

STAR-C2

Treatment of Mood and Behavior Challenges in Persons with Dementia

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Caregiving Consultant Manual

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SESSION OVERVIEW AND HANDOUTS	
ALL SESSIONS	<ul style="list-style-type: none"> ▪ Session Content Checklist (one for each client) ▪ STAR-C Progress Note Form (one for each session) ▪ <i>Understanding Alzheimer's</i> Booklet (for Caregiver)
Session 1: Home Visit	<p><i>Introduction to Behavioral Treatment of Dementia</i></p> <ul style="list-style-type: none"> ▪ Common Behaviors That Can be Challenging ▪ Pre-Treatment Problem Survey <p><i>Effective Communication</i></p> <ul style="list-style-type: none"> ▪ Practical Communication ▪ Listen with Respect, Comfort and Redirect <p>Homework: <i>Understanding Alzheimer's</i>, pp. 1-13</p> <ul style="list-style-type: none"> ▪ Realistic Expectations Handout ▪ Problem-Solving Example
Session 2: Home Visit	<ul style="list-style-type: none"> ▪ Homework Review <p><i>ABCs: Problem-Solving Challenges to Care</i></p> <ul style="list-style-type: none"> ▪ Knowing the ABCs ▪ Common Activators of Behavior Challenges ▪ ABC Problem Solving Plan <p>Homework: <i>Understanding Alzheimer's</i>, pp. 13-25</p>
Session 3: PHONE CALL	<ul style="list-style-type: none"> ▪ Checking in: readings, ABC plan, caregiver questions
Session 4: Home Visit	<ul style="list-style-type: none"> ▪ Homework Review <p><i>Why Pleasant Events Matter</i></p> <p><i>Negative Thoughts, Mood, and Behavior</i></p> <p><i>Increasing Pleasant Activities</i></p> <ul style="list-style-type: none"> ▪ Pleasant Events Schedule-AD ▪ Pleasant Events Brainstorm ▪ Pleasant Events Plan <p>Homework: <i>Understanding Alzheimer's</i>, pp. 25-33</p> <ul style="list-style-type: none"> ▪ ABC Problem Solving Plan
Session 5: PHONE CALL	<ul style="list-style-type: none"> ▪ Checking in: readings, ABC plan, caregiver questions
Session 6: Home Visit	<ul style="list-style-type: none"> ▪ Homework Review <p><i>Coping with Caregiving</i></p> <ul style="list-style-type: none"> ▪ Community Resources <p><i>Review & Maintenance Plan Using STAR-C Tools</i></p> <ul style="list-style-type: none"> ▪ Post-Treatment Problem Survey ▪ ABC Problem Solving and Pleasant Events Plans ▪ Monthly Phone Calls Plan & Checklist (one for each client)

INSTRUCTIONS TO CAREGIVING CONSULTANTS

1. This manual contains materials needed to conduct the Consolidated STAR-C2 program. STAR-C2 is a 6-week program, with 4 in-home sessions and 2 telephone sessions. Consultants with previous training in STAR-C are encouraged to review this manual carefully to become familiar with how the educational content has been re-organized to fit the new consolidated format.
2. It is recommended that consultants have prior training and experience in counseling dementia caregivers, and that they be trained specifically in the STAR-C2 program. Contact the authors for information on STAR-C2 certification requirements.
3. Review session content and reading assignments before each visit to a caregiver's home, making sure you have copies of everything you need with you. You'll want to come to each caregiver's situation with fresh insight and the materials may strike you differently as you appreciate individual situations.
4. In many cases you will have a chance to meet and interact briefly with the care receiver. It can be encouraging to the caregiver to find that others enjoy their loved one, and it is beneficial for you to have some personal experience of the person the caregiver will be talking about during the sessions.
5. It is also important, however, that the caregiver and consultant work together with privacy and without frequent distractions. If the care receiver is going to be present and listening in for an entire session, you will not be able to optimally cover the STAR-C2 material. It is better to reschedule your visit than to work in a compromised situation.
6. If a caregiver cannot arrange respite for the care receiver during the treatment sessions, it is recommended that consultants, where it is feasible, be accompanied by an assistant who can spend time visiting exclusively with the care receiver while you are working with the caregiver.
7. Often the caregiver will offer a cup of coffee and cookies during the visit—a simple thing to graciously accept. Some caregivers will also want to give you a gift at the end of treatment in return for “help” received. In this case, it is

essential that you know your organization's policy on accepting gifts so that you can clearly follow their guidelines.

8. Treatment sessions have been laid out in an order that is logical and that has been found to be effective with the majority of participating caregivers. However, the intervention is also meant to be responsive to the real-life challenges of the caregiver and care receiver. It is permissible for you to modify the session order to address particular caregiver needs as they arise, as long as all treatment content is eventually covered, you are using the A-B-Cs to develop strategies and find solutions, and changes are clearly indicated on the *Content Checklist* (described below).
9. At the end of every session, you will complete two forms (provided in Session Overview and Handouts section of this manual). Please write the STAR-C2 ID number in the space indicated, but do not write the participants' names or other personal or identifiable information on these forms.
10. You will use one *Content Checklist* to indicate what topics were covered throughout all sessions. Not all topics must be covered in each session – some are only covered once, while other topics are repeated in several sessions. Please indicate each time a topic is covered to ensure that all topics are covered and to provide feedback about how the treatment program works in your setting.
11. At the end of each session, you will also complete a *Progress Note Form* (one for each session). Feel free to write notes about the session in the space provided, but remember not to write the caregiver or care receiver's names on these forms.
12. After the six in-home and phone call sessions are complete, you will contact the caregiver by phone once/month for the next 4 months to check in and provide additional follow-up. You will complete one *Telephone Content Checklist* to indicate what topics were discussed during these follow-up telephone sessions.

TREATMENT LOGISTICS

In the first session, a few minutes should be spent building rapport with caregivers and discussing the intervention they are about to begin. Specific items to be included in this discussion include:

1. Introduce yourself and describe your credentials, experience and position with the institution or agency.
2. Assure the caregiver that anything discussed during the intervention will be kept confidential. Some consultants may audio-record their STAR-C2 sessions. The purpose of the recordings is to ensure that the STAR-C2 consultants are following the treatment protocol, and to help supervisors give effective feedback to new consultants. No one will listen to the recordings except STAR-C2 supervisors. Recordings will be identified by a code number only, and erased once they have been reviewed.
3. Invite caregivers to ask any questions they may have about the rationale and goals of the intervention.
4. Discuss the logistics of the sessions (place, time, dates). Assure the caregiver that every effort will be made to accommodate scheduling conflicts that arise during the course of treatment, but emphasize the importance of regularly scheduled meetings and follow-through. Ask caregivers to call in advance and reschedule if they have to miss an appointment. (Make sure that each caregiver has your contact number.) It is recommended that STAR-C2 sessions be conducted during a 6 week intervention period whenever possible, rather than spread out over multiple months.
5. Discuss the caregiver's role in treatment, emphasizing collaboration in designing and implementing the treatment. The caregiver is the expert about the family member who is receiving care. Encourage the caregiver to ask questions, to interrupt if something doesn't make sense, and to share any personal examples that related to the discussion.
6. Explain the importance of having privacy and the ability to talk freely about the challenges of caregiving without frequent interruptions or risk of upsetting the person in their care. STAR-C2 is not a good program for caregivers who will insist on including the care receiver during all sessions.

7. If the caregiver has not already made plans for their family member to be cared for by someone else or otherwise occupied, assist him/her to identify alternative activities or respite arrangements during the times you will be meeting.

SECTION I: STAR C-2 FORMS & HANDOUTS USED IN ALL SESSIONS

- ▶ Session Content Checklist
- ▶ Progress Note Form
(use one for each session)
- ▶ Understanding Alzheimer's Booklet
(for caregiver; located inside back pocket of notebook)

STAR-C2 Session Content Checklist

Please indicate with a checkmark what topics were covered in each session.
 Topics can be checked as many times as appropriate.

After the final session, indicate how helpful you think STAR-C2 was with this caregiver. ***(Complete one form for each client.)***

STAR-C2 ID: _____

Treatment Session/Content	1	2	3 Phone call	4	5 Phone call	6
Pre-Treatment Problem Survey						
Dementia as Illness						
Realistic Expectations						
Practical Communication						
ABCs Introduction						
Problem Solving Example						
ABC Problem Solving Plan						
Pleasant Events						
Negative Thinking						
Caregiver Issues						
Maintaining Gains						
Post-Treatment Problem Survey						

How helpful do you think STAR-C2 was with this client?

Not helpful	Somewhat helpful	Successful/ helpful	Very helpful
0	1	2	3

Additional comments:

STAR-C2 Progress Note Form

STAR-C2 ID Number

Session

Session Date

Month Day Year

1. Total session length (minutes): _____ Home Visit Phone call

2. Who was seen (or talked to) during the session? (mark as many as apply)
 Caregiver Care receiver Other: _____

3. Rate caregiver homework completion:	<i>Not attempted</i>	<i>Attempted</i>	<i>Not assigned</i>
a. Reading Assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ABC Monitoring and/or Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Pleasant Events Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ABC Problem Solving	<i>Yes</i>	<i>No</i>	
4. Was an ABC form completed during the session?	<input type="checkbox"/>	<input type="checkbox"/>	
<u>4 a. For new ABC plans this week:</u> <i>Did the target behavior happen this past week?</i>	<i>Yes</i>	<i>No</i>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
<u>4 b. For previously developed ABC plans:</u> <i>How has the behavior changed since you first discussed it?</i>	<i>Better</i>	<i>Worse</i>	<i>No change</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STAR-C2 Monthly Telephone Content Checklist

STAR-C2 ID Number

Session

Session Date

Month Day Year

(Follow-up calls are intended to be less than ½ hour maximum)

Please indicate with a checkmark what topics were covered in each phone call. Also note the date of each call and how long it was.

Sample “primer” questions:

- How has the past month been going with *(the care receiver)*? Have any new challenges developed that you would like help problem-solving?
- Have you been using the ABCs to think about possible activators and consequences for behaviors? How is that working for you?
- Are you still scheduling regular pleasant events for yourself and *(the care receiver)*?
- Is there anything in general about caregiving or taking care of yourself that you would like to discuss?
- Do you have any questions about anything we talked about during the STAR-C2 visits?

Phone Call / Content	1	2	3	4
Phone Call / Content	Phone call	Phone call	Phone call	Phone call
Phone Call Date				
Phone Call Duration (mins)				
Dementia as Illness				
Realistic Expectations				
ABC Problem Solving Plan				
Practical Communication				
Pleasant Events				
Negative Thinking				
Caregiver Issues				

- *When would be a good time for me to call next month?*

SECTION II: STAR-C2 Treatment Session Content

Section II provides a session-by-session guide to the material covered in STAR-C2. It is intended to help coaches stay “on track” and easily recall the content as they conduct sessions. Much of the protocol material can be read “as is” to help new coaches learn how to present STAR-C2 as coaches. (*Sections that are more instructional and not intended to be read word-for-word are identified by italics within parentheses.*) Additional caregiver handouts and forms follow each session outline as they are needed.

SESSION 1: INTRODUCTION TO BEHAVIORAL TREATMENT OF DEMENTIA AND EFFECTIVE COMMUNICATION

GOALS

- Introduction to STAR-C2.
- Introduce behavioral treatment for mood and behavior challenges in persons with dementia.
- Discuss the two kinds of communication: verbal and non-verbal.
- Introduce strategy for effective communication: “Listen with Respect: Comfort and Redirect.”
- Identify target problem behaviors for treatment.

Introduction to STAR-C2

- A. The consolidated STAR-Caregivers (STAR-C2) program is a collaborative approach to caring for a person with dementia. Although dementia isn’t curable there are ways to manage some of its complications. Managing these symptoms can help people with dementia have a more satisfying life and makes caring for them easier. STAR-C2 focuses on identifying problems that are important to the caregiver, and working together to develop problem solving plans, communication skills, and activity strategies for reducing these problems.
- B. *(Explore the caregiver’s goals for the treatment program, helping the caregiver to be realistic in his or her expectations.)* The program will not cure memory loss or completely eliminate behavioral symptoms of dementia. Its aim is to teach the caregiver strategies to decrease the frequency, severity, or duration of specific behavior challenges.

Dementia Care

- A. Dementia is caused by a number of diseases that produce changes in the brain. The changes in the brain produce changes in behavior. Alzheimer’s disease and microvascular disease are the most common causes of dementia in older persons. *(Review the caregiver’s understanding of the type and degree of the care receiver’s dementia.)*
- B. Dementia affects the ability to do many tasks that we take for granted, such as getting dressed, talking with our families, finding our way around the

house, and making good decisions. For example, people with dementia may no longer be able to keep track of paying bills or managing a checkbook, even though they were responsible for these tasks in the past. *(Ask the caregiver for other examples of how dementia has affected the care receiver's ability to do daily activities. Discuss changes in roles and expectations that both the caregiver and care receiver have experienced.)*,

- C. Although behavior changes are common in persons with dementia, no two people experience exactly the same challenges. Problems may also change over time, as the care receiver's dementia progresses. In this program, you will learn general strategies that can be applied to specific problems you are experiencing both now and in the future.

Verbal and Non-verbal Communication

- A. People communicate with and without words. The words, statements and questions we speak let others know what we think and sometimes what we want. Communication also includes non-verbal behaviors, such as sounds, gestures, facial expressions, body postures, and the rhythm and tone of our voices. Persons with dementia often cannot put their thoughts and wishes into words. We have to understand their non-verbal behavior to know what they are trying to say. *(Ask the caregiver to think about and describe nonverbal behaviors they have observed recently in their interactions with the care receiver.)*
- B. Similarly, how caregivers act sends a message about what they are thinking and feeling as much as the words they use. Sometimes what our words say, and what our non-verbal behaviors communicate, are two different messages. The words may be "Don't worry about knocking that glass over," but the manner and tone may say, "I'm really angry you spilt your drink and I have to clean it up right now." To which message – the words or the non-verbal – is the person with dementia likely to respond?
- C. *(Review the Practical Communication handout, relating it to the caregiver's personal experience with the care receiver. Point out even though the caregiver may practice good communication most of the time, anyone who cares for persons with dementia occasionally gets "stuck." Is the caregiver aware of ways in which their communication sometimes breaks down?)*

- D. When communication is not going well, it is good to have some strategies for getting “unstuck” and moving beyond the difficult situation. A simple phrase that can help is, *“Listen with Respect; Comfort and Redirect.”* (Discuss each step from handout with the caregiver.) How could you (the caregiver) listen, show respect, comfort and redirect the care-receiver more effectively?

Identifying and Rating Mood and Behavior Challenges

- A. In this first session, we would like to identify 1 -3 behaviors that your family member may be experiencing that you would like to see change. These might be behaviors that are unsafe, are interfering with your ability to provide good care, or that are just reducing your own or your family member’s quality of life. (Review *Common Challenging Behaviors* form to stimulate ideas. Help the caregiver articulate each problem specifically. For example, “arguing all the time,” may seem clear to the caregiver but “arguing” can take many forms. What is the topic of the arguments? Do they occur “all the time” or are they more common at certain times of the day or with certain people? What words are used and how are they said? The more clearly a caregiver can describe a problem, the more likely an effective course of action can be planned and carried out.)
- B. For each of these behaviors, we would like to know how often they occurred in the past week; when they did occur, how much they bothered you; and what you did to try to make things better. (Work with the caregiver to complete the *Pre-Treatment Problem Survey*, rating the frequency and caregiver reaction to each of the three problems. The consultant should keep this survey for future reference.)

Homework

- A. Give caregiver the STAR-C2 folder. Explain that the folder will be used throughout the program, and ask the caregiver to keep all STAR-C2 materials and handouts together in one place.
- B. Assign *“General Information on Alzheimer’s disease”* (pp. 1-10) and *“Behavior Management Techniques”* (pp. 10-13) in the Understanding Alzheimer’s booklet. Explain that caregiver will be referring to this booklet throughout the program.

- C. Ask the caregiver to read two handouts: “*Maintaining Realistic Expectations*” and “*Problem-Solving Example*” before the next session.

- D. Ask the caregiver to make a note to him/herself if any target behaviors arise during the next week (or if any other behaviors occur that the caregiver would like help managing).

SESSION 1 HANDOUTS

Practical Communication

1. Eye Contact

- ☆ *Look directly at the other person when speaking or listening.*
- ☆ *Move eyes spontaneously and naturally.*

2. Body Position

- ☆ *Sit or stand directly in front of the person. Be sure you have his or her attention before speaking.*
- ☆ *Place yourself on the same level with the other person as much as possible. Do not stand over someone who is sitting or lying.*
- ☆ *Position yourself close enough to be seen and heard clearly, usually about three to six feet away.*

3. Face and Head Movements

- ☆ *Have a calm expression. Express changes on face appropriately.*
- ☆ *Nod appropriately and positively. Avoid a deadpan expression.*

4. Hand and Arm Movements

- ☆ *Use hand movements for emphasis.*
- ☆ *Use gentle touch to get or focus attention.*

5. Speech Rate and Tone

- ☆ *Speak slowly.*
- ☆ *Form and say words carefully.*
- ☆ *Use short sentences.*
- ☆ *Ask one question at a time.
Wait for an answer before asking another question.*

Be patient!



Listen with Respect, Comfort and Redirect

Listen

Make sure that the person KNOWS you are listening.

- ☆ *Make eye contact with the person.*
- ☆ *Focus on the person; don't try to do two things at once.*

Respect

Sometimes being too casual with a person can be viewed as disrespect.

- ☆ *Watch your tone of voice; no one likes to be scolded or talked down to like a child.*
- ☆ *Be careful when you talk about the person when he or she is in the room.*
- ☆ *Pay attention to the person's nonverbal communication. Does it seem like he or she is bothered by your communication style?
If so, try a different way of communicating.*

Comfort

What we say and how we say it can provide a great deal of comfort to a person who is upset. Those who are anxious, agitated, or depressed can benefit greatly from comforting communication.

- ☆ *Don't pay as much attention to what a person is saying as to what the person may be thinking or feeling.*
- ☆ *Let the person know that you understand.*
- ☆ *Persons with dementia who are anxious and depressed can't calm themselves down; they need help. A hug, a reassuring statement ("I will take care of you"), or even a "comfort item" such as a soft throw or pillow can be effective.*

Redirect

Sometimes providing comfort is not enough. Try to redirect or distract the person from his or her problem behavior.

- ☆ *Attempt to change the subject after you have shown respect and tried comfort measures.*
- ☆ *Try to involve the person in a distracting pleasant event.*

Whatever you do, DON'T ARGUE!



Common Behaviors That Can Be Challenging

- ☆ Waking you or other family members up at night
- ☆ Expressing feelings of hopelessness or sadness about the future
- ☆ Crying and tearfulness
- ☆ Toileting in inappropriate places
- ☆ Getting lost inside or outside of the house
- ☆ Talking about feeling lonely
- ☆ Comments about feeling worthless or being a burden to others
- ☆ Arguing, irritability, and/or complaining
- ☆ Physically threatening or aggressive towards others
- ☆ Getting dressed incorrectly or inappropriately
- ☆ Not shaving, washing, brushing teeth, or showering
- ☆ Refusing to accept appropriate help with personal care
- ☆ Trying to leave (or leaving) the house
- ☆ Restlessness, fidgetiness, inability to sit still
- ☆ Asking the same question over and over
- ☆ Repeated requests for attention or help (includes nagging, pleading, calling out).
- ☆ Walking back and forth or wandering aimlessly
- ☆ Having temper outbursts, including verbal or non-verbal expressions of anger
- ☆ Grabbing or clinging to you or other people physically
- ☆ Following you around everywhere you go
- ☆ Seeing or hearing things or people that aren't there
- ☆ Not wanting to do activities s/he used to enjoy
- ☆ Doing activities “wrong” or unsafely (e.g., cleaning, laundry, cooking, driving)
- ☆ Accusing people of stealing

STAR-Caregivers Pre-Treatment Problem Survey

STAR-C2 ID Number

Session

Session Date

Month Day Year

Instructions: Please think of 1 – 3 behavior challenges that you would like help with. For each problem, rate how often it occurred **DURING THE PAST WEEK**, and how much it bothered or upset you when it happened. Use the following scales to rate the frequency of each problem and your reaction to it. Finally, please tell us what you did the last time the problem occurred to solve it.

Frequency Ratings:

- 0 = never occurred
- 1 = not in the past week
- 2 = 1 to 2 times in the past week
- 3 = 3 to 6 times in the past week
- 4 = daily or more often

Reaction Ratings:

- 0 = not at all
- 1 = a little
- 2 = moderately
- 3 = very much
- 4 = extremely

Problem 1: _____

Frequency

 0 1 2 3 4

Reaction

 0 1 2 3 4

How did you respond? _____

Problem 2: _____

Frequency

 0 1 2 3 4

Reaction

 0 1 2 3 4

How did you respond? _____

Problem 3: _____

Frequency

 0 1 2 3 4

Reaction

 0 1 2 3 4

How did you respond? _____

REALISTIC EXPECTATIONS

When persons develop dementia, their cognitive and emotional changes develop gradually over a long time. For this reason, it is often difficult to know what they are still capable of doing and when they need extra help. Think about your own situation. What changes have you seen in your family member with dementia? What changes do you think s/he would say have occurred? What changes have friends, family, or professionals who know you both observed?

You may find, when you think about it, that each person would give a different answer. Perhaps your loved one would say, “I’m a little more forgetful than before, but it doesn’t interfere in my life at all” – even though *you* see many examples of how it interferes! Or perhaps, a distant relative who hasn’t seen your loved one in a long time notices many areas of decline that you haven’t noticed in your continual, daily interactions. Who is correct? Who is seeing most accurately?

The answer is that you are probably all correct, at least in part. Although dementia is progressive, its day-to-day effects can be very inconsistent. A person with dementia may have trouble performing an activity today that yesterday s/he did with ease. S/he may remember one appointment and forget the next. As caregivers, we may come to believe that these inconsistent gaps in ability are because the person “just isn’t trying,” or “isn’t motivated” or “is just doing things to annoy me.” This is particularly true if, in the past, the person sometimes behaved in a similar way when s/he wasn’t paying attention, or when the two of you were quarreling.

Nevertheless, it is important to understand that no matter how similar the actions of a person with dementia are to how he or she acted in the past, their behaviors do not now have the same meaning or causes. The person with dementia is increasingly incapable of fully understanding the consequences of their actions. Their disease may make them unable to remember mistakes they have made or to see how much they need help now from other people.

Persons with dementia have difficulty finishing what they start, or even starting things without guidance and support from those around them. They may say or do one thing when their intention was to do something totally different.

Changes in mood are common symptoms. Even though the person may look the same as always, and uses some of the same words and actions to express their feelings and desires, changes in their brain caused by dementia interfere with their ability to fully understand what they are doing.

If you find yourself feeling disbelief that many of your family member's actions are unintentional, you're not alone. This reaction is normal. Nevertheless, it will help you care for yourself and your family member more effectively if you can remember that s/he has increasingly less control over his or her actions. Although remembering this won't stop you from getting angry sometimes or having feelings of resentment, embarrassment, or disappointment, you will get through these feelings more quickly.

With your STAR-C2 consultant, practice finding ways you can reinterpret some of your family member's actions. Then try it out during the week and see how these new interpretations change the way you respond when these difficult behaviors occur.



PROBLEM SOLVING EXAMPLE

1. **Behavior Problem:** Mr. B wanders away from the house when Mrs. B is busy with chores.
2. **Gathering Information:** This happened three times last week (Monday, Wednesday and Thursday).
3. **Identify Activators and Consequences:**
 - a. **Activators:** Always in the late afternoon; always when Mrs. B is absent from view.
 - b. **Consequences:** Mrs. B gets frightened and upset and goes looking for Mr. B; Mrs. B becomes angry when Mr. B is found; (usually walking toward the house where a friend lived several years ago). Mr. B responds by refusing to return home with her.
4. **Brainstorm Solutions:**
 - a. Mrs. B does chores different time of day so Mr. B is never alone.
 - b. Mrs. B installs alarm system on outside doors.
 - c. Mrs. B arranges for in-home respite/supervision of Mr. B.
 - d. Mrs. B makes videotape of Mr. B's favorite television show to play at day's end.
 - e. Mrs. B involves Mr. B in chores.
5. **Select a strategy:** Mrs. B decides to involve Mr. B in chores. Possible problems might be: finding ways Mr. B can realistically "help" or be occupied; developing communication strategies for effectively asking Mr. B to help; dealing with Mr. B's refusals (e.g., offering different task, setting chores aside for that day).

6. **Take Action/Evaluate Effectiveness:** Mrs. B asked Mr. B to help only on afternoons when he did not seem agitated. The other days Mrs. B postponed her chores and took Mr. B on a neighborhood stroll. (Note: This solution was not on original list, but occurred to Mrs. B during week.)



Resolution

On days Mr. B was asked to help with chores, he readily agreed. Mrs. B discovered that Mr. B particularly enjoyed sweeping the kitchen floor and polishing the dinner table while she cooked dinner. This kept him occupied and required minimal redirection by Mrs. B. On the days when there were no late afternoon conflicts between Mr. and Mrs. B, Mrs. B stated that the peace and quiet were really “reward” enough for her. Nevertheless, when their son came over to visit on the weekend, she treated herself by having coffee next door with a neighbor and good friend whose company she especially enjoys.

SESSION 2:

THE ABCs: PROBLEM-SOLVING CHALLENGES TO CARE

GOALS

- Introduce the A-B-Cs – Activators, Behaviors, and Consequences.
- Changing activators and consequences can change problem behaviors.
- Develop specific behavior change plan(s).

Review Homework

- A. Review assigned readings from “*Understanding Alzheimer’s*,” “*Maintaining Realistic Expectation*,” and the “*Problem-Solving Example*.” Discuss any questions or reactions caregiver had to materials.

Behaviors are Observable Events

- A. Behaviors are **ACTIONS** that you can **see** and **count**. It is important to remember that although many thoughts, feelings and emotions may be going on inside a person with dementia, our focus in this program is on the things they say or do; things that can be directly observed by the caregiver. (*Ask the caregiver for examples of behaviors that indicate the care receiver is in a good mood, is frustrated, or tired.*)
- B. Dementia sometimes causes people to do things that don’t seem to make sense. People with dementia may get very emotional over minor upsets. They may act in ways that seem out of character. Sometimes it seems as if they do things “out of the blue.” This can make it difficult for caregivers to know what to do. (*Ask the caregiver if this ever happens with the care receiver, and talk about examples he or she identifies.*)
- B. Behaviors rarely occur out of the blue, however. Persons with dementia are trying to make sense of the world and respond in the best way they can. If the caregiver thinks about behaviors as a series of observable actions that have purpose and meaning, he or she can identify situations in which challenging behaviors are more likely to occur. In this session, we are going to talk about an approach for figuring out what might “trigger” behaviors, and how our responses can make the situation better or worse. Then we will start developing a plan to change one or more of the problems that you’ve identified you would like help with.

Behaviors are Observable Events

- A. *(Give the caregiver the **A-B-C Handout**.)* The first step in understanding and changing challenging behaviors is learning to observe and describe them. This observation involves three steps. The first step is to identify the specific behavior, the second is to gather information about the behavior, and the third is to observe the activators and consequences of the behavior.
- a. Identify the B-behavior. The first step of observation is to pick a behavior that you want to change. What exactly happened? *(Describe the care receiver behavior to be changed in detail. The problem or behavior must be specific, concrete, countable, and observable. It must be something that the caregiver wants to decrease or increase.)*
 - b. Gather information. In the second step, we gather information about the problem or behavior. When and where does it occur, and around whom? We call the process of describing exactly what happened, and gathering information about when, where, and around whom it occurs “looking for the 4 Ws.”
 - c. Identify the A (activators) and C (consequences). Activators (or “triggers”) occur before the problem or behavior. Consequences occur after. We want to look for patterns of activators and consequences that may be related to the problem or target behavior. This could include social situations, time of day, physical environment, feelings and thoughts, or behaviors of other people. Remember, communication can be an important activator or consequence in problem behaviors!
- B. The **A-B-Cs** are the building blocks for how the caregiver will learn to solve behavior problems. Changing **Activators** and/or **Consequences** of problem **Behaviors** can “break the chain” of events, and change the frequency, severity, or duration of a problem behavior. *(Invite caregiver to select one target behavior that s/he identified last week (or another problem that currently seems more important). Fill out the ABC portion of the Problem-Solving Plan together, writing down the 4Ws and possible activators and consequences. Review Common Activators handout to think about possible factors that may be contributing to the behavior’s occurrence.)*

Problem-Solving and A-B-Cs

- A. The next step is to develop a step-by-step problem-solving strategy. The problem-solving sequence is as follows:
1. Generate alternatives or brainstorm about ways to change any activators or consequences associated with the problem or target behavior. We want to make a written list of your ideas on a blank sheet of paper. Make no judgments or evaluations about alternative strategies generated. Unusual and imaginative ideas are welcome.
 2. Select one strategy from your list of good, potential tactics. Select the best one of your ideas to try first, keeping other strategies as alternatives to use in the future. Think realistically. How feasible are the logistics of carrying out your plan?
 3. Take action. Try your strategy during the next week. Keep a watchful eye for problems in implementing your new plan.
 4. Evaluate effectiveness. Did the strategy work? Evaluate to what degree the proposed plan did or did not work. Identify aspects of the strategy that were or were not effective. Modify as needed. You may also want to try one of the remaining strategies on the list.
- B. *(Together with the caregiver, brainstorm a list of possible ways activators or consequences for the identified behavior problem could be changed. Encourage the caregiver to generate her or his own ideas before offering additional ones. Pick the best and most realistic idea(s) to try and write them down on the ABC Problem-Solving Plan.)*
- C. The next step is taking action. *(Ask the caregiver to think about how s/he will carry out the plan.)* Can you anticipate any possible obstacles to implementing the plan? If so, let's talk about how to overcome them. *(Encourage the caregiver to be persistent in making changes and to continue to try the plan even if it doesn't seem to work at first, or even if it only works part of the time. Stress the importance of continuing to use the ABC Problem Solving Plan to record successes and difficulties with plan.)*

- D. Each week we will talk about how the plan is working, and generate other ideas to try if needed. We will also take time to talk about other problems the caregiver is experiencing, and other tools that can enhance the success of the behavior change plan, such as increasing pleasant events and taking care of caregiver needs.

Homework

- A. Implement *ABC Problem Solving Plan* for behavior discussed in session.
- B. Assign “*Physical and Behavioral Problems*” pg. 13-25, in the Understanding Alzheimer’s booklet.
- C. Leave caregiver 1 or more extra blank Problem-Solving Plan forms for use over the next 2 weeks if needed as new problems arise.

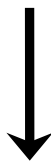
SESSION 2 HANDOUTS

Knowing the ABCs



Activator

What happened just before B?



Behavior

What is the person doing?

Where is this happening?

Who is present?

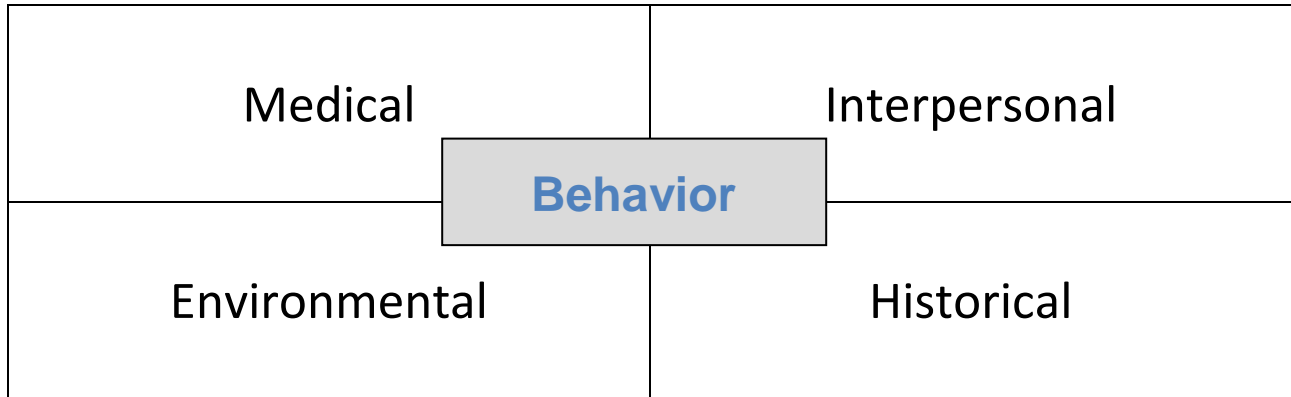
When is this happening?



Consequence

What happened just after B?

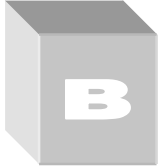
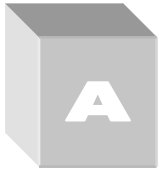
Common Activators of Behavior Challenges



Examples

<p style="text-align: center;"><u>Medical</u></p> <ul style="list-style-type: none"> ▪ Infection ▪ Pain or physical discomfort ▪ Adverse medication effects ▪ Incontinence or constipation ▪ Dehydration ▪ Fatigue or sleep deprivation ▪ Sensory loss 	<p style="text-align: center;"><u>Interpersonal</u></p> <ul style="list-style-type: none"> ▪ Being asked too many questions ▪ Being bossed around ▪ Impatient, critical tone of voice ▪ Offering “help” when it’s not wanted ▪ Frustration at not being understood ▪ Being rushed ▪ Being touched or held in ways that are frightening or confining ▪ Verbal reasoning and logical explanations
<p style="text-align: center;"><u>Environmental</u></p> <ul style="list-style-type: none"> ▪ Too much noise, activity, clutter, people, space ▪ Unfamiliar persons, places, things ▪ Startling movements, noise, or touch ▪ Insufficient lighting, visual contrast ▪ Changes in schedules and routines ▪ Being left alone for too long ▪ “Missing” objects or persons ▪ Lack of orientation cues 	<p style="text-align: center;"><u>Historical</u></p> <ul style="list-style-type: none"> ▪ Cultural background ▪ Past habits and preferences ▪ Family and social routines ▪ Religious beliefs ▪ Family, work, and social roles ▪ Lifelong personality style ▪ Education and occupation ▪ Traumatic events

A-B-C Problem Solving Plan



Activator: What happens before? _____

Behavior: *What* was the person doing? _____

Where did it happen? _____

Who was there? _____

When did it happen? _____

Consequence: What happened after? _____

Get Active: Making Change Happen!

How could you possibly change the activators?

1. _____
2. _____
3. _____
4. _____

How might you change the consequences?

1. _____
2. _____
3. _____
4. _____



Circle your best ideas to try this week!!!

SESSION 3: TELEPHONE CHECK-IN

GOALS

Detailed scripts are not provided for telephone check-in sessions because new STAR-C2 content is not introduced. Rather, the intention of these calls is to focus on reviewing ongoing homework, answering caregiver questions, helping resolve difficulties caregivers are having with their problem-solving plan(s), and brainstorming new plans if caregivers report new behaviors that they would like assistance managing. As in the in-person sessions, STAR-C consultants should stay focused on current issues, observable behaviors, and avoid unnecessary chit-chat or direct advice-giving.

- Review assigned readings from Understanding Alzheimer's booklet. Does the caregiver have any questions about realistic expectations, good communication, or using the ABCs to problem-solve challenging behaviors?
- Continue to discuss care receiver behaviors using the Problem-Solving form. Did the caregiver's plan from last session make the behavior better or worse?
- Revise previous ABC plan and/or generate a new plan for additional problem(s). For each problem, be sure to include all the ABC steps using the Problem-Solving Form:
 1. Describe the behavior (4Ws)
 2. Identify possible activators and consequences for the behavior
 3. Brainstorm what the caregiver can do to change the Activators and/or Consequences of the behavior.
 4. Have caregiver write down the best idea(s) on the Problem-Solving Form.
 5. Ask caregiver to pick one or more of these changes to try during the next week.
- Praise caregiver for all his/her effort and any successes!

SESSION 3 HANDOUTS

A-B-C Problem Solving Plan



Activator: What happens before? _____



Behavior: *What* was the person doing? _____

Where did it happen? _____

Who was there? _____

When did it happen? _____



Consequence: What happened after? _____

Get Active: Making Change Happen!

How could you possibly change the activators?

1. _____
2. _____
3. _____
4. _____

How might you change the consequences?

1. _____
2. _____
3. _____
4. _____



Circle your best ideas to try this week!!!

SESSION 4: INCREASING PLEASANT EVENTS AND COUNTERACTING NEGATIVE THINKING

GOALS

- Continue to discuss care receiver behaviors using the *Problem-Solving form*.
- Describe the benefits of participating in pleasant events.
- Discuss how negative thoughts can trigger mood and behavior changes in persons with dementia
- Discuss the use of ABC problem-solving and pleasant events to counteract negative thinking and improve mood.
- Complete the Pleasant Events Schedule – AD (PES-AD).
- Identify and schedule two pleasant events for the care receiver.

Review Homework

- A. Review *ABC Problem Solving Plan(s)*. Discuss ways to determine whether the problem-solving plan is working: for example, the duration of time the behavior occurs, the number of instances of the behavior, or the severity of the problem. Modify plan(s) as needed, or develop new ABC plan for any additional behaviors of concern that the caregiver wants to work on.

Why Pleasant Events Matter

- A. Pleasant events, mood, and behavior are all related. A way to think about that relationship is to imagine a scale with unpleasant events on one side and pleasant events on the other. Ask the caregiver what may happen when a person's day is weighed down with unpleasant events. Do you feel or act differently than on a day loaded with pleasant events?
- B. Pleasant events can be used in two ways to help in dementia care. First, they can counteract negative thinking as well as mood and behavior problems when they occur in the person with dementia. Secondly, they can be used proactively to prevent negative mood and behaviors from developing in the first place.

Negative Thoughts, Mood, and Behavior

- A. For persons with dementia, negative thinking can be a very unpleasant experience. For example, a person with dementia may begin to think about his or her dead spouse and start to cry, or begin to think about what s/he can

no longer do and become agitated. It is important that negative thoughts be counteracted. The care receiver may not be able to do it by her or himself, but s/he can do it with the caregiver's help.

- B. How do we know when the person with dementia is engaging in negative thinking? She or he might verbalize their negative thoughts, or they might only look sad, or angry, or scared and you have to guess what they are thinking. It is very common that persons with dementia can't tell us what they are feeling so we have to rely on nonverbal communication to figure it out. *(Ask the caregiver for examples of times this has occurred. For example, there may be times when the care receiver seems upset for no apparent reason. Discuss various ways the person with dementia might indicate s/he is upset with facial expression, body posture, tone of voice, etc.)*
- C. Increasing a person's pleasant events can effectively reverse the negative thinking that can precipitate depression, anxiety, or behavior problems such as anger and agitation. It is rarely helpful to challenge negative thoughts directly, and it is not necessary for the person to articulate what they are thinking or feeling for us to be helpful! It is often very effective to use good communication such as respectful listening, reassurance, and comfort, all of which can be very pleasant events. Distraction with something pleasant is another powerful way to counteract negative thinking. For example, the caregiver can engage the care receiver in an uplifting discussion about the grandchildren, play some favorite music, go out for a walk or drive, or simply cuddle together on the couch. *(Ask the caregiver to brainstorm ideas for distracting the care receiver from negative thoughts or behaviors.)*
- D. The ABC Problem-Solving approach can also be used to counteract negative thinking. As with all problem behaviors, changing negative thinking involves brainstorming ideas and taking action. The non-verbal behavior of the person with dementia will help us know whether the caregiver's plan has worked. Although it isn't possible to read someone's mind, we can evaluate his or her outward reaction—whether s/he seems to feel better or not. Ask the caregiver to monitor this on the *ABC Problem Solving Plan(s)*.

Getting Started with Pleasant Activities

- A. Pleasant events need not be elaborate. In fact, the simpler and more routine they are, the more likely that they will be easy to do on a regular basis. For example, every time we speak with another person we have the ability to create a pleasant event – a smile, a wink, or a cheery hello. Ask the caregiver how it feels when a neighbor smiles and waves, when a stranger opens a door, or another driver lets us change lanes in front of them. While these events might sound trivial, they go a long way toward improving our lives.
- B. There are other types of pleasant events – an outing to a favorite place, or a visit from a loved relative. However, with dementia, sometimes problems occur that make engaging in pleasant activities difficult. One problem can be motivating the person with dementia to participate in the event. Another problem is deciding what the relative is able to do, and simplifying activities so that they are enjoyable. Comfort, encouragement and enthusiasm are helpful in motivating people. To arrange a truly pleasant event it is necessary to:
1. Figure out what is/was fun for the person with dementia
 2. Be sure the event is reasonable
 3. Offer gentle encouragement and
 4. Divide the activity into small steps to introduce it.
- C. When breaking activities into steps, the steps need to get progressively smaller and simpler. This may cause the caregiver to become concerned that they are treating their relative like a child. However, as long as the pleasant events are things that the person with dementia enjoys and is able to do, taking part will help him/her feel competent—a very adult sensation.
- D. *(Introduce the Pleasant Events Schedule for Alzheimer’s Disease (PES-AD) and ask caregiver to complete it during the next week. Using the Pleasant Events Plan, have the caregiver identify two pleasant events to do with the care receiver over the next two weeks. Encourage the caregiver to be realistic and pick small and attainable events. Discuss strategies to maximize the care receiver’s compliance. Point out that the care receiver may be reluctant at first, but once they are engaged will most likely enjoy the event. Problem-solve how to break the pleasant events into smaller and smaller steps until the care receiver feels comfortable and succeeds with them.)*

Homework

- A. Continue to use *ABC Problem Solving Plan(s)* for target behaviors.
- B. Complete *PES-AD* and review *Pleasant Events Brainstorm Sheet* for additional pleasant event ideas. Have the caregiver use the *Pleasant Events Plan* to note the completion of two planned pleasant events during the next two weeks, taking particular notice of how the care receiver responded and whether any change in behavior occurred during or after the pleasant events.
- C. Assign “*Caregiver Issues*,” pg. 25-33, in Understanding Alzheimer’s.

SESSION 4 HANDOUTS

A-B-C Problem Solving Plan



Activator: What happens before? _____



Behavior: *What* was the person doing? _____

Where did it happen? _____

Who was there? _____

When did it happen? _____



Consequence: What happened after? _____

Get Active: Making Change Happen!

How could you possibly change the activators?

1. _____
2. _____
3. _____
4. _____

How might you change the consequences?

1. _____
2. _____
3. _____
4. _____



Circle your best ideas to try this week!!!

Pleasant Events Schedule: AD

Instructions: This schedule contains a list of events or activities that people sometimes enjoy. It is designed to find out about things your relative has enjoyed during the past month. Please rate each item twice. The first time, rate each item on how many times it happened in the past month, (frequency); the second time, rate each event on how much your relative enjoys the activity.

Activity	Frequency			Enjoy		
	Not at all	1 to 6 Times	7 or more Times	Not At All	Some-what	A Great Deal
1. Being outside						
2. Shopping, buying things						
3. Reading or listening to stories, magazines, newspapers						
4. Listening to music						
5. Watching T.V.						
6. Laughing						
7. Having meals with friends or family						
8. Making or eating snacks						
9. Helping around the house						
10. Being with family						
11. Wearing favorite clothes						
12. Listening to the sounds of nature (birdsong, wind, surf)						
13. Getting/sending letters, cards						
14. Going on outings (to the park, a picnic, etc)						

Activity	Frequency			Enjoy		
	Not at all	1 to 6 Times	7 or more Times	Not At All	Some-what	A Great Deal
15. Having coffee, tea, etc. with friends						
16. Being complimented						
17. Exercising (walking, dancing, etc.)						
18. Going for a ride in the car						
19. Grooming (wearing make-up, shaving, having hair cut)						
20. Recalling and discussing past events						

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Pleasant Events Brainstorm

- ☆ Looking at nature
- ☆ Meeting someone new
- ☆ Planning a trip
- ☆ Taking a walk
- ☆ Buying something
- ☆ Singing
- ☆ Reading books or poems
- ☆ Doing a task well
- ☆ Breathing fresh air
- ☆ Being understood
- ☆ Seeing someone else happy
- ☆ Watching TV
- ☆ Thinking about something good in the future
- ☆ Finishing a task
- ☆ Laughing
- ☆ Doing a puzzle
- ☆ Remembering family events
- ☆ Seeing the sunset
- ☆ Eating a snack
- ☆ Praising someone
- ☆ Talking on the phone
- ☆ Kissing and hugging family
- ☆ Praying or spiritual practice
- ☆ Being told he or she is needed
- ☆ Going to a party
- ☆ Being invited out
- ☆ Having peace and quiet
- ☆ Snuggling in a comfortable chair
- ☆ Holding hands
- ☆ Eating lunch with friends
- ☆ Watching people
- ☆ Eating a nice meal
- ☆ Helping someone else
- ☆ Solving a problem
- ☆ Combing his or her hair
- ☆ Talking with grandchildren
- ☆ Hearing about family activities
- ☆ Wearing new clothes
- ☆ Listening to the radio
- ☆ Getting letters, cards or notes
- ☆ Getting a manicure
- ☆ Hearing a joke
- ☆ Going for a walk
- ☆ Visiting with neighbors
- ☆ Arranging flowers
- ☆ Receiving a compliment
- ☆ Looking at a newspaper

- ☆ Having makeup applied
- ☆ Putting on hand lotion
- ☆ Getting a massage
- ☆ Taking a shower
- ☆ Taking a bath
- ☆ Being with children
- ☆ Making the bed
- ☆ Seeing or smelling a flower or a plant
- ☆ Reminiscing, talking about the old times
- ☆ Listening to music
- ☆ Cooking or baking
- ☆ Reading magazines
- ☆ Seeing old friends
- ☆ Talking about children or grandchildren
- ☆ Talking on the phone
- ☆ Taking a nap
- ☆ Being with happy people
- ☆ Taking care of plants and gardens
- ☆ Hearing nature sounds
- ☆ Having visitors
- ☆ Having his or her hair cut
- ☆ Watching the clouds in the sky
- ☆ Helping with chores

- ☆ Telling stories
- ☆ Being around animals
- ☆ Raking leaves
- ☆ Sweeping
- ☆ Having coffee or tea
- ☆ Drawing or painting
- ☆ Sewing
- ☆ Knitting or crocheting
- ☆ Going to a museum
- ☆ Riding in the car
- ☆ Hiking
- ☆ Golfing
- ☆ Playing cards
- ☆ Scrapbooking
- ☆ Going to the library
- ☆ Swimming
- ☆ Using the computer
- ☆ Taking photographs
- ☆ _____
- ☆ _____
- ☆ _____
- ☆ _____
- ☆ _____
- ☆ _____



Pleasant Events Plan

Write two pleasant events (activities) that this person might enjoy:

Pleasant Event #1

Pleasant Event #2

Write how you would break each pleasant event into smaller parts or steps:

Steps to complete Pleasant Event #1:

Steps to complete Pleasant Event #2:

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

When will you do each of these two pleasant events (activities) during the NEXT WEEK?

Pleasant Event #1

Pleasant Event #2

Did you do the two activities? How did it affect the person's mood?

Pleasant Event #1

Pleasant Event #2

SESSION 5: TELEPHONE CHECK-IN

GOALS

Detailed scripts are not provided for telephone check-in sessions because new STAR-C2 content is not introduced. Rather, the intention of these calls is to focus on reviewing ongoing homework, answering caregiver questions, helping resolve difficulties caregivers are having with their problem-solving plan(s), and brainstorming new plans if caregivers report new behaviors that they would like assistance managing. As in the in-persons sessions, STAR-C consultants should stay focused on current issues, observable behaviors, and avoid unnecessary chit-chat or direct advice-giving.

- Review assigned readings from Understanding Alzheimer’s booklet. Does the caregiver have any questions about realistic expectations, good communication, negative thinking, pleasant events, or using the ABCs to problem-solve challenging behaviors?
- Continue to discuss care receiver behaviors using the Problem-Solving form. Did the caregiver’s plan from last session make the behavior better or worse?
- Revise previous ABC plan and/or generate a new plan for additional problem(s). For each problem, be sure to include all the ABC steps using the Problem-Solving Form:
 1. Describe the behavior (4Ws)
 2. Identify possible activators and consequences for the behavior
 3. Brainstorm what the caregiver can do to change the Activators and/or Consequences of the behavior.
 4. Have caregiver write down the best idea(s) on the Problem-Solving Form.
 5. Ask caregiver to pick one or more of these changes to try during the next week.
- Review pleasant event plan. Problem-solve any obstacles caregiver is having identifying or following through with pleasant events. Praise caregiver for all his/her effort and any successes!

SESSION 5 HANDOUTS

A-B-C Problem Solving Plan



Activator: What happens before? _____



Behavior: *What* was the person doing? _____

Where did it happen? _____

Who was there? _____

When did it happen? _____



Consequence: What happened after? _____

Get Active: Making Change Happen!

How could you possibly change the activators?

1. _____
2. _____
3. _____
4. _____

How might you change the consequences?

1. _____
2. _____
3. _____
4. _____



Circle your best ideas to try this week!!!

Pleasant Events Plan

Write two pleasant events (activities) that this person might enjoy:

Pleasant Event #1

Pleasant Event #2

Write how you would break each pleasant event into smaller parts or steps:

Steps to complete Pleasant Event #1:

Steps to complete Pleasant Event #2:

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

When will you do each of these two pleasant events (activities) during the NEXT WEEK?

Pleasant Event #1

Pleasant Event #2

Did you do the two activities? How did it affect the person's mood?

Pleasant Event #1

Pleasant Event #2

SESSION 6: COPING WITH CAREGIVING AND MAINTAINING GAINS USING STAR-C2 TOOLS

GOALS

- Continue to discuss care receiver behaviors using the *Problem Solving Plan*.
- Recognize the physical and emotional impact of caregiving.
- Develop strategies for coping with caregiver burden.
- Develop an individualized plan for continued use of problem-solving, good communication, and participation in pleasant events.

Review Homework

- A. Review *ABC Problem Solving Plan(s)*, discussing the target problems the caregiver recorded, and any solutions s/he implemented to deal with them. Modify plan as needed.
- B. Ask about the two assigned pleasant events. Use the *Pleasant Events Plan* to identify and problem-solve any difficulties the caregiver had and to discuss the relationship between care receiver mood and pleasant events.

Coping with Caregiving

- A. Caregiving is associated with a range of physical, emotional, and social changes. What has been your experience with how things have changed in your life since your family member was diagnosed with dementia? Have you noticed physical changes? Changes in your mood? Changes in your social life or involvement in valued activities?
- B. How have you adjusted to these changes? (*Explore a variety of coping strategies that might be helpful for managing their unique situation, including but not limited to:*
 1. Respite: determine if there are community services or family and friends whom the caregiver could ask for assistance, including senior adult day programs for the person with dementia
 2. Changing perspective: changing what one thinks or says about a situation can improve mood or ability to respond effectively
 3. Education: knowing as much as possible about dementia and Alzheimer's disease

4. *Staying healthy: through regular medical care, exercise, relaxation, and good nutrition*
 5. *Long-term planning: making sure both the caregiver and person with dementia will be taken care of through appropriate legal/financial planning, and arranging for additional in-home assistance or residential care when the time comes.)*
- C. The relationship between mood and pleasant events hold true for caregivers, as well as care receivers, so caregivers need pleasant events in their life, too! This is important to minimize burnout. *(Help the caregiver identify a single event (from PES-AD or new ideas) that would be enjoyable and feasible for him/her during the upcoming week; the ideal choice would be some small pleasant event that can be enjoyed every day. Discuss any problems that are likely to arise that might prevent the caregiver from carrying out the pleasant event, and brainstorm how to avoid or solve them. Make sure plan for the caregiver is balanced, realistic, and specific.)*
- D. Many of the self-care strategies we've been talking about require that persons who are primarily responsible for providing care have time periodically away from the person with dementia. *(Ask the caregiver to describe a typical week. Are there regular times that s/he is able to spend alone or with friends, engaging in pleasant or relaxing activities? If the caregiver is not taking time away, or anticipates having difficulty taking time as the care receiver's condition deteriorates, discuss the reasons.)*
- E. We would like you to plan at least one respite break and/or pleasant event for yourself during the upcoming week. What do you think you might like to do? *(If the caregiver seems uncomfortable with the idea of arranging for respite or a pleasant event at this time, offer reassurance that every situation is unique. Taking a break may simply mean arranging for the care receiver to spend time with a friend or relative, so that the caregiver can feel comfortable leaving him or her for a few hours a week. Remind the caregiver that when s/he decides to get away for themselves, it is always on a trial basis. If a respite plan doesn't work for either the caregiver or the care receiver, it can always be modified or discontinued.)*

Review Skills and General Concepts

- A. Complete *Post-Treatment Problem Survey* with caregiver, using the 1-3 problems that the caregiver identified in Session 1. Rate the frequency and caregiver reaction to each of these problems, and talk with the caregiver about how s/he dealt with each problem the last time(s) it occurred. Compare to results from Session 1.
- B. Discuss what STAR-C2 tools have been most helpful for improving the mood and behavior of the care receiver. How might these be integrated into their everyday schedule? Point out that these gains won't maintain themselves without continued problem-solving. Caregivers will need to continue using the new strategies they have learned. They may want to enlist a friend or family member to talk with about their efforts and successes.
- C. Remind the caregiver that the care receiver's behavior will change over time. Anticipating changes and their impact on both the caregiver and care receiver will help caregivers deal with problems more effectively when they occur. Encourage the caregiver to be realistic, specific, and clear about what is expected of him or herself and the care receiver.
- D. Remind the caregiver that coping with dementia is a difficult task and identifying and addressing problems for the caregiver is as important as identifying and lessening problems for the person with dementia. Stress the importance of self-care in order to be available and have enough energy to provide good care for the care receiver. Reinforce the value of the caregiver's good quality and length of life independent of the present and finite role of caregiving.
- E. Allow time to address any remaining questions that the caregiver may have. If an answer is not readily available, let the caregiver know you will call her or him with an answer within the next week.

Follow-up Plan

- Schedule 4 monthly follow-up calls from consultant. Remind the caregiver that s/he can contact the consultant between follow-up visits if questions or problems arise.

- Give the caregiver the List of Community Resources and Educational Websites. This can be supplemented or replaced with current/more relevant resources from your own area.
- If extensive additional supportive/follow-up services are needed, the consultant should also develop a plan with the caregiver for obtaining these services over the next few months.

SESSION 6 HANDOUTS

A-B-C Problem Solving Plan



Activator: What happens before? _____



Behavior: *What was the person doing?* _____

Where did it happen? _____

Who was there? _____



When did it happen? _____

Consequence: What happened after? _____

Get Active: Making Change Happen!

How could you possibly change the activators?

1. _____
2. _____
3. _____
4. _____

How might you change the consequences?

1. _____
2. _____
3. _____
4. _____



Circle your best ideas to try this week!!!

Pleasant Events Plan

Write two pleasant events (activities) that this person might enjoy:

Pleasant Event #1

Pleasant Event #2

Write how you would break each pleasant event into smaller parts or steps:

Steps to complete Pleasant Event #1:

Steps to complete Pleasant Event #2:

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

When will you do each of these two pleasant events (activities) during the NEXT WEEK?

Pleasant Event #1

Pleasant Event #2

Did you do the two activities? How did it affect the person's mood?

Pleasant Event #1

Pleasant Event #2

STAR-Caregivers Post-Treatment Problem Survey

STAR-C2 ID Number

Session

Session Date

Month Day Year

Instructions: Please think of 1 – 3 behavior challenges that you would like help with. For each problem, rate how often it occurred **DURING THE PAST WEEK**, and how much it bothered or upset you when it happened. Use the following scales to rate the frequency of each problem and your reaction to it. Finally, please tell us what you did the last time the problem occurred to solve it.

Frequency Ratings:

- 0 = never occurred
- 1 = not in the past week
- 2 = 1 to 2 times in the past week
- 3 = 3 to 6 times in the past week
- 4 = daily or more often

Reaction Ratings:

- 0 = not at all
- 1 = a little
- 2 = moderately
- 3 = very much
- 4 = extremely

Problem 1: _____

Frequency

 0 1 2 3 4

Reaction

 0 1 2 3 4

How did you respond? _____

Problem 2: _____

Frequency

 0 1 2 3 4

Reaction

 0 1 2 3 4

How did you respond? _____

Problem 3: _____

Frequency

 0 1 2 3 4

Reaction

 0 1 2 3 4

How did you respond? _____

Community Resources

- **Alzheimer's Association of Oregon:**
 - Phone: 800-272-3900
 - www.alz.org/oregon
- **Oregon State Department of Human Services Caregiving Services::**
 - Phone: 800-282-8096; TTY: 800-282-8096
 - <http://www.oregon.gov/DHS/spwpd/caregiving/home.shtml>
- **Alzheimer's Disease Education and Referral Center of the National Institute on Aging (ADEAR):**
 - www.nia.nih.gov/alzheimers
- **National Institutes of Health (federally and privately supported clinical research):**
 - www.ClinicalTrials.gov
- **U.S. National Library of Medicine (health news and a link list of health libraries, databases and resources):**
 - www.medlineplus.gov
- **The Administration on Aging:**
 - www.aoa.gov
- **American Association of Retired Persons:**
 - www.aarp.org

SECTION III: STAR-C PUBLICATIONS

SECTION IV: STAR-C2 TRAINING SLIDES

