



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

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

## 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<br>Phone<br>call | 4 | 5<br>Phone<br>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:

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## 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                                                                                           |                          | Yes                      | No                       |
|---------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 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><br>Did the target behavior happen this past week?                    |                          | Yes                      | No                       |
|                                                                                                               |                          | <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><br>How has the behavior changed since you first discussed it? | Better                   | Worse                    | No change                |
|                                                                                                               | <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<br>Phone call | 2<br>Phone call | 3<br>Phone call | 4<br>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?*

## 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 or 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.)



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### Resolution

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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 HANDOUTS



## Knowing the ABCs



**Activator**

*What happened just before B?*



**Behavior**

*What is the person doing?*

*Where is this happening?*

*Who is present?*

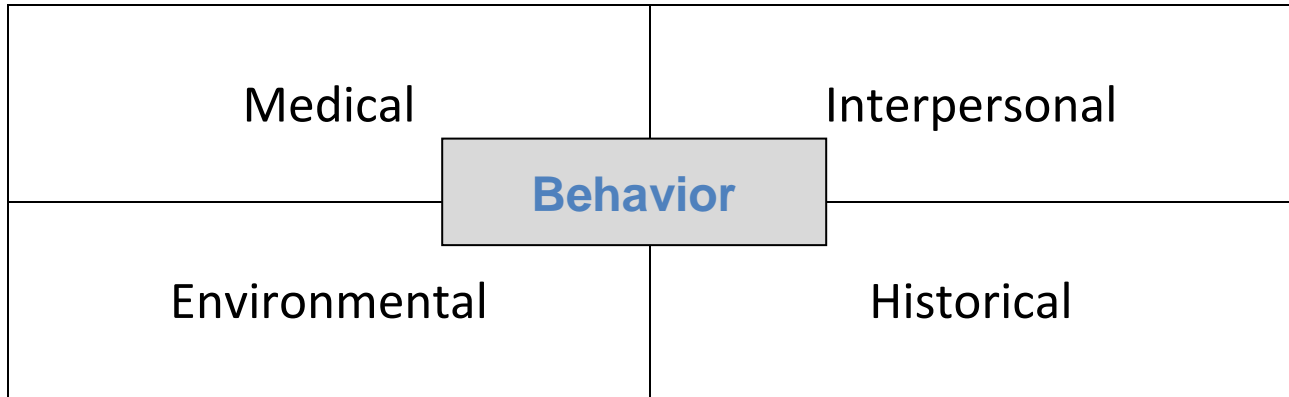
*When is this happening?*



**Consequence**

*What happened just after B?*

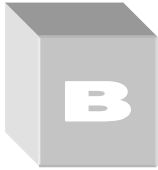
## Common Activators of Behavior Challenges



### ***Examples***

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

## 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 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 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)            |            |              |                 |            |           |              |



| <b>Activity</b>                                          | <b>Frequency</b>  |                     |                        | <b>Enjoy</b>      |                  |                     |
|----------------------------------------------------------|-------------------|---------------------|------------------------|-------------------|------------------|---------------------|
|                                                          | <b>Not at all</b> | <b>1 to 6 Times</b> | <b>7 or more Times</b> | <b>Not At All</b> | <b>Some-what</b> | <b>A Great Deal</b> |
| 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                           | ☆ Being told he or she is needed   |
| ☆ Meeting someone new                         | ☆ Going to a party                 |
| ☆ Planning a trip                             | ☆ Being invited out                |
| ☆ Taking a walk                               | ☆ Having peace and quiet           |
| ☆ Buying something                            | ☆ Snuggling in a comfortable chair |
| ☆ Singing                                     | ☆ Holding hands                    |
| ☆ Reading books or poems                      | ☆ Eating lunch with friends        |
| ☆ Doing a task well                           | ☆ Watching people                  |
| ☆ Breathing fresh air                         | ☆ Eating a nice meal               |
| ☆ Being understood                            | ☆ Helping someone else             |
| ☆ Seeing someone else happy                   | ☆ Solving a problem                |
| ☆ Watching TV                                 | ☆ Combing his or her hair          |
| ☆ Thinking about something good in the future | ☆ Talking with grandchildren       |
| ☆ Finishing a task                            | ☆ Hearing about family activities  |
| ☆ Laughing                                    | ☆ Wearing new clothes              |
| ☆ Doing a puzzle                              | ☆ Listening to the radio           |
| ☆ Remembering family events                   | ☆ Getting letters, cards or notes  |
| ☆ Seeing the sunset                           | ☆ Getting a manicure               |
| ☆ Eating a snack                              | ☆ Hearing a joke                   |
| ☆ Praising someone                            | ☆ Going for a walk                 |
| ☆ Talking on the phone                        | ☆ Visiting with neighbors          |
| ☆ Kissing and hugging family                  | ☆ Arranging flowers                |
| ☆ Praying or spiritual practice               | ☆ 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*

---



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**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. 

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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*

---



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

*Pleasant Event #1*

*Pleasant Event #2*

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## 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*

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## 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*

---



---



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---

**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. 

---
2. 

---
3. 

---

1. 

---
2. 

---
3. 

---

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

*Pleasant Event #1*

*Pleasant Event #2*

---



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

*Pleasant Event #1*

*Pleasant Event #2*

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## 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](http://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](http://www.nia.nih.gov/alzheimers)
- **National Institutes of Health (federally and privately supported clinical research):**
  - [www.ClinicalTrials.gov](http://www.ClinicalTrials.gov)
- **U.S. National Library of Medicine (health news and a link list of health libraries, databases and resources):**
  - [www.medlineplus.gov](http://www.medlineplus.gov)
- **The Administration on Aging:**
  - [www.aoa.gov](http://www.aoa.gov)
- **American Association of Retired Persons:**
  - [www.aarp.org](http://www.aarp.org)