) a brief description of the stressful situation you experienced,
- b.) a list of the thoughts you had in connection with this situation,
- c.) a list of the feelings that you experienced in the situation.

This is what the TR looks like:

Thought Record

Situation	Current Thoughts	Feelings

Recording the situation, your current thoughts and feelings will help you feel less _____. You cannot make any changes in your mood or thoughts unless you know what to change!!

Let's go through an example of the Thought Record using Lydia's example.

Lydia is providing care for her husband David, who has Alzheimer's disease. Although David can still take care of some of his own basic needs, he can't follow many of Lydia's directions.

Lydia's Thought Record

Situation	Current Thoughts	Feelings
Lydia's husband, David, is unable to follow her directions.	<ol style="list-style-type: none"> 1. David refuses to listen to me, even though he is able to. 2. David is working against me. 3. He is purposely not following my suggestions 4. David doesn't appreciate me. 	frustrated sad

Now, let's practice the Thought Record using an example that you provide. Think about this past week and tell me about a difficult/stressful situation. Let's complete a TR using your example.

Interventionist: Model how to fill out the TR for the CG.

<p style="text-align: center;">Situation</p> <p>Describe the events that led to your unpleasant feelings</p>	<p style="text-align: center;">Current Thoughts</p> <p>Identify your thoughts in the situation</p>	<p style="text-align: center;">Feelings</p> <p>What are you feeling? (sad, angry, anxious, etc)</p>

Now that you understand how to identify the situation, your thoughts, and feelings, I would like you to practice using the Thought Record on your own. During the course of the week, please complete a Thought Record when something happens that makes you upset. It's important that you try to do the Thought Record this week. That's the only way to understand the thoughts you are having and how these thoughts are contributing to your unpleasant feelings. If you don't try it, we won't know how to decrease your _____.

I'll be interested to hear all about how it went when I see you next time. I realize this is tough but you are really working hard. At our next meeting, we will talk about how to change your thoughts.

E. Home practice: Practicing a Thought Record

In the space below, complete the Thought Record with a stressful situation that you experience this week. Put a check in the box after you completed each step:

- 1. Identify the distressing situation.
- 2. Identify your thoughts.
- 3. Identify your feelings.

Thought Record

Situation Describe the events that led to your unpleasant feelings	Current Thoughts Identify your thoughts in the situation	Feelings What are you feeling? (sad, angry, anxious, etc)

Session # 2: Changing and Replacing Unhelpful Thoughts

I'd like to review the materials you received last visit.

Review homework:

- Did you complete the Thought Record (TR)?

If yes, provide lots of praise, review the TR, and ask the following questions.

Did you have any trouble filling out the TR? If so what kind of trouble?

How was it helpful?

***Interventionist:* Introduce new material – 5 column TR**

If no, problem-solve barriers to completing the TR.

What stopped you from doing the TR?

***Interventionist:* Practice the 3-column TR, before introducing new material.**

A. Five steps to changing your mood

Since the TR can be difficult to use, we are going to continue to practice it today. However, we are going to add a few more columns to the TR.

The Thought Record that we used last week had 3 columns to describe the stressful event, your thoughts, and your feelings. As you begin to learn how to challenge your thoughts, you will need to add columns to the TR. This expanded version of the TR, contains the following steps:

- 1.) Identify the distressing situation.
- 2.) Identify your thoughts.
- 3.) Identify your feelings.
- 4.) Challenge and replace your unhelpful thoughts with more helpful thoughts.
- 5.) Describe the new emotions you have as a result of thinking about the situation differently.

This is our new 5-column TR:

Situation	Current Thoughts	Emotions	Challenge and replace with more helpful thoughts	New feelings

B. Challenging and replacing unhelpful thoughts

Challenging and replacing your thoughts can be difficult. I would like to review with you a set of techniques to challenge your automatic thought patterns. Some require you to perform actual behaviors in challenging your thoughts and others ask you to analyze the thoughts from a different perspective. Lets consider the following example while going through the list.

Alice is a sad, 64 year old woman caring for her sick, 90 year old mother. She believes that she is not a dependable caregiver. She feels guilty when she wants to visit with her friends. Alice believes, "I should always stay home with my mother because something bad will happen to her when I leave. Other people can't take care of her the way I do. If something does happen everyone will know that I am a bad daughter."

ACTION: Some caregivers find it helpful to get additional information to challenge their unhelpful thoughts. For example, Alice could ask friends for their thoughts about certain situations or practice making small changes rather than large changes. *For example, Alice could challenge her thoughts about "not being a dependable caregiver" by asking other caregivers how they handle similar situations. Alice could also plan small outings to test out her concerns that her mother will have a crisis when she is gone.*

LANGUAGE: We often create negative labels for others or ourselves without realizing what we are doing. We also may believe that we must behave, think, or feel a certain way. Changing the negative to positive or from harsh to compassionate language can help you see the situation from a different point

of view. If Alice tried to think about what her label of "not being a dependable caregiver" really meant she would discover that she could not possibly fit that definition. She could also change "I should always stay with mom," with "it would be better if I stayed, but others could help too," to begin to be flexible with herself.

AS IF: When you say negative things to yourself, try to change your tone and language. Talk to yourself as if someone who cares about you is talking to you. For example, as Alice blames herself for wanting to spend time away from home, she asks herself: "How would my best friend Marie view this situation and what would she have to say about my predicament?"

JUMPING TO CONCLUSIONS: Remind yourself to think of different options. Don't assume that if you can't do something perfectly; it is not worth doing at all. Could Alice consider other alternatives to never going out? Must she think of herself as either a dependable caregiver **OR** not a dependable caregiver?

C. Practicing the 5-column TR

Let's use the example from last week to illustrate the 5-Column TR:

Lydia is providing care for her husband David, who has Alzheimer's disease. Although David can still take care of some of his own basic needs, he can't follow many of Lydia's instructions. In this situation, Lydia's thoughts are:

"David refuses to listen to me, even though he is able to. David is working against me. He is purposely not following my suggestions. David doesn't appreciate me. He doesn't appreciate all that I'm doing for him."

As you can see from the above example, Lydia's unhelpful thoughts are resulting in feelings of frustration and sadness. Using the questions below, we will help Lydia challenge her unhelpful thoughts.

1. How does she know David is purposely not following directions?
2. How does she know David does not appreciate her?
3. How can she make sense of David's behavior besides telling herself he is not following directions purposely and does not care?

Let's complete the 5 column thought record using Lydia's example.

Lydia's Thought Record

Situation Describe the events that led to your unpleasant feelings	Current Thoughts Identify your thoughts in the situation	Emotions What are you feeling? (sad, angry, anxious, etc)	Challenge and replace with more helpful thoughts What is a more helpful way of thinking about the situation?	New feelings What are you feeling now? (sad, angry, anxious, etc)

Let's practice using the 5-column TR using an example that you provide. Think about this past week and tell me about a situation that upset you.

My Thought Record

Situation Describe the events that led to your unpleasant feelings	Current Thoughts Identify your thoughts in the situation	Emotions What are you feeling? (sad, angry, anxious, etc)	Challenge and replace with more helpful thoughts What is a more helpful way of thinking about the situation?	New feelings What are you feeling now? (sad, angry, anxious, etc)

I want you to practice using the 5-column TR on your own. During the course of the next week, please complete a 5-column TR when something happens that makes you upset. It's important that you try to do the TR this week. That's the only way to understand the thoughts you are having and how these thoughts are contributing to your _____. If you don't try it, we won't know how to decrease your _____.

I'll be interested to hear all about how it went when I see you next time. I realize this is tough but you are really working hard.

Home practice: Work through a 5-Column TR on your own

Complete the 5-column TR on the next page using the checklist of steps below:

- 1. Identify the situation.
- 2. Identify your thoughts.
- 3. Identify your feelings.
- 4. Challenge and replace your unhelpful thoughts with more helpful thoughts.
- 5. What are you feeling now?

My Thought Record

Situation	Current Thoughts	Emotions	Challenge and replace with more helpful thoughts	New feelings
Describe the events that led to your unpleasant feelings	Identify your thoughts in the situation	What are you feeling? (sad, angry, anxious, etc)	What is a more helpful way of thinking about the situation?	What are you now feeling? (sad, angry, anxious, etc)

Session # 3: Practicing and Reinforcing Thought Records

I'd like to review the materials you received last visit.

Review homework:

- Did you complete the Thought Record (TR)?

If yes, provide lots of praise, review the TR, and ask the following questions.

Did you have any trouble filling out the TR? If so, what kind of trouble?

How was it helpful?

Interventionist: Introduce new material – 5 column TR

If no, problem-solve barriers to completing the TR using the Trouble Shooting Sheet as warranted and review the material as needed.

What stopped you from doing the TR?

Since the TR can be difficult to use, we are going to continue to practice it today. Think about this past week and tell me about a situation that upset you. Let's complete a TR using your example.

My Thought Record

<p align="center">Situation</p> <p>Describe the events that led to your unpleasant feelings</p>	<p align="center">Current Thoughts</p> <p>Identify your thoughts in the situation</p>	<p align="center">Emotions</p> <p>What are you feeling? (sad, angry, anxious, etc)</p>	<p align="center">Challenge and replace with more helpful thoughts</p> <p>What is a more helpful way of thinking about the situation?</p>	<p align="center">New feelings</p> <p>What are you now feeling? (sad, angry, anxious, etc)</p>

Script for Interventionists: Summary of Techniques Learned

1. Discussion:

Let's review the techniques you learned for decreasing your _____. (i.e. sadness, frustration, etc) First, you learned how to stop and identify the thoughts that are resulting in your unpleasant feelings. Second, you learned how to challenge and replace your unhelpful thoughts with more helpful thoughts by looking at the event from a different point of view. Third, you learned how to identify how your feelings changed as a result of thinking in a more helpful manner.

2. Discussion: How can you use these techniques when you are actually in the middle of a stressful caregiving situation?

3. Tell Caregiver: I would like to encourage you to keep using this record to challenge your unhelpful thoughts. I have included several blank Thought Records for you to complete when stressful situations arise (Interventionist see mood handout). You and I will discuss them periodically to see how they work. Do you have any questions?

What barriers do you anticipate might come up that could keep you from completing TR's?

Interventionist: Use the Trouble Shooting Sheets to brainstorm methods to overcoming obstacles/barriers.

My Thoughts Records

<p>Situation</p> <p>Describe the events that led to your unpleasant feelings</p>	<p>Current Thoughts</p> <p>Identify you thoughts in the situation</p>	<p>Emotions</p> <p>What are you feeling? (sad angry, anxious, etc)</p>	<p>Challenges and replace with more helpful thoughts</p> <p>What is a more helpful way of thinking about the situation?</p>	<p>New feelings</p> <p>What are you now feeling? (sad angry, anxious, etc)</p>

Summary of Risk Appraisal Items of Most Relevance to Well-being Modules

- Interventionists should remember that the “hard or stressful” items under Skills and the other isolation items under Social Support on the baseline Risk Appraisal Form can be indicators of the possible need for Well-being modules as well as an emphasis on integrating Stress Management techniques as part of the prescription. The probing process about these risk items will help determine this.
- The modules listed below are mentioned in order of likely importance/appropriateness, given the particular symptom.
- The probing process will also help determine which of the Well-being modules listed next to the items below, the interventionist should implement.
- Consideration of all the items together will help the decision-making process (e.g., weight loss, sleeplessness, isolation and lack of pleasant activities might suggest the need for Pleasant Events to combat depressive symptoms vs. Mood Management). The information gathered should be discussed in the team meeting so that the interventionist receives input from senior staff regarding which specific module to use.

29. Do you feel isolated from your family/friends? Pleasant Events or Mood Management

(RC41)

Never	Sometimes	Often	Unknown	Refused
0 ()	1 ()	2 ()	-3 ()	-4 ()

30. In the past month, have you lost or gained weight without meaning to? Mood Management, Pleasant Events, Stress Management

(RC1)

Never	Sometimes	Often	Unknown	Refused
0 ()	1 ()	2 ()	-3 ()	-4 ()

41. Have you cut back on your physical activities, like exercise and walking because of caregiving? Mood Management, Pleasant Events

(RC1)

Never	Sometimes	Often	Unknown	Refused
0 ()	1 ()	2 ()	-3 ()	-4 ()

42. In the past month or so, has caregiving made you feel overwhelmed or extremely tired? Mood Management, Pleasant Events, Revisit Stress Management

(RC41)

Never	Sometimes	Often	Unknown	Refused
0 ()	1 ()	2 ()	-3 ()	-4 ()

43. In the past month, have you felt depressed, sad, had crying spells or felt like you often needed to cry? Mood Management, Pleasant Events, Revisit Stress Management

(RC41)

Never	Sometimes	Often	Unknown	Refused
0 ()	1 ()	2 ()	-3 ()	-4 ()

44. ***Is it hard for you to have quiet time for yourself or time to do the things you enjoy?***
Pleasant Events, Revisit Stress Management

(RC41)

<i>Never</i>	<i>Sometimes</i>	<i>Often</i>	Unknown	Refused
0 ()	1 ()	2 ()	-3 ()	-4 ()

45. ***In the past month, have you been angry or frustrated as a result of your caregiving?***
Mood Management, Revisit Stress Management

(RC41)

<i>Never</i>	<i>Sometimes</i>	<i>Often</i>	Unknown	Refused
0 ()	1 ()	2 ()	-3 ()	-4 ()

48. ***In the past month, have you had trouble falling asleep, staying asleep, or waking up too early in the morning?*** ***Mood Management, Pleasant Events, Revisit Stress Management***

<i>Never</i>	<i>Sometimes</i>	<i>Often</i>	Unknown	Refused
0 ()	1 ()	2 ()	-3 ()	-4 ()