

SUMMARY TABLE OF FORMS USED BY INTERVENTIONIST

Form	Purpose	When to use	Time line for completion	How Used (data entry/clinical notes)
I. Delivery				
1. Delivery Assessment Form (DA)	Record key delivery, receipt and enactment elements of contact	Following completion of each contact (home or telephone)	Interventionist completes within 24 hours of contact and form is entered within 2 weeks of contact	Data entry
2. Risk Priority Worksheet (RPW)	Summarize information gathered at baseline to help prioritize risk areas to target in intervention	Interventionist refers to RPW throughout intervention contact	Form is completed after baseline prior to first intervention and is then updated accordingly	Clinical notes
3. Off Protocol Form	Record any contact that is off protocol	Following off protocol event	Form is completed 24 hrs following off protocol event	Data entry
4. Session by Session Checklist	Reference for Interventionist; outlines structure of each session and materials required	Interventionist refers to prior to and during each session	Interventionist checks off components of session as they occur or following completion of a session	For interventionist record keeping of # of sessions/contacts and materials required
5. Intervention Notes	Serves as an on-going record of strategies introduced and problem restriction	During or immediately after contact	Form is completed after each contact	Reviewed at weekly supervisory session; for interventionist
II. Support				
1. REACH II Support Group Log	To record delivery elements and contents of support groups	Used by facilitator for each support group	Completed at each group session	Clinical notes – facilitator use only
2. REACH II Caregiver Network System Interventionist, Facilitator Enrollment Form*	To enroll the interventionist/support group facilitator into the network	Complete following certification	Must be completed prior to entering the field and sent to Miami	This is for the Miami site for tracking user's and PIN numbers
3. REACH II Caregiver Network System – Support Group Enrollment Form*	To enroll CG into Ss group sessions and obtain support group schedule preferences	Use in the first or second session of intervention	Send to Miami site within 3 days of completion	Data entry (not for pop but for the Miami site for coordination of support groups)
4. REACH II Support Group Schedule Form*	To schedule support groups	Used by facilitator prior to the support group date	Form must be completed prior to the date of the support group	Interventionist only
REACH II Caregiver Notebook (CTIS)				
1. REACH II Caregiver Network System – Caregiver Enrollment Form*	To enroll caregiver into network	Prior to initial home visit during call scheduling of visit	Completed once and faxed to Miami site. Miami must record receive form at least 3 days prior to 1 st intervention session	For use by Miami site to track users and PIN numbers
2. Update REACH II	To update caregiver	If caregiver information (e.g.	Completed when updated	For Miami site to track user

Form	Purpose	When to use	Time line for completion	How Used (data entry/clinical notes)
Caregiver Network System - Caregiver Enrollment Form*	information for the CTIS system	telephone number) changes and when the caregiver is removed from the network	information is received and at the end of the intervention	information and update caregiver menus
3. REACH II Caregiver Network System – Family Respite Enrollment Form**	To structure respite menu on caregiver component of the network	Used by interventionist as respite messages are formed	Completed when a respite message is formed and faxed to Miami.	Used by the Miami site to update caregiver respite menus
III. Problem-solving				
1. ABCs - Problem identification	Identify ABCs of problem behaviors	- 2 nd or 3 rd session for 1 st target behavior - other sessions for 2 nd and 3 rd target behaviors	Interventionist attempts to complete in one session	Used to guide development of prescription - clinical purposes only
2. ABC Brainstorming Sheet	For interventionist and caregiver to brainstorm solutions	2 nd or 3 rd session	interventionist attempts to complete in one session	Used to guide development of prescription - for clinical purposes only
3. Prescription Template	Interventionist uses template to provide target prescription	1 st prescription introduced in 2nd or 3rd session	Interventionist completes in the office following brainstorming session with caregiver	Provided to caregiver for their use. Have CG place in CG Notebook if appropriate.
4. Weekly Recording Form	For use by caregiver to track behavioral problem	Interventionist gives to caregiver with prescription (3 rd or 4 th session)	Caregiver uses for a week to evaluate if problem is resolved or diminishing	Clinical purposes only for use by CG
IV. Well-Being				
Stress management module: Tension Diaries	Interventionist has CG record stress level pre and post exercise	Used by interventionist starting in session 3 or 4, (Component #1 of Stress Module)	On-going	For clinical purposes only, to provide feedback to caregiver
Pleasant Events Module: My list of Pleasant Events	Interventionist has CG record list of potential pleasant events.	Used by interventionist starting in session in which Pleasant Events Module Component #1 is introduced	During session in which module is introduced	For clinical purposes only, to provide feedback to caregiver
Pleasant Events Module: My Pleasant Event This Week	Interventionist has CG record one pleasant event to add for the week.	Used by interventionist starting in Component #1 of Pleasant Events Module	In Pleasant Events Module Component #1 and home practice for Component #2.	For clinical purposes only, to provide feedback to caregiver
Pleasant Events Module: List of Pleasant Activities for CR & Me.	Interventionist has CG record list of potential pleasant events to do with CR.	Used by interventionist starting in Component #2 of Pleasant Events Module	In Pleasant Events Module Component #2.	For clinical purposes only, to provide feedback to caregiver
Pleasant Events Module: The Pleasant Event We will Do This Week	Interventionist has CG record one pleasant event to add for the week.	Used by interventionist starting in Component #1 of Pleasant Events Module	In Pleasant Events Module Component #2 and home practice for Component #3.	For clinical purposes only, to provide feedback to caregiver
Mood Management Module:	Interventionist has CG record Situation, Current	Used by interventionist starting in Component #1 of Mood Module	In Mood Management Module Session 1 and home practice for	For clinical purposes only, to provide feedback to caregiver

Form	Purpose	When to use	Time line for completion	How Used (data entry/clinical notes)
Home Practice: Practicing a Thought Record—3 columns	Thoughts and Feelings in Stressful Situation.		Session 2.	
Mood Management Module: Home Practice: Practicing a Thought Record- 5 Columns	Interventionist has CG record Situation, Current Thoughts and Feelings as well as New Thoughts and Feelings.	Used by interventionist starting in Component #2 of Mood Module	In Mood Management Module Session 2 and on-going.	For clinical purposes only, provide feedback to caregiver
Summary of Handouts for Well-being Modules				
Stress Management module: Some Effects of Stress	Information/ Education	Used by interventionist starting in contact #4, Component #1 of Stress Module.		
Stress Management module: Steps You Can Take	Information/ Education	Used by interventionist starting in contact #4, Component #1 of Stress Module.		
Pleasant Events module: Identifying Pleasant Events	Information/ Education	Used by interventionist starting in Component #1 of Pleasant Events Module.		
Pleasant Events module: Pleasant Events for You and Your Relative	Information/ Education	Used by interventionist starting in Component #2 of Pleasant Events Module.		
Mood Management module: Three Key Steps for Managing your Feelings	Information/ Education	Used by interventionist starting in Component #1 of Mood Module.		
Mood Management module: Challenging and Replacing Unhelpful Thoughts	Information/ Education	Used by interventionist starting in Component #2 of Mood Module.		

*Forms need to be faxed to Miami. If forms are for entering new information or updating information on the CTIS, you must allow Miami to have 3 working days to get the information in the system.

**For the Respite Enrollment Form, once Miami receives the form, Miami will e-mail the site coordinator with the PIN numbers of the family members to record their respite.

INTERVENTION DELIVERY ASSESSMENT

1. Contact start date: ____ / ____ / ____
Month Day Year

2. Contact end date: ____ / ____ / ____
Month Day Year

3. Contact start time (military time): ____ : ____

4. Contact end time (military time): ____ : ____

5. Was this an off-schedule contact? No 0 () Yes 1 ()

5.1 If yes, purpose of contact (*check all that apply*):

- () Make updates to CTIS system
- () To acquire/request information, specify: _____
- () To give/provide information, specify: _____
- () Additional CTIS training
- () Respond to CG's request for immediate assistance
- () To notify CG of adverse event/acute screening criteria alert item(s),
Specify: _____
- () Other, specify: _____

**Skip questions 6-8 if contact was off-schedule.*

6. Session number (*check all that apply*): OR Calls to participants randomized to control

1 ()	7 ()	3-month call ()
2 ()	8 ()	5-month call ()
3 ()	9 ()	
4 ()	10 ()	
5 ()	11 ()	
6 ()	12 ()	

7. Contact number ____

8. Was this an aborted contact (less than 15 minutes)? No 0 () Yes 1 ()

9. Did contact reveal an emergency situation? No 0 () Yes 1 ()

9.1 If yes, specify: _____

10. Initiation of contact (*check one*):

- 1 () Caregiver
- 2 () Interventionist
- 3 () Friend or Family member
- 4 () TCC control group caller, Interviewer or other person associated with REACH II
- 5 () Professional/non-professional not associated with REACH II
- 6 () Other

10.1 If other, specify: _____

11. Mode of communication (*check one*):

- 1 () Face-to-face
- 2 () Telephone
- 3 () CTIS
- 4 () Written/Mail
- 5 () Other

11.1 If other, specify: _____

12. Were other individuals involved that are not part of the standard intervention? No 0 () Yes 1 ()

If yes, specify:	No	Yes
	0	1
12.1 Relative / Friend	()	()
12.2 Professional/non professional person(s) not affiliated with REACH II	()	()
12.3 Person(s) affiliated with REACH II	()	()
12.4 Other, specify: _____	()	()

13. Did you discuss/review/provide training on using Caregiver Network? No 0 () **Yes** 1 ()

If yes,

13.1 Estimate of time spent in this activity:			
0 ()	1 - 15 minutes	4 ()	61 - 75 minutes
1 ()	16 - 30 minutes	5 ()	76 - 90 minutes
2 ()	31 - 45 minutes	6 ()	over 90 minutes
3 ()	46 - 60 minutes		

14. Did you discuss/review/provide safety training? No 0 () Yes 1 ()

If yes,

14.1 Estimate of time spent in this activity:			
0 ()	1 - 15 minutes	4 ()	61 - 75 minutes
1 ()	16 - 30 minutes	5 ()	76 - 90 minutes
2 ()	31 - 45 minutes	6 ()	over 90 minutes
3 ()	46 - 60 minutes		

15. Did you discuss/review/provide health passport /physical well being training? No 0 () Yes 1 ()

If yes,

15.1 Estimate of time spent in this activity:			
0 ()	1 - 15 minutes	4 ()	61 - 75 minutes
1 ()	16 - 30 minutes	5 ()	76 - 90 minutes
2 ()	31 - 45 minutes	6 ()	over 90 minutes
3 ()	46 - 60 minutes		

16. Did you discuss/review/provide a well being module? No 0 () Yes 1 ()

If yes,

16.1 Specify Module (<i>Check all that apply</i>)			
Stress Management: part 1 () 2 () 3 ()			
Pleasant Events: part 1 () 2 () 3 ()			
Mood: part 1 () 2 () 3 ()			
16.2 Estimate of time spent in this activity:			
0 ()	1 - 15 minutes	4 ()	61 - 75 minutes
1 ()	16 - 30 minutes	5 ()	76 - 90 minutes
2 ()	31 - 45 minutes	6 ()	over 90 minutes
3 ()	46 - 60 minutes		

17. Did you conduct the ABC process with the CG? No 0 () Yes 1 ()

If yes,

17.1 Estimate of time spent in this activity:			
0 ()	1 - 15 minutes	4 ()	61 - 75 minutes
1 ()	16 - 30 minutes	5 ()	76 - 90 minutes
2 ()	31 - 45 minutes	6 ()	over 90 minutes
3 ()	46 - 60 minutes		

18. Did you deliver a behavioral prescription to the CG? No 0 () Yes 1 ()

If yes,

18.1 Estimate of time spent in this activity:			
0 ()	1 - 15 minutes	4 ()	61 - 75 minutes
1 ()	16 - 30 minutes	5 ()	76 - 90 minutes
2 ()	31 - 45 minutes	6 ()	over 90 minutes
3 ()	46 - 60 minutes		

19. Did you review a behavioral prescription currently in use by the CG? No 0 () Yes 1 ()

If yes,

19.1 Estimate of time spent in this activity:			
0 ()	1 - 15 minutes	4 ()	61 - 75 minutes
1 ()	16 - 30 minutes	5 ()	76 - 90 minutes
2 ()	31 - 45 minutes	6 ()	over 90 minutes
3 ()	46 - 60 minutes		

20. Did you discuss/review/provide training in CG social support? No 0 () Yes 1 ()

If yes,

20.1 Estimate of time spent in this activity:			
0 ()	1 - 15 minutes	4 ()	61 - 75 minutes
1 ()	16 - 30 minutes	5 ()	76 - 90 minutes
2 ()	31 - 45 minutes	6 ()	over 90 minutes
3 ()	46 - 60 minutes		

21. Had CG practiced/read/tried any previous suggestions since last session?

No 0 () Yes 1 () N/A -2 ()

22. Mechanism of Delivery (Check all that apply)

<input type="checkbox"/> Written	<input type="checkbox"/> Demonstrate
<input type="checkbox"/> Discussion	<input type="checkbox"/> CTIS
<input type="checkbox"/> Role Play	<input type="checkbox"/> Other, specify: _____

23. Did participant indicate that all future contacts be cancelled? No 0 () Yes 1 ()
(If yes, complete an Off-Protocol form to report CG refused further participation in intervention)

24. REACH II staff certification number(s):

24.1 _____ 24.2 _____
24.3 _____ 24.4 _____

INTERVENTION DELIVERY ASSESSMENT (DA)

PURPOSE: This form is used to record any meaningful treatment related contacts with the caregiver or with someone providing direct feedback to the caregiver.

TIME OF DATA COLLECTION: Within 30 days of the contact.

REQUIRED RESPONSE CARD(S): None required.

GENERAL INSTRUCTIONS:

This form is used for all participants once they have been randomized to the intervention or the control group. It is used for every meaningful treatment related contact, which includes every intervention session, control group phone call, or other unscheduled contacts that contain meaningful treatment.

Meaningful treatment is defined as any written or oral act that can be considered to have a direct or indirect impact toward either study condition, intervention or control.

Contact with the participant during screening, baseline interview, follow-up interview and disclosure of randomization result are not considered treatment related contacts, therefore do **NOT** require a DA form to be completed.

Examples of what IS considered to be a meaningful contact:

- Contact made during a scheduled event such as a standard intervention or workshop.
- Contact made during a non-scheduled event such as a reporting an emergency situation or to follow-up on an adverse event.

Examples of what is NOT considered to be a meaningful contact:

- Contact made for the sole purpose of verification of receipt of equipment, information, or literature.
- Contact made for the sole purpose of scheduling/rescheduling interviews or appointments.

Record all dates using two digits for the month (e.g. 01 for January, 12 for December), two digits for the day (e.g. 01, 02, 03...31) and four digits for the year (e.g. 2002, 2003).

SPECIFIC INSTRUCTIONS:

Question 5: Indicate if the contact was an off-schedule contact. An off-schedule contact is defined as a contact, with the caregiver, which occurred outside of regularly scheduled intervention contacts or any contact with someone other than the caregiver, without direct involvement of the caregiver. Check the purpose(s) of the off-schedule contact in question 5.1.

Calls made to the caregiver regarding acute baseline alerts/adverse events (after randomization), are captured here as well.

Question 6-8: Answer these questions only if the contact is NOT off-schedule. If the contact is off-schedule, skip questions 6-8.

Question 6: Check the intervention session number(s) or the control group phone call that is appropriate to the particular contact. In most cases, the elements of only one session will be covered in one contact. In rare cases when you are unable to finish the elements of a particular session in one contact, you will use another contact to complete the elements of that session and possibly go onto another session in the same contact. As a result, no more than two consecutive session numbers should be checked for a single contact.

Question 7: Contact refers to an actual scheduled visit with a caregiver, home visit or phone call. Contact number will be recorded consecutively throughout the study with a particular caregiver (with the exception of aborted contacts, see next question). For the intervention, no more than 15 contacts can occur. In most cases, the contact number will correspond to the session number, but when a contact is cut short or an additional contact is needed to complete the elements of a session, additional contacts can be added. For the control group, only 2 contacts should occur, one for the 3-month call and one for the 5-month call. Therefore, the 3-month call will be considered contact one and the 5-month call, contact two.

Question 8: An aborted contact is defined as less than 15 minutes and pertains to caregivers in the intervention. Control group caregivers may have calls that last less than 15 minutes. If a scheduled contact has begun and for any reason it is cut short before the interventionist has spent at least 15 minutes working with the caregiver, the contact would be considered aborted. If the interventionist has spent 15 minutes or more with the caregiver during a contact, it would be considered a contact. When an aborted contact occurs, that contact is no longer considered an actual contact contributing to the maximum of 15 contacts allowed. For the aborted contact, session number in Question 6 and the contact number in Question 7 would be left blank. The data manager will enter these as N/A (-2) values. The following scheduled contact with the caregiver would be given the next contact number, not counting the aborted contact.

Question 9: An emergency situation is defined as a perceived threat to the physical or emotional health of the caregiver, care recipient or another person.

Question 10: For a regularly scheduled intervention contact, check "Interventionist". For "other", specify in 10.1.

Question 12: The standard intervention will involve an interventionist and one caregiver as well as the care recipient at times. If other persons are involved in a particular contact, this information is recorded here.

Questions 13-20: Each of these questions asks "did you discuss/review/provide..." a specific aspect of the intervention. The questions are asked this way in order to capture the main elements of the intervention. Overall, if you provided any meaningful treatment in each element, including introducing the element, reviewing the element, particular caregiver issues in the area, etc. it should be captured in these questions. Simply informing the caregiver that you will be covering a topic with a certain component of the intervention during a subsequent contact does not need to be recorded.

These questions may also be applicable for an off-schedule contact. For off-schedule contacts, record information in the same manner as for a scheduled contact.

Each question has a follow -up question that is asked if you have addressed that component during the session (one aspects of the intervention has an additional question). In the follow-up question, a time segment is requested. The interventionist will estimate the time interval spent on each component covered during the session. The intervals are 1-15 minutes, 15-30 minutes, 31-45 minutes, 46-60 minutes, 61-75 minutes, 76-90 minutes, over 90 minutes.

Questions 16: This question contains an additional follow-up question (16.1) which asks which specific module was presented or practiced in this session.

Question 21: This question (*Had CG practiced/read/tried any previous suggestions since last session?*) will be answered in response to all the elements covered during the session as a whole. This question will be completed as an N/A during the first session since there is no previous session.

Questions 22: This question (*Mechanism of Delivery*) will be answered in response to all the elements covered during the session as a whole. Any mechanism of delivery used during the session will be checked.

Question 24: Record any REACH II staff that participated in the contact. In some cases, there will be more than just the interventionist, or someone other than the interventionist, as indicated in contacts responding to acute baseline alerts/adverse events.

INTERVENTIONIST RISK PRIORITY WORKSHEET (RPW)

CES-D (SD) score: _____

CR MMSE score: _____

Literacy Level:
 1. set of words: _____
 2. CTIS score: _____
 3. sentences: _____

List potential risk items to be addressed with CG during the intervention. Record all risk items indicated in assessment.

Form and item #	Risk Item	Priority
<p>RA #14</p> <p>RA #7</p> <p>____</p> <p>____</p> <p>____</p> <p>____</p> <p>____</p>	<p>SAFETY (RA items 5-14)</p> <p><u>Alerts</u> (check if relevant):</p> <p>____ (CR) Drives.</p> <p>____ Gun in home that (CR) can access.</p> <p>Other Risk Areas (for Safety):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>____</p> <p>____</p> <p>____</p> <p>____</p> <p>____</p>	<p>HEALTH/PHYSICAL WELL-BEING (RA items 30-41, 46-51)</p> <p>High Risk Areas (“yes” for items 30, 32 & 41; “no” for items 31 & 33-40; “often” for items 46-51):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Moderate Risk Areas (“sometimes” for items 46-51):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

	<p>EMOTIONAL WELL BEING (RA items 42-45)</p> <p>High Risk Areas (items that occur often):</p> <p>____</p> <p>____</p> <p>Moderate Risk Areas (items that occur sometimes):</p> <p>____</p> <p>____</p>	
	<p>BEHAVIORS/SOCIAL SUPPORT</p> <p>A. Caregiving Skills (RA items 15-22)</p> <p>High Risk Areas (items that occur often):</p> <p>____</p> <p>____</p> <p>____</p> <p>____</p> <p>Moderate Risk Areas (items that occur sometimes):</p> <p>____</p> <p>____</p> <p>____</p> <p>____</p> <p>B. Social Support (RA items 23-29)</p> <p>Check if relevant:</p> <p>_____ If needed, CG has no one to care for self or CR (RA #23)</p> <p>High Risk Areas (“never” for items 24, 25 & 28; “often” for items 26, 27 & 29):</p> <p>____</p> <p>____</p> <p>____</p>	

(Social support – continued)

Moderate Risk Areas (items that occur sometimes):

____ _
____ _
____ _
____ _

C. RMBPC Items (MB)

High Risk Areas (Any items where CG “upset” score = 3 or 4):

____ _
____ _
____ _
____ _
____ _

Moderate risk (Any items where CG upset score = 2):

____ _
____ _
____ _
____ _
____ _

Low risk (any behavior that occurs at all and the CG upset score = 0 or 1):

____ _
____ _
____ _
____ _
____ _

	D. Personal Appearance (PA items 1-5, 9, 11-13)	
— —	_____	_____
— —	_____	_____
— —	_____	_____
— —	_____	_____
— —	_____	_____
	QUALITY OF CARE (QC #6-14)	
— —	_____	_____
— —	_____	_____
— —	_____	_____
— —	_____	_____
— —	_____	_____

OFF PROTOCOL FORM

PLEASE USE THIS FORM TO REPORT ANY DEVIATION FROM THE STANDARD REACH II PROTOCOL

1. Date this form completed ____ / ____ / ____
Month Day Year

2. Interviewer's Name: _____
Last, First

2.1 REACH II certification number ____

I. Protocol Deviations (Check all that apply)

Screening

- 3. Rescreening occurred after baseline.

3.1 Enter old screening ID: _____

Randomization

- 4. Ineligible participant randomized.
- 5. Wrong treatment assigned.
- 6. Wrong treatment given.
- 7. Randomization more than 3 days from baseline interview.
- 8. Randomization completed prior to baseline interview.
- 9. Eligible participant not randomized; specify: _____

Core Battery

- 10. Interview conducted by non-certified individual.
- 11. Interview completed over the phone.
- 12. Follow-up missed.

12.1 Specify which follow-up:		
3-month control call 1 ()	5-month control call 2 ()	6-month follow-up interview 3 ()

- 13. Follow-up completed outside of the window.

13.1 Specify which follow-up:		
3-month control call 1 ()	5-month control call 2 ()	6-month follow-up interview 3 ()

- 14. Project Evaluation not completed.
- 15. Mini-Mental completed at a different time than core battery.
- 16. Mini-Mental not completed.
- 17. Interview required multiple sessions.

17.1 Number of sessions required to complete interview: _____

Intervention Refusals

- 18. CTIS phone.
- 19. Participation in CTIS support groups.
- 20. Caregiver notebook.
- 21. Home visits.
- 22. Behavioral prescriptions.
- 23. Stress management module.
- 24. Further participation in intervention.

II. Endpoint Data Unavailable (Check all that apply)

- 25. Caregiver withdraws consent
 - 25.1 Change of caregiver
 - 25.2 Caregiver felt that the study was too time consuming
 - 25.3 Caregiver is displeased with randomization
 - 25.4 Illness
 - 25.4.1 Caregiver
 - 25.4.2 Care Recipient
 - 25.5 Care Recipient Death
 - 25.6 Other reason; specify: _____
- 26. Caregiver cannot be located / location unknown
- 27. Caregiver death

Other Protocol Deviation

- 28. Other:

28.1 Specify: _____ _____

INTERVENTIONIST NOTES

Interventionist ID _____

Participant Subject ID _____

DATE	INDICATE SESSION# (AND PUT CONTACT# IN PARENTHESES)	INDICATE INTERVENTION AREA: CGN – CAREGIVER NETWORK SAF – SAFETY H/P – HEALTH/PHYSICAL WELL-BEING WB – WELL-BEING MODULE (STRESS, MOOD, PLEASANT EVENTS) PB - PROBLEM BEHAVIORS (SELF CARE, COMMUNICATION, RMBPC ITEMS, OTHER PROBLEM BEHAVIORS) SS – SOCIAL SUPPORT AND NOTES (ISSUE DISCUSSED, NOTES , RECOMMENDATIONS, TIME SPENT, ETC.)	DID CG PRACTICE/ READ/TRY PREVIOUS SUGGESTIONS? (INDICATE YES/NO & DATE ASKED)	IF "NO," WHY WAS SUGGESTION NOT FOLLOWED? 1. TOO DIFFICULT 2. UNACCEPTABLE 3. NOT ENOUGH TIME 4. DID NOT UNDERSTAND 5. OTHER 6. DID NOT READ	PROBLEM STATUS COMPARED TO WHEN WE STARTED, IS THIS PROBLEM: 1. A LOT WORSE 2. A LITTLE WORSE 3. THE SAME 4. A LITTLE BETTER 5. A LOT BETTER

SESSION BY SESSION CHECKLIST OVERVIEW

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

Substitution Rules:

- The program is designed with 9 home sessions and 3 phone sessions.
- An interventionist can replace up to two phone sessions with home sessions or two home sessions with phone sessions, for a range of 7 home sessions and 5 phone sessions to 11 home sessions and 1 phone session.
- The judgment of the interventionist and research team is to be used to substitute sessions. However, general rules for substitution include:
 - Home sessions can be increased if the caregiver is distressed or if the interventionist needs to introduce a new prescription.
 - Phone sessions can be increased if the caregiver is unavailable for one month, the caregiver cancels two contacts or if the purpose of the session can be easily accomplished in a phone call.
- There should be no more than 15 actual contacts.
- Well being and problem solving activities are BEST initiated on home visits, with follow-up activities related to these modules during phone visits. Possible exceptions to this rule would include working with a bright, motivated caregiver who would be willing and able to have a 60 to 90 minute call.

SESSION BY SESSION CHECKLIST

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

INTERVENTION REVIEW

SAFETY

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

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

HEALTH

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

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

CAREGIVER WELL-BEING

Here's some space to list well-being issues we discussed during our time together.

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*During our time together, we discussed several different ways to manage your tension, mood and emotions. When you are faced with a difficult situation; use **Signal Breath, Music or Stretching** to help manage your emotions. (If applicable, add statement about pleasant events and/or mood management) (Also, remember it is important to take time out for yourself by choosing a **Pleasant Event** you can do at least once a week/Also, remember it is important to continue with your thought record to help with **Mood Management.**)*

SOCIAL SUPPORT

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

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

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

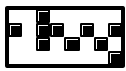
PROBLEM SOLVING

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

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

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



Draft

REACH II Caregiver Network System Interventionist/Facilitator Enrollment Form

Reach II

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Date

/ /

Site

- 01 - Birmingham
- 02 - Memphis
- 03 - Miami
- 04 - Palo Alto
- 05 - Philadelphia

REACH ID

Role

- 01 - Interventionist
- 02 - Facilitator

Preferred Name

Office Number

- -

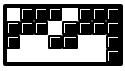
Alternate Phone Number

- -

Fax Phone Number

- -

Other Comments:



Draft

REACH II Caregiver Network System Support Group Enrollment Form

Reach II

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Interventionist ID

Date

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REACH ID

Site

- 01 - Birmingham
- 02 - Memphis
- 03 - Miami
- 04 - Palo Alto
- 05 - Philadelphia

Group Language Preference

- 01 - English
- 02 - Spanish

Support Meeting Time Preference

- Weekend
- Weekdays
- Morning
- Afternoon

Other Comments:

To be Completed by Support Group Coordinator

Support Group Assignment

Support Group Leader

Initial Meeting Date

 / /

REACH II SUPPORT GROUP LOG

Date:

Session:

Group:

Language: (mark one)

English

Spanish

Starting Time:

Ending Time:

Facilitator:

REACH II ID:

Participants:

Participant ID Number	Site	Interventionist

Non-Participants (Missed Session):

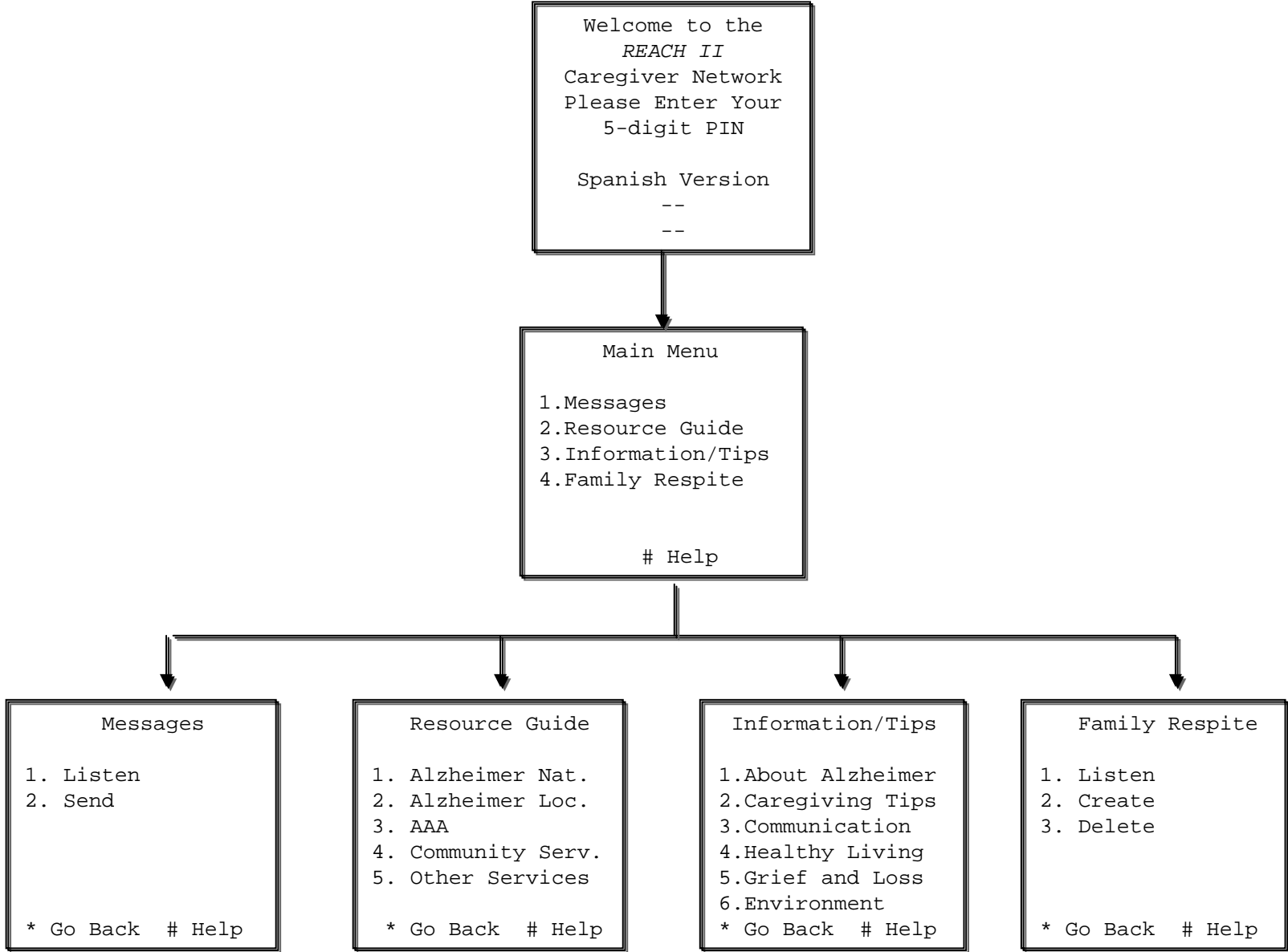
Participant ID Number	Site	Interventionist

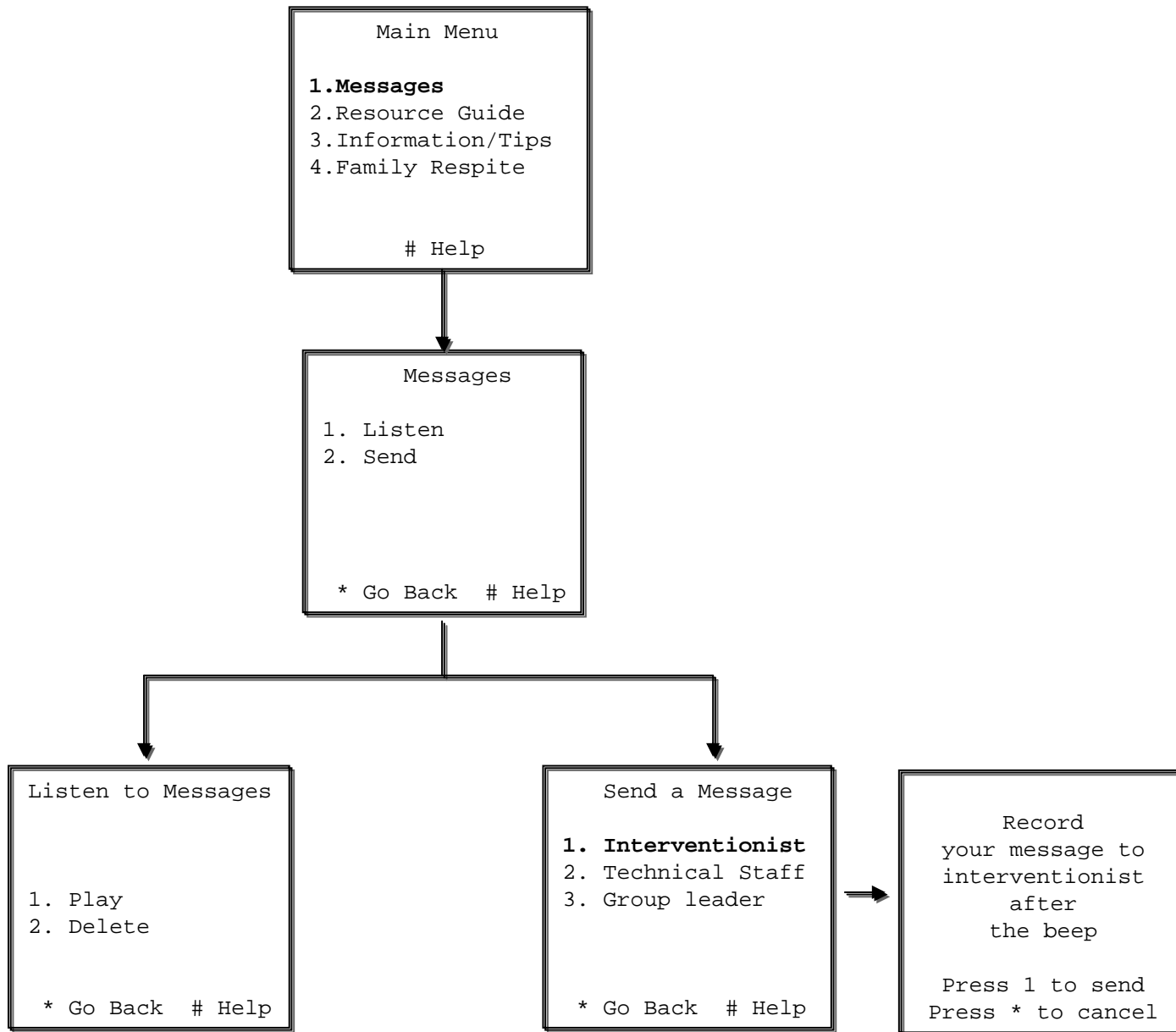
Next Meeting Date:	
Next Meeting Time:	

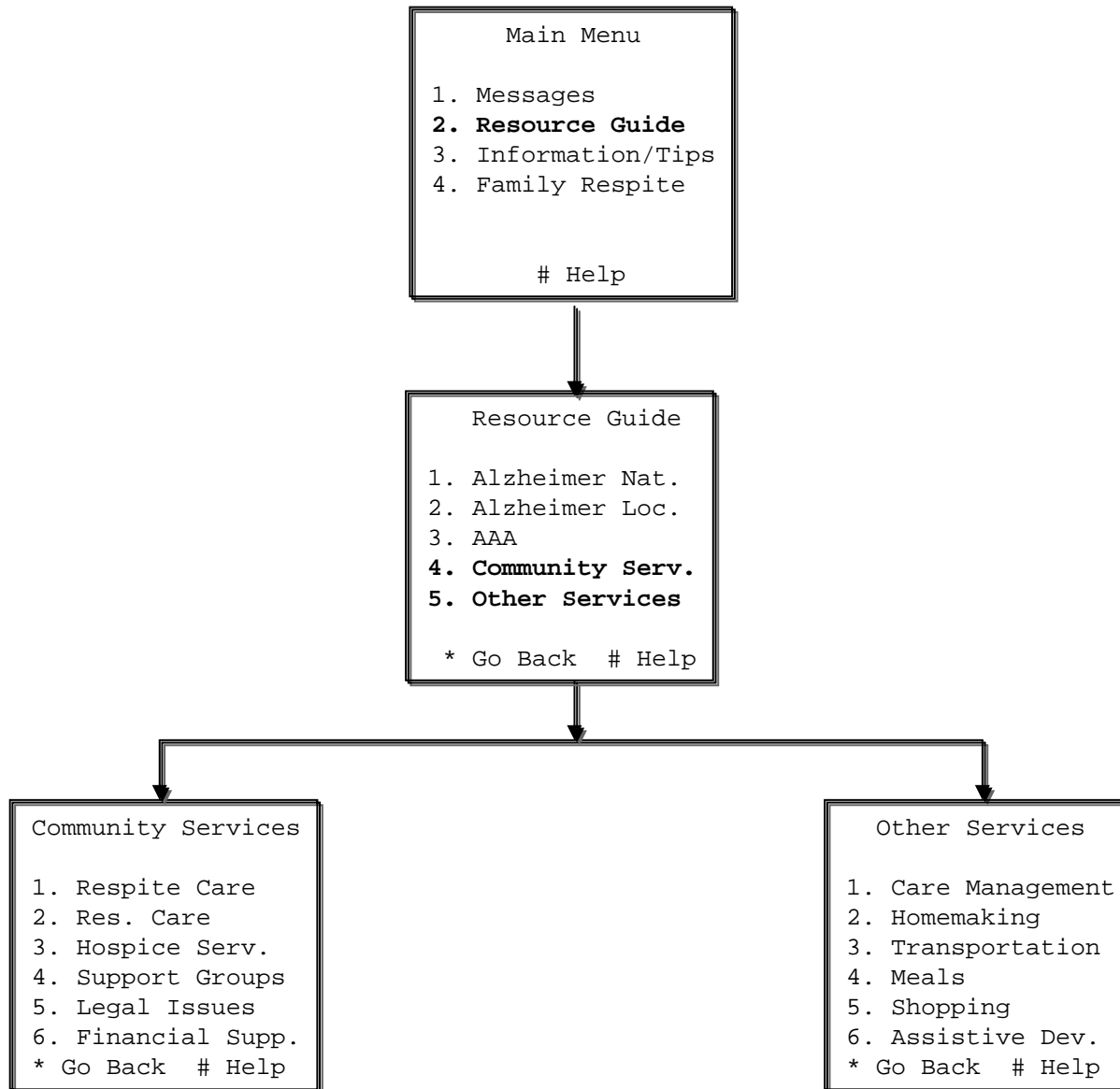
Comments; important issues; concerns; suggestions for next group discussion:

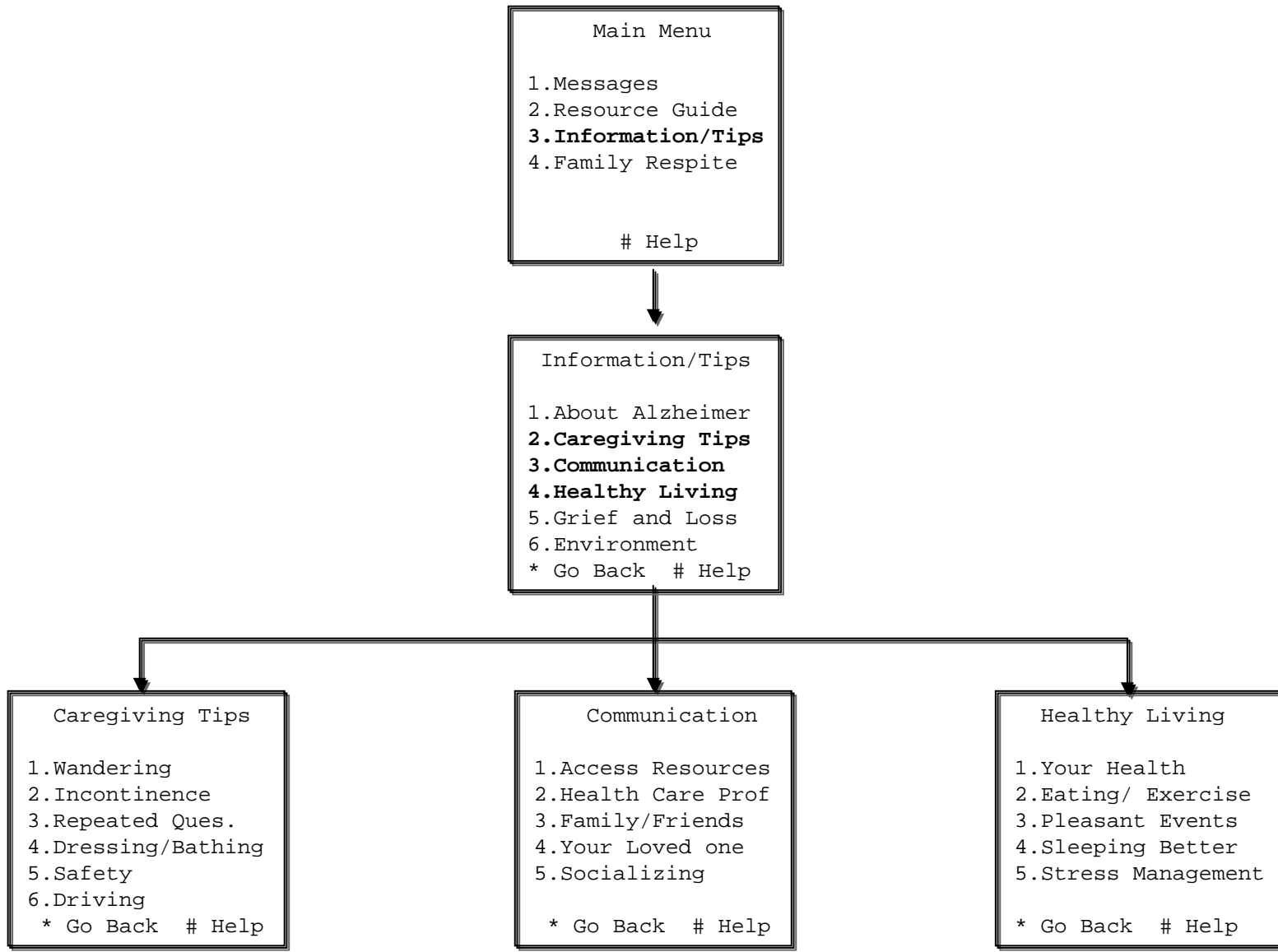
REACH II Caregiver Network

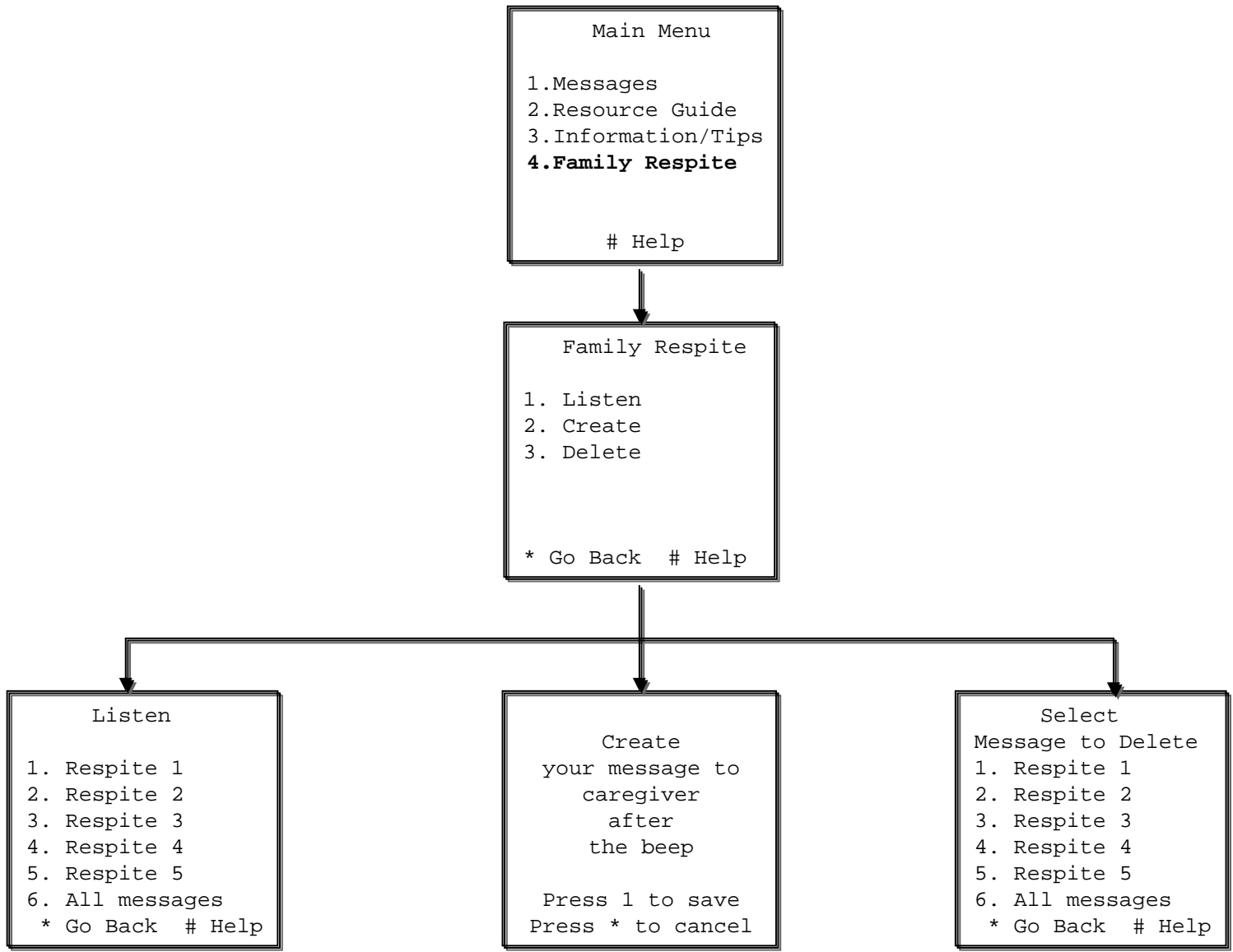
Caregiver Component











Welcome to the **REACH** Caregiver network. Please enter you 5-digit PIN. Your PIN is on your help card.

Welcome to the **REACH** Caregiver Network
Please Enter Your 5-digit PIN

Spanish Version
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Main Menu
1. Messages
2. Resource Guide
3. Information/Tips
4. Family Respite

* Cancel # Help

Press 1 for messages, 2 to access caregiver resources, 3 for information and tips, 4 for family respite. Press * to return to the previous menu, # for help.

Resource Guide
1. Alzheimer's Assoc
2. Community Services
3. Legal/Financial
4. Other Services

* Cancel # Help

This feature allows you to connect to various community services such as the Alzheimer's Association. Press 1 to contact the Alzheimer's association, 2 to contact a community support group, 3 to contact a legal or financial group, 4 to access some other service such as help with transportation.

Alzheimer's Assoc.
1. National Chapter
2. Greater Miami
3. Broward County
4. Palm Beach

* Cancel # Help

This feature will provide you with direct access to national and local chapters of the Alzheimer's Association. Press 1 to contact the National Chapter of the Alzheimer's association, 2 to contact the Greater Miami Chapter, 3 to contact the Broward Chapter, 4 to contact the Greater Palm Beach area Chapter. Press * to return to the previous menu, # for help.

Please Wait ...

Placing a call to the **National Chapter** of the Alzheimer's Association

Press * to cancel

Please wait while I place your call. Press * to cancel at any time.

ABCs of Problem Behaviors Probes for the 'ABC Process'

1	What is the behavior? <ul style="list-style-type: none"> <input type="checkbox"/> "Take a minute and describe what CR does." <input type="checkbox"/> Listen for irrational thoughts, misunderstandings about AD (dementia), unrealistic expectations of the CR 	<u>Notes</u>
2	Why is this behavior a problem? <ul style="list-style-type: none"> <input type="checkbox"/> People react differently to behaviors. What about this behavior really gets to you? <input type="checkbox"/> What bothers you? <input type="checkbox"/> Why does this get on your nerves? <input type="checkbox"/> Can you list the reason(s)? <input type="checkbox"/> What effect does this behavior have on you? <input type="checkbox"/> How does it make you feel? 	<u>Notes</u>
3	How would you like this behavior to change? <ul style="list-style-type: none"> <input type="checkbox"/> When would you consider the problem "solved"? <input type="checkbox"/> What would make it seem to you that it was better? ("tolerable") <input type="checkbox"/> What would make you feel better about this problem? 	<u>Notes</u>
4	Why do you think this behavior happens? <ul style="list-style-type: none"> <input type="checkbox"/> Do you see any causes or triggers? 	<u>Notes</u>
5	When does the behavior happen? <ul style="list-style-type: none"> <input type="checkbox"/> Time of day? <input type="checkbox"/> Days of the week? <input type="checkbox"/> When does the behavior begin? <input type="checkbox"/> Can you recognize any cycles or patterns? <input type="checkbox"/> What happened right before the problem behavior occurs? <input type="checkbox"/> Does behavior happen constantly? <input type="checkbox"/> How often does the behavior happen? 	<u>Notes</u>

<p>6</p>	<p>Where does the behavior happen?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is there a unique place in the house? <input type="checkbox"/> Does it only happen in certain places? <input type="checkbox"/> Are there places where it does not happen? <input type="checkbox"/> Have you changed the surroundings of your family member? If yes, did it get worse or better when this happened? 	<p><u>Notes</u></p>
<p>7</p>	<p>Who is around when the behavior occurred?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Do other people help care for your family member? <input type="checkbox"/> Do you care for other people? children? <input type="checkbox"/> Is the behavior influenced by other family members/friends? <input type="checkbox"/> How do other people react to your family member's problem behavior? <input type="checkbox"/> Any special sleeping arrangements? 	<p><u>Notes</u></p>
<p>8</p>	<p>What have you tried?</p> <ul style="list-style-type: none"> <input type="checkbox"/> What do you do when she/he does this? <input type="checkbox"/> Have you tried anything that hasn't worked? <input type="checkbox"/> Have you tried anything that seems to help? <ul style="list-style-type: none"> <input type="checkbox"/> How often have you tried doing that? 	<p><u>Notes</u></p>
<p>9</p>	<p>Additional information</p> <ul style="list-style-type: none"> <input type="checkbox"/> Has your doctor been told of this behavior? <input type="checkbox"/> If yes, what has your doctor recommended? <input type="checkbox"/> Does care recipient have hearing problems? <input type="checkbox"/> Does care recipient have vision problems? 	<p><u>Notes</u></p>

Brainstorming Sheet

Target Behavior Problem:

Possible Solutions:

*Note all solutions that are unacceptable to caregiver

Behavioral Prescription

Target Behavior Problem:

Overall Goal of this Prescription:

__*Insert CG's name*__, please remember that dealing with behavior problems can be stressful. The brief relaxation strategies will help you deal with stress when __*Insert target behavior problem*__. In particular, we recommend using the signal breath technique immediately before you use the strategies suggested in this behavioral prescription.

Strategies for preventing a behavior problem from occurring:

Strategies for guiding how you respond during or after a problem behavior occurs:

General Information:

There is additional information on this behavior problem in your **Caregiver Notebook** and as one of the options on the **Caregiver Network Telephone System**. Some of the strategies found in these two resources may be useful to you, especially as we fine-tune the strategies listed in this behavioral prescription in the coming weeks. Feel free to look over this information and we encourage you to talk with your interventionist about the information you find in the **Caregiver Notebook** and the **Caregiver Network Telephone System**.

You are a dedicated caregiver for __*Insert CR's Name*__ and you are doing a great job. We understand that __*Insert target behavior problem*__ can be very upsetting to you and are committed to helping you with this problem. We believe these strategies will help and look forward to working with you in the coming weeks.

If you would like additional information on any of these strategies, or would like us to demonstrate these strategies, please ask. Your interventionist, __*Insert Interventionist's name*__, can help you learn more about these strategies and can practice these techniques with you.

Also, please complete the **Weekly Recording Form** each day. The information you record on this form will help you and your interventionist to find solutions to the problem behavior, and will help you to know if the strategies listed in this Behavioral Prescription are working. The Weekly Recording Form will be reviewed during our next home visit.

Weekly Recording Form

Problem Behavior:	
Strategies from the Behavioral Prescription:	
Please use these strategies. Your interventionist will ask if you used these strategies during your next visit.	

Please Keep Track of the Problem Behavior Below

Please indicate the _____ in the appropriate space below:			
Day and Date	Midnight to 8:00 AM	8:00 AM to 4:00 PM	4:00 PM to Midnight
Sunday, _____			
Monday, _____			
Tuesday, _____			
Wednesday, _____			
Thursday, _____			
Friday, _____			
Saturday, _____			

My list of Pleasant Events



1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

My 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

To post where I will see it everyday (e.g., refrigerator, mirror, bedside table).

List of Pleasant Activities for _____ and Me.



1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

The Pleasant Event We will Do This Week

The pleasant event we will be doing this week is:

We will do the 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

To post where I will see it everyday (e.g., refrigerator, mirror, bedside table).

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)

**Home Practice:
Working through a
5-Column Thought Record on Your Own**

Complete the 5-column Thought Record using the checklist of steps below. Please put a check in the box next to each step after you have completed that item.

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 feeling now? (sad, angry, anxious, etc)

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 maybe 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.

- 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.

- 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.

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. However, you can feel better by making sure your day has a few events that bring you pleasure!

What Counts As A Pleasant Event? Anything you like to do is 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. 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.

Start Small and Keep it Simple.

Choose events that you can do everyday or a few times a week. 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 a list of some events you might find pleasurable. You can use this list to help remind you of simple events to try to build into your day.

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.

Pleasant Events for You and Your Relative

Although it is important to do pleasant activities just for you, we believe it is important that you also try to find pleasant activities that you and your relative can enjoy together.

The list below can help you begin to identify some of these kind of activities.

- Are there any that you believe you can do on a **regular basis with your relative**? If so, write them down on your “list of pleasant events for my relative and me.”
- 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.**

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.

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 it's possible to still do those activities, 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

Three Key Steps for Managing your Feelings

Step 1.

The *first* step is to stop and identify the current thoughts that are resulting in your unpleasant feelings.

Step 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.

Step 3.

The *third* step is pay attention to how you feel now about the situation.

Challenging and Replacing Unhelpful Thoughts

Challenging and replacing your thoughts can be difficult. The following list is a set of techniques to challenge your unhelpful 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. 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 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 mother, " 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?*