Caregiver education and transitioning program development plan

Mallory L. Schroeder
The University of Toledo

Follow this and additional works at: http://utdr.utoledo.edu/graduate-projects

This Capstone Project is brought to you for free and open access by The University of Toledo Digital Repository. It has been accepted for inclusion in Master's and Doctoral Projects by an authorized administrator of The University of Toledo Digital Repository. For more information, please see the repository's About page.
Caregiver Education and Transitioning Program Development Plan

Mallory L. Schroeder

Faculty Mentor: Dr. Kopp Miller, Ph.D.

Site Mentor: Joy Reichenbach, MS, RN, NHA

Department of Rehabilitation Sciences

Occupational Therapy Doctorate Program

The University of Toledo

May 2011

Note: This document describes a Capstone Dissemination project reflecting an individually planned experience conducted under faculty and site mentorship. The goal of the Capstone experience is to provide the occupational therapy doctoral student with a unique experience whereby he/she can demonstrate leadership and autonomous decision-making in preparation for enhanced future practice as an occupational therapist. As such, the Capstone Dissemination is not formal research.
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary</td>
<td>4</td>
</tr>
<tr>
<td>Introduction</td>
<td>5</td>
</tr>
<tr>
<td>Program Goal</td>
<td>5</td>
</tr>
<tr>
<td>Sponsoring Agency</td>
<td>5</td>
</tr>
<tr>
<td>Organizational Structure</td>
<td>6</td>
</tr>
<tr>
<td>Investigating the Need for Programming</td>
<td>6</td>
</tr>
<tr>
<td>Literature Review</td>
<td>19</td>
</tr>
<tr>
<td>Occupation-Based Programming</td>
<td>25</td>
</tr>
<tr>
<td>Model of Practice</td>
<td>27</td>
</tr>
<tr>
<td>Federal Initiatives and National Trends</td>
<td>29</td>
</tr>
<tr>
<td>Objectives</td>
<td>30</td>
</tr>
<tr>
<td>Program Goal</td>
<td>30</td>
</tr>
<tr>
<td>Objectives</td>
<td>31</td>
</tr>
<tr>
<td>Marketing and Recruitment of Participants</td>
<td>32</td>
</tr>
<tr>
<td>Marketing</td>
<td>32</td>
</tr>
<tr>
<td>Recruitment of Participants</td>
<td>35</td>
</tr>
<tr>
<td>Programming</td>
<td>36</td>
</tr>
<tr>
<td>Budgeting and Staffing</td>
<td>41</td>
</tr>
<tr>
<td>Projected Staffing Costs</td>
<td>42</td>
</tr>
<tr>
<td>Items for Therapeutic Purposes</td>
<td>44</td>
</tr>
<tr>
<td>Office Items</td>
<td>44</td>
</tr>
<tr>
<td>Miscellaneous Items</td>
<td>45</td>
</tr>
</tbody>
</table>
Executive Summary

The older population is speculated to grow significantly in the future. By the year 2020, it is estimated that the population of older adults in the United States will increase to 55 million (U.S. Department of Health and Human Services, 2008). As the population of older adults continuously rises, so does the population of informal caregivers who are experiencing decreases in overall health (U.S. Department of Health and Human Services, 2003). This decrease in health supports the need for programming to provide support, education, and interventions for caregivers.

The goal of the Hilty Memorial Home Caregiver Education and Transitioning Program is to provide education on prevention and health promotion for caregivers in rural communities to decrease the emotional and physical strain of caregivers, and improve the quality of life for the caregiver and care recipient. Education on prevention and health promotion will cover multiple topics including strategies for good nutrition, regular physical activity, adequate housing, recreation and working conditions, periodic physical examinations, proper transfer techniques, and teaching caregivers about available community resources and literature to utilize.

Approximately 36 caregivers of former Hilty Memorial Home residents will participate in the first year of the Caregiver Education and Transitioning Program to address and improve areas of concern by developing goals, receiving education, and completing occupationally based interventions at Hilty Memorial Home and at the home of the caregiver. Evaluations will be used to gather feedback from caregivers, care recipients, and stakeholders from Hilty Memorial Home throughout the program. Other evaluations will allow caregivers to state his or her feedback about the program, the benefits and progression through the program, the therapist, and recommendations for future programming. Outcomes will be determined by measuring caregiver stress and quality of life at the beginning, midway, and the conclusion of the program.
Introduction

Program Goal

The goal of the Hilty Memorial Home Caregiver Education and Transitioning Program is to provide education on prevention and health promotion for caregivers in rural communities to decrease the emotional and physical strain of caregivers, and improve the quality of life for the caregiver and care recipient. Education on prevention and health promotion will cover multiple topics including strategies for good nutrition, regular physical activity, adequate housing, recreation and working conditions, periodic physical examinations, proper transfer techniques, and teaching caregivers about available community resources and literature to utilize.

Sponsoring Agency

The Caregiver Education and Transitioning Program will be held at Hilty Memorial Home in Pandora, OH. Pandora is a rural area located in Putnam County. Hilty Memorial Home is a nonprofit nursing facility dedicated to providing the finest care. The facility opened in February of 1979, and has been providing quality care for over 30 years. Hilty Memorial Home offers many services including skilled nursing care and rehabilitation, long-term care, hospice care, leisure activities, beauty and barber shop, intergenerational programs, homemaker services, and religious services. The mission of Hilty Memorial Home states:

“Hilty Memorial Home, INC. is committed to serving Christ Jesus our Lord by caring for the needs of residents and children in a Christian atmosphere and is dedicated to the families of those residents and children. We believe that in order to have excellent care a servant attitude should be demonstrated toward all residents and fellow employees. We endeavor to
create an atmosphere in which spiritual growth of residents, children, and employees may thrive” (Hilty Memorial Home, 2009).

**Organizational Structure**

Joy Reichenbach, Administrator, provided an organizational chart of Hilty Memorial Home (see Appendix A). The Governing Board makes the executive decisions and oversees the facility. The Administrator, outlined in blue on the organizational chart, oversees the employees at the facility. An occupational therapist that would facilitate the caregivers program and would be employed by Hilty Memorial Home working in Therapy Services, which is outlined in red on the occupational therapy chart. The occupational therapist would report to Joy Reichenbach, Administrator of Hilty Memorial Home, as she is the one responsible for overseeing the employees in the facility.

**Investigating the Need for Programming**

A comprehensive needs assessment was conducted to determine the most fitting caregiver programming for residents and caregivers transitioning from Hilty Memorial Home back to home. After completing a literature review and meeting with various stakeholders, it was determined that the best methods for collecting data regarding the needs of the caregivers in the rural community would be through semi-structured interviews and focus groups. Therefore interviews were conducted with various caregivers, both past and current, and also with a care recipient both before returning home, and after returning home from Hilty Memorial Home. Finally, two focus groups were scheduled. One focus group was with the therapy staff at Hilty Memorial Home, and the second focus group was with two previous caregivers.

The first method of data collection conducted were semi-structured interviews with six various current caregivers, and previous caregivers. Each interview was audio recorded and
transcribed. Participants were educated that the interview was voluntary and confidential, and his or her identity would not be exposed in the manuscript without consent. Topics discussed in the interviews included types of care needed (e.g., ADL’s, IADL’s, physical, emotional, and others), severity of needs (e.g., mild, moderate, severe), caregiving experiences, community resources utilized, caregiver services utilized, home life, working, socialization, burdens, stresses (both physically and emotionally), quality of life, health, nutrition, needs of the caregiver, assistive devices, technology, meaningful and purposeful occupations, and perceived needs of the caregiver. Interview questions can be found in Appendix B at the end of this document. The questions for the interviews were developed with assistance of stakeholders at Hilty Memorial Home and through discussions with current caregivers. Additionally, three informal interviews took place with two adult children of two different caregivers and also an adult couple who are caregivers.

The second method of data collection conducted was an interview with a care recipient. The care recipient was an older male, “Tim,” who had an elected knee replacement. Tim planned to stay at Hilty Memorial Home to increase strength so he could return home with his wife. Tim was interviewed again two weeks later when he returned home with his wife who helped care for Tim while he was recovering from his knee surgery.

The third method of data collection conducted was two focus groups. The first focus group was with two previous caregivers to discuss the wants and needs of the caregiver population. Also, during the focus group helpful resources and services were identified. The second focus group was with the therapy staff at Hilty Memorial Home. The therapy staff identified helpful interventions that fit the needs of the caregiver population along with various
resources for caregivers. The therapy staff also discussed different ways to present resources to caregivers or the residents at Hilty Memorial Home.

After completing the needs assessment all the interviews were transcribed and read through to identify common themes. A total of 16 themes were identified while analyzing the participant interviews and focus groups. Each of the 16 themes will be discussed. Quotes from the participant interviews will help illustrate the personal accounts that match with each particular theme.

**Physical Problems.** Several participants stated that they have struggled with a physical problem secondary to caring for an older adult. Four caregivers stated having back issues as a result of lifting his or her loved one improperly. Participants stated not taking care of him or herself because he or she had to be a caregiver. Each participant was asked if he or she had any physical issues as a result of being a caregiver. Four of the six participants in the semi-structured interviews discussed the physical issues they had as a result of being a caregiver.

One participant shared.

“Well we both have bad backs. I think mine started before we had to help her much. Then after my back surgery I was only supposed to lift a certain limit, but we were the only ones here and if mom was on the floor or needed help up, then we had to pick her up. Towards the end I had to help her get off the toilet too, and that bothered her. She knew both of our backs were bad and that we shouldn’t be doing that stuff.”

A second participant stated.

“I was supposed to have a physical and I didn’t want to because I thought my numbers would be off the charts, and I never had blood pressure issues and thought, man I bet it is really up there, and putting off my own physical stuff. I was supposed to have a colonoscopy
that I delayed and that was important because I have had polyps. So that was put off. Where it is not a good thing to put off.”

A third participant stated.

“My back. My back from lifting him through this and changing sheets.”

Increased Stress. This theme was seen across the board of interviews and was discussed in both focus groups. No matter what, everyone has some type of stress in his or her life whether it may be conflicting roles, work, kids, or something else. To take on a new role can be stressful. All of the caregivers and previous caregivers repeatedly talk about various tasks or issues that were stressful in life. One question on the semi-structured interview asked, on a scale from one to 10 how would you rate your stress? One caregiver rated stress at a seven. The rest of the caregivers rated stress at a 10 or higher.

One participant stated.

“Her needs got greater and that was hard because I was busier with my job and she required care. We had to take care of her and take her to doctors’ appointments, which were endless, do our grocery shopping, clean both houses, doing her laundry, and calling her every day, and some nights I didn’t want to talk to her because I was tired, but I had to check on her and that would hang over my head all day.”

A second participant shared.

“When they were at home, an easy 10, because that was my entire life for a few months. Not just the time of doing all of this stuff, but it was just never enough. Mom was always demanding more, and expecting more and I was literally in tears a lot in that time period because I was so frustrated trying to make it better and it wasn’t enough. It was hard always being asked more when you feel like you have totally been wrung dry and just whipped. Some of
the anger at her situation she directed at me, the person that was actually helping her most of anyone, Wow. It was really hard. I came home and was a mess and had to talk about it, I was so upset. Those few months were horrible. Very high stressed.”

A third participant stated.

“Even though I know why it is happening it is really hard to get out of it, because that is just the way I feel. I am getting overly stressed and know I don’t need it and it is just another thing. It is horrible.”

Increased Guilt. Caregivers experienced feelings of guilt for various reasons. A common reason was leaving the care recipient to spend some time for him or herself. Another reason for having feelings of guilt was because the caregiver did not feel he or she was giving the best care as a professional may have given. Some caregivers felt guilty asking friends or family to help take care of his or her loved one. No matter what the reason, caregivers developed increased feelings of guilt.

One participant shared.

“You feel guilty thinking about yourself and taking care of yourself when there is someone else who needs more help. People would tell me that I needed to start taking care of me and that was tough for me.”

A second participant stated.

“There is a lot of guilt. If we didn’t have bad backs we could have been better help and she may have been stronger then because of it. It is just a vicious circle.”

Another participant stated.

“Then feeling guilty that you are not doing enough for kids and everyone so that was really hard.”
Feelings of Depression or Having Anxiety. Many of the caregivers would have anxious feelings about how he or she was caring for his or her loved one. Some of the caregivers stated becoming depressed as a result of the stress, decreased socialization, and decreased physical health.

One participant stated.

“I said the big thing for me was anxiety. Do I need to call a nurse? Does he need intervention? Thinking about the dying process. It was all very stressful for me and I look back now and I’m still struggling with guilt about things.”

Another participant shared.

“Recently we have been working on financial issues and I have to make a lot of decisions about that and that gets me very upset and worried because of the economy. I feel more depressed because before Ben did the money stuff and made the money, but now my name is the only one on things and now I feel worried and guilty about that. Well I know he can’t do anything because he doesn’t know. That was a very low point for me last week, but I’m getting over it.”

Resentment and Anger. It was tough for caregivers to discuss the feelings he or she had towards the care recipient. Sometimes it was not the care recipient, but another family member that did not help as much that brought upon feelings of anger and resentment. Many of the caregivers shared the angry feelings that sometimes he or she would have, however it was a difficult topic to discuss.

One participant stated.

“I would take everything more to heart, and felt a little resentful because I wanted to do all the things I wanted to do, when you can’t you want to do it more.”
A second participant shared.

“I was so resentful of her (referring to the caregivers sibling, not the care recipient), and I was thinking she is probably at home sleeping like a baby and I was really, really upset over this.”

Another participant stated.

“I felt the same way a little resentful. I shouldn’t feel that way, but it is different.”

**Decreased Sleep.** This was a very common theme throughout all of the interviews that took place. One caregiver stated not being able to sleep secondary to fears of hitting her husband’s surgery knee at night. The caregiver also stated that her husband was unaware of her lack of sleep. Other caregivers stated that he or she had too much to do or too much on his or her mind to fall asleep at night. Some of the caregivers were able to take naps during the day, however many of the caregivers couldn’t because he or she had to work or take care of kids.

One participant shared.

“We weren’t sleeping. He was up all night and like I said the big thing for me was anxiety.”

A second participant stated.

“At 8:30 he goes to bed and we are usually up twice a night. Usually 1:00 and 6:00. I found him wandering one time at night. So we stay in the same room now. Anyway, so I am the one that has to wake him up, and sometimes I have to change him. So twice a night and I usually get up at 7:30. When he sleeps during the day I sleep too.”

A third participant stated.

“So I would have to run from upstairs and help her, and of course she always had to go to the bathroom throughout the night. She would wake up a lot throughout the night.
Sometimes we would just use the bedside commode and then she would go back to bed. Then after that I would get no more than half way up the stairs and she would start hollering that she had to go to the bathroom again. So that happened a lot.”

Negative Relationships with Siblings. Many caregivers struggled with his or her siblings when trying to get across his or her needs. Many siblings did not see the stress and issues that the caregiver was experiencing and did not understand the pressure of being a caregiver.

One participant shared.

“That was the other thing and I’m sure others have said this to you, but the family relationships as a whole. My brother in-law and sister in-law, ya they were not warm and fuzzy, and I grew very resentful with both of them all through the process. They would do something when it was convenient for them. When they thought they needed to help, but not the day to day stuff. They just didn’t think about it, and when he started radiation and we were trying to work out a schedule they said well the clinic has a bus that could pick them up and take them. They said set him up with a bus, and that is when I said, that is ok I will take him. I thought how could you send an 84 year old man onto a bus who was feeling so ill and sick, so that was a bad time dealing with that whole situation. It was to the point where my sister in-law and I were fire and water. That was really tough. I was mad at myself because I was tearing myself up inside because I was so resentful of her and I was thinking she is probably at home sleeping like a baby and I was really, really upset over this. So I think that was a bigger stress then taking care of my father.”

A second participant stated.

“There are some people, like family, that would just refuse to help us because they just don’t want to do it.”
Increased Worry. The most common worry that caregivers discussed was the worry of something happening to the care recipient when the caregiver was not around. Another worry was that the needed resources would not be available in the community when needed.

One participant stated.

“This is a great place to walk, but I can’t leave him because I worry he might try to get up.”

Another participant shared.

“I am worried now, tomorrow I made an appointment with the eye doctor and they don’t have a wheelchair available”

Problems with Time Management. Many caregivers are too busy taking care of the care recipient that there is not enough time to do anything else. Many caregivers would have decreased sleep because they were up late running to the grocery store or completing late night errands.

One participant shared.

“So I had to do whatever it was that they couldn’t do. So, um, you know that was hard because I was working and often at times it was late at night with Jerry.”

A second participant stated.

“I would say the hardest thing was number one juggling your time. That was very difficult.”

Another participant shared.

“There are days I would work 12 hours and out 10 o’clock at night we were running to the grocery store and going over there and stripping her bed, making the bed.”
Another participant stated.

“I was over there a lot because it was new, and helped put things away for hours and hours and hours of time to the point where a bunch of my stuff didn’t get done, because there wasn’t any time.”

Problems with Working and Care Giving. Half of the caregivers interviewed were working along with being a caregiver. Some of the caregivers discussed the struggles he or she had with juggling work and being a caregiver.

One participant stated.

“We had to be there at 6:30 in the morning. We had to choose between 6a.m. which was already taken. So I took that time because I had to work. That way I could take him there, get home, and then be on with my day with whatever I had to do and I still felt like I was taking care of him.”

A second participant shared.

“I still had to be at work. I had projects that were due. To me it was there and I have always been a workaholic. So it was hard to get people at work to understand that I need to leave, and now! They are used to having me there to depend on and that is fine. There is nothing wrong with that, but you know. I was trying to keep everyone happy. I had to come to the realization that this was a priority and just had to think sorry folks I have to do what I have to do and you know this is a priority. This is the way it is going to be. So I know there are things you struggle with when going through that whole period of time.”

Another participant stated.

“I chose to quit working when my husband did so we could do some traveling or whatever and now I thought about getting a part time job, I’m a personal trainer, I worked for
the YMCA for many years. I still enjoy doing that. Well, mom and dad are my part time job now and that’s ok.”

Decreased Social Life. This theme was common across the board and goes hand and hand with decreased time management. Many caregivers expressed that there just wasn’t any time for socializing. Sometimes when the caregiver would like to go out in the community he or she didn’t secondary to feelings of guilt, being tired or increased worry.

One participant stated.

“Our social life? (laughing), Umm you know it is funny my girlfriend she is a nurse to, she was very supportive and came over a bit to help. It was nice it helped reinforce who your friends are, but we really never went anywhere or did anything because between working and home family would come here and we really didn’t have a social life.”

A second participant shared.

“We didn’t really have an interested in a social life at the time. We had more important things and our friends understood and they were caregivers too, so they understood it all.”

A third caregiver stated.

“We were going out with his brother and wife and some others every other Saturday for breakfast and I really enjoyed that, but we had to discontinue that about six months ago. It was too much effort to get there at 9:30 and I didn’t want to make it 10:00 because I’m sure they had things to do, and I said we can’t do it anymore. So our social life that is the hardest thing, because I really get lonely at night and in the evening.”
A fourth caregiver shared.

“Socially it’s like oh my gosh! I didn’t get to see any of my friends for months and not that I’m a crazy social person, but that was really hard, because the only people I saw was mom and dad and anyone associated with their care. Honestly, I couldn’t call or talk to my friends that much because I was so enveloped in this that this is all I had to talk about. A couple of my friends knew what was going on so I could call them and talk to them, but it is limited in situations like this.”

Emotional Struggles. A change of a role, increased stress, increased worry, and decreased sleep can lead to many emotional struggles. Some of the caregivers discussed how he or she would break down for no apparent reason, or become easily emotional secondary to being a caregiver.

One caregiver shared.

“I wanted to cry all the time. I wanted to; I would take everything more to heart.”

A second participant stated.

“It was hard because I was always crabbing and complaining about that and I’m sure that added a lot of stress.”

Another caregiver shared.

“That was tough to sort out the emotions, decisions, the facts, and deal with your personal emotions and everyone else.”

Another caregiver stated.

“I was literally in tears a lot in that time period because I was so frustrated trying to make it better and it wasn’t enough. It was hard always being asked more when you feel like you have totally been wrung dry and just whipped. Some of the anger at her situation she
directed at me, the person that was actually helping her most of anyone, Wow. It was really hard. I came home and was a mess and had to talk about it, I was so upset. Those few months were horrible. Very high stressed.”

Not Planning on Being a Caregiver. Nobody interviewed was looking ahead and thinking he or she was going to be a caregiver. Being a caregiver is a role that was unexpected, unplanned, and life changing. Many caregivers stated he or she was not even sure how the role even came about; it just happened.

One caregiver stated.

“You don’t know you’re going to need this three months before it happens to be ready.”

A second participant shared.

“Golly I don’t know, I can’t remember when exactly we started doing more for her. It just kind of happened slowly I guess.”

Another caregiver stated.

“So I’m not caring for kids or whatever, but I never planned on having my life revolve around my parents’ lives. So, that part is difficult because this is supposed to be the free time that we earned.”

Kids of Sandwich Caregivers do identify the Worries, Stresses, and Frustrations of His or Her Parents. This was a common theme between the two informal interviews with the children of caregivers. Both families live next to the care recipient’s home. Both of the children of caregivers stated knowing that his and her parents were always worrying and were stressed out because of the care recipients. Both children stated that it was hard seeing the caregiver be so upset and stressed all of the time.
Kids of Sandwich Caregivers do identify that there are Negative Relationships with Family Members and His or Her Parents. This was the other common theme between the two children interviewed. Both children stated they could see the fights the parents had with other family members and that it would affect the relationships in the household as well. Both kids stated that it was a hard and stressful time.

Great Benefits of Being a Caregiver. Each caregiver stated that the benefits of being a caregiver outweighed the struggles. Many of the caregivers stated enjoying the time with his or her loved one. Many of the caregivers shared special moments and funny memories that he or she had with the care recipient. As tough as the struggles were at times, all the caregivers stated caregiving was or still is a positive experience.

One caregiver stated.

“As hard as it was, I felt like it was a real gift being with him.”

A second participant shared.

“Oh the conversations we would have. She would make us laugh all of the time. She would just let out what was on her mind.”

After assessing the needs of the caregiver many themes have been identified. There is a great need for caregiver support and many areas that an occupational therapist can help a caregiver with. An occupational therapist would help to develop individualized interventions based off the needs of the caregiver that would help with injury prevention and health promotion.

Literature Review

The number of older adults in the United States 65 and older was estimated at approximately 37.9 million in 2007. In 2007, there were around 80,771 older adults aged 100 or more. Only 39 percent of those older adults living at home felt they were in very good health.
The older population is speculated to grow significantly in the future. By the year 2020, it is estimated that the population of 65 and older will increase to 55 million. By the year 2030, there will be approximately 72.1 million older adults, which is almost double the amount of older adults in 2007 (Administration on Aging, 2008). The factors for the rising in numbers of older adults include having longer life spans, and the baby boomers are aging (Centers for Disease Control and Prevention & The Merck Company Foundation, 2007). In Putnam County there are 4,621 adults age 65 and older. Of these 4,621 adults, 3,096 are living at home. In Putnam County 95.8 percent of the population is white, .1 percent is African American, .2 percent is Asian, and 2.8 percent is some other race (U.S. Census Bureau, 2008).

The Hilty Home trends and demographics report (Stair, 2009) states that within a 10 to 20 mile radius the population of adults ages 65 to 69 is expected to rise 20.5 percent, adults ages 70 to 74 will increase 10.6 percent, adults ages 75 to 79 will decrease 2.8 percent, adults ages 80 to 84 will decrease 4.6 percent, and adults ages 85 and higher will increase by eight percent. So even though currently there is a slight decline in the overall population, baby boomers and the oldest older adults are growing.

As the population of older adults continuously rises in the United States, so does the population of informal caregivers. Sometimes care giving needs come about unexpectedly. Whether it is planned or unexpected, the need for caring for others changes over time, affecting the structure and priorities of daily occupations (O’Sullivan, 2007). Caregivers are daughters, sons, wives, husbands, grandchildren, nephews, nieces, partners, and friends. Care giving takes on many different forms. Caregivers believe that they should be able to handle the role of care giving on top of work and family schedules, and may feel guilty and depressed as stamina declines (Family Caregiver Alliance, 2007).
It is currently estimated that there are 44.4 million American caregivers age 18 and older who provide unpaid care to an older adult. An estimated 22.9 million households have caregivers present. Nearly 48 percent of all caregivers state that they provide eight hours or less of care per week, and 17 percent state providing more than 40 hours of care per week. The length of care giving is approximately 4.3 years. Caregivers obtain multiple roles. Approximately 62 percent of caregivers are married or living with a partner, and 59 percent are working and providing managed care giving responsibilities at the same time (National Alliance for Caregiving & AARP, 2004).

In a survey completed by The National Alliance for Caregiving & Evercare (2006), information is presented that shows the need for education and interventions for caregivers. This study comprises results from 528 caregiver reports. Overall, the caregivers who were surveyed stated finding themselves in a downward spiral of health that declines as they continue to give care. The caregivers also reported spending an average of 41 hours each week giving care (The National Alliance for Caregiving & Evercare, 2006). This shows that care giving itself is a full time job. So not only are caregivers working and taking care of family, they also have another full time job of being a caregiver. Half of the caregivers that responded to the survey reported having intensive care giving responsibilities performing three or more ADL’s for care recipients. Given that the demands of caring for a loved one may compromise the heath and functioning of the caregiver, and increase the risk of caregivers developing physical health issues, there is a pressing need for education and the engagement in occupations to improve caregivers’ health, well-being, and longevity (U.S. Department of Health and Human Services, 2003). The most common aspects of the caregivers’ health that have worsened were listed as energy and sleep,
stress or panic attacks, pain, depression, headaches, and weight loss or gain (The National Alliance for Caregiving & Evercare, 2006).

Often caregivers have reported the following: missing physician appointments; ignoring health problems; not eating a healthy diet for lack of time; overusing tobacco and alcohol when becoming stressed; decreasing exercise for lack of time; loss of sleep; and decreased socialization for lack of time to meet with friends. Caregivers have also reported: holding in feelings of anger and frustration and then having surprised outbursts at the care recipient, other family members, or co-workers; feeling sad or depressed; decreasing energy; lacking interest in occupations that once were meaningful; feeling resentful to the person being cared for; feeling as if care giving has affected family relationships negatively; feeling annoyed by family members; and feeling upset by arguments with others (Flori, 2002). When completing interviews with various caregivers in the rural community, it was found that many of the common themes that are seen in research (e.g., missing physician appointments, ignoring health problems, becoming stressed, loss of sleep, decreased socialization, resentment, anger, decreased energy, and negative family relationships), were also seen with the local caregivers.

Caring for someone who has dementia gives many specific challenges, including: psychosocial, physical, and financial demands of a long period of time; lack of control over the disease; and a result of social isolation. Care giving can be a full-time job, and many older adults who are caregivers have chronic issues, or adult children who have jobs and children to take care of. In the next 20 years, caregivers will be seen and needed more because the prevalence of Alzheimer’s disease will rise, as well as other chronic diseases. For this reason, there needs to be awareness and a promotion of health for caregivers, to not only benefit the caregivers, but also society (Vitaliano, Young, & Zhang, 2004).
It is apparent that care giving creates emotional stress. One-third of caregivers say that on a stress scale from one to five, they rate a four or five, five being very stressful (National Alliance for Care giving and AARP, 2004). High levels of stress experienced by caregivers of older adults with chronic conditions can lead to poor physical and mental health of a caregiver (Vitaliano et al., 2002). Caregivers have higher levels of stress than non-caregivers. Caregivers also state feeling frustrated angry, drained, and guilty or helplessness as a result of providing care. More than one-fifth of caregivers are exhausted at night time and feel too overwhelmed with care giving responsibilities. Caregivers who experience chronic stress are at a greater risk for cognitive decline (Family Caregiver Alliance, 2007). Research shows that stress associated with family care giving can cause increased risk of disease, diabetes, and cancer. Being a caregiver, accompanied by emotional strain, has been shown to be an independent risk factor for mortality among older adults caring for loved ones (U.S. Department of Health and Human Services, 2003). Increased stress was a common theme continually seen with the caregivers interviewed in the rural community.

One of the most prominent effects of care giving is emotional stress; however, care giving can affect many aspects of a caregivers’ overall health. The caregiver’s socialization and physical health may also be greatly affected. Throughout the interviews with caregivers, lack of socialization was seen as common problem. One caregiver discussed how not seeing her friends was one of the biggest struggles, and sometimes she felt depressed because she didn’t have the social life she desired. Caring for an older person with a chronic condition is burdensome and stressful to informal caregivers, and contributes to psychiatric and physical morbidity. Research shows that caregivers are less likely than peers of the same age to engage in health promotion behaviors that prevent chronic disease (U.S. Department of Health and Human Services, 2003).
Caregivers of any age are less likely than non-caregivers to practice preventive healthcare and self-care behavior. Regardless of age, sex, and race and ethnicity, problems attending to personal health and well-being while managing care giving responsibilities is an issue for caregivers. Studies show that an estimated 46 percent to 59 percent of caregivers experience depression as a result of caring for another person (Family Caregiver Alliance, 2007).

In a study done by The National Alliance for Caregiving & Evercare, 2006, it was found that half of the caregivers reported taking more medications, as a result of taking care of others and 10 percent report increased misuse of alcohol or prescription drugs. Also, the study found that nine out of ten caregivers stated worrying more, and seven out of ten reported spending less time with friends and family. Of the caregivers surveyed half of those that are in declining health stated wanting to talk to a person who could help identify tasks others could be completing, and how to gain that cooperation. Some caregivers who should be careful, because of health issues, such as a back issue, find it hard to avoid tasks that should be avoided (e.g., transfers). It was found that seven in ten caregivers surveyed do not visit the doctor as often as needed. The reason stated for not going to the doctor when needed is because the needs and the care recipients are put first. Money was stated as another issue keeping caregivers from visiting a doctor (The National Alliance for Caregiving & Evercare, 2006).

Programs for caregivers can be especially beneficial for rural communities, where caregivers have access to a smaller number of community-based services. It is vital to assess the needs for support of caregivers early to assure quality of care, and to decrease caregiver stress and the negative emotional and physical health effects that care giving brings. Caregiver assessments help to assist service providers in developing support services to meet the needs of the family caregiver and promote safety for the care recipient.
Developing programs that are individualized to the needs and preferences of the caregiver can be effective in providing support, particularly those in rural areas. It is vital that states continue to support the development of programs that are meaningful and purposeful to meet the needs of care recipients and caregivers. By proactively identifying caregivers early on, family caregiver support programs can reach caregivers preventing adverse effects from care giving. States play a large role in financing services to support informal caregivers, the backbone of the U.S. long-term care system. The support given allows informal caregivers to remain in the care giving role for as long as it is appropriate. Caregiver community-based services can promote improved caregiver outcomes, better quality of care, integration of caregiver support, and increased well-being of the care recipient and caregiver (Feinberg, Wolkwitz, & Goldstein, 2006). All of the caregivers interviewed during the needs assessment stated that having an occupational therapist come to the home and provide education, discuss community services, and provide interventions unique to the individuals needs would enhance the quality of life for the caregiver and the care recipient.

**Occupation-Based Programming**

After investigating the needs of caregivers, it was discovered that The Caregiver Education and Transitioning Program at Hilty Memorial home would best be facilitated by an occupational therapist and should be occupationally based to. Throughout the interviews caregivers identified the struggles he or she was having with the role of the caregiver, and also identifying meaning and purpose in his or her own life. An occupational therapist would appropriately suit the unique needs of the caregivers in the Caregiver Education and Transitioning Program. The Occupational Therapy Practice Framework: Domain and Process (AOTA, 2002) categorizes social participation in the family as an area of occupation, and plainly
defines it as, “Activities that result in successful interaction in specific required and/or desired familial roles” (p. 621). Care of others, which is another area of occupation listed, is defined simply as, “arranging, supervising, or providing the care for others” (p. 620). An occupational therapist is appropriate for the Caregiver Education and Transitioning Program because of the broad expertise in which they can consult and intervene with family caregivers to help facilitate proper care giving and promote better health because of the knowledge and skills that they have in addressing the physical, psychosocial, cognitive, sensory, and contextual elements that can affect participation in engagement in everyday occupations (O’Sullivan, 2007).

In an autoethnography by Hoppes (2005), he stated that, “occupational therapists have unique vision and skills to assess, discuss, and prescribe occupation for those in need. I now deeply appreciate that caregivers, in addition to clients, need our occupational perspectives and guidance. And, although it is most difficult to become one’s own therapist, we can help ourselves by applying our own skills to our own cases when we are in care giving roles” (p. 269). With the population of older adults on the rise the amount of caregivers will increase. Occupational therapists have the knowledge and skills to help facilitate the population of caregivers through the transitioning of becoming a caregiver, and all the aspects that apply to being a caregiver (Hoppes, 2005).

As occupational therapy practitioners become more established in community settings, frustrated caregivers loot to the practitioner for help when the caregiver can no longer cope. An occupational therapist can provide valuable assistance to caregivers of elderly clients. There are three steps an occupational therapist can take to help a caregiver. First, make the caregiver aware of the critical role that they play in the health care team. Second, encourage the caregiver to take care of themselves first, and find community resources to help with some occupations. Finally,
offer assistance in finding community resources (Morris & Gainer, 1997). After investigating the needs of rural caregivers by completing interviews, it was seen that The Caregiver Education and Transitioning Program would provide successful outcomes by following these three steps stated when planning individually based interventions to decrease the emotional and physical strain of caregivers and improve the quality of life for the caregiver and care recipient.

Based off of the interviews completed with caregivers, it was seen that each situation was different and each caregiver had specific needs. The Caregiver Education and Transitioning Program will therefore focus on identifying the needs of each individual caregiver from the initial meeting and evaluation by the occupational therapist. After the needs are identified, individualized goals will be developed with collaboration from the caregiver and occupational therapist. Next, interventions will be designed to focus on achieving the goals developed, and meet the needs of the caregiver. Interventions may be completed one on one, or through the use of group occupations depending on the needs of the caregiver. Some interventions that may be used in the program include, education lectures, home evaluations and consultations, support groups, showcase of resources, education on internet resources, health and wellness occupations, and community agency referrals. When completing the interviews with local caregivers, the idea of a caregiver program was embraced and all of the caregivers were very receptive to having an occupational therapist enter his or her home and provide unique interventions based off of the specific needs of the caregiver.

Model of Practice

The Model of Human Occupation (Kielhofner & Burke, 1980) will be used by the occupational therapist leading the program. The theoretical model will help guide the occupational therapist through the intervention process with the caregivers and care recipients.
The Model of Human Occupation (MOHO) was chosen for the Caregiver Education and Transitioning Program because this model is intended for use with anyone who is experiencing problems in occupational life. The model is also applicable across the life span. MOHO focuses on motivation for occupation, occupational life patterns, subjective dimension of performance, and the influence of the environment on occupation, which are all important aspects that that the Caregiver Education and Transitioning Program will focus on with each caregiver. MOHO conceptualizes that each individual is made up of three elements which include volition, habituation, and performance capacity (Kielhofner, 2004). All three components will be apparent throughout the program as caregivers will be encouraged to display individual desires and preferences, share values and beliefs, and be active participants in the process of developing goals and planning interventions.

Currently, 19 assessments have been developed for use with MOHO (Kielhofner, 2004). The Occupational Performance History Interview (OPHI-II) (Kielhofner et al., 1998) collects data about the client’s past and present occupational performances. The assessment contains three parts including a semi structured interview, three rating scales that measure the client’s occupational identity, occupational competence and the impact of the client’s occupational settings, and finally a life history narrative that describes the client’s occupational narrative (Kielhofner, 2004). The OPHI-II is an appropriate assessment for the caregivers in the Caregiver Education and Transitioning Program because it is valid across age, diagnosis, culture, and language, and effectively measures a wide range of populations (Kielhofner, Mallinson, Forsyth, & Lai, 2001). This assessment will help the occupational therapist to understand the caregiver’s past and current occupations.
Federal Initiatives and International Trends

The Caregiver Education and Transitioning Program will address many of the federal initiatives in Healthy People 2010. The goal of the Caregiver Education and Transitioning Program is to educate caregivers in rural communities to decrease the emotional and physical strain of caregivers and improve the quality of life for the caregiver and care recipient, which coincides with the two goals of Healthy People 2010. The first goal of Healthy People 2010 is to help all individuals increase life expectancy and improve quality of life. The second goal of Healthy People 2010 is to eliminate health disparities (U.S. Department of Health and Human Services, 2000). The Caregiver Education and Transitioning Program will address the Healthy People 2010 objective 22-1 which states the need to reduce the proportion of adults in a rural setting who do not participate in leisure and physical activity, and objectives 22-2, 22-3, 22-4, and 22-5, which focus on increasing physical activity to maintain health. The Caregiver Education and Transitioning Program will also address Healthy People 2010 objectives 1-3 and 7-11, which state the need for appropriate consultation about health behaviors, and culturally sensitive community health promotion and disease prevention programs (U.S. Department of Health and Human Services, 2000).

The Caregiver Education and Transitioning Program will also address many national trends. One major current trend is the growth of the older population. By the year 2020, it is estimated that the population of 65 and older will increase to 55 million. By the year 2030, there will be approximately 72.1 million older adults, which is almost double the amount of older adults in 2007 (U.S. Department of Health and Human Services, 2008). The factors for the rising in numbers of older adults include having longer life spans, and the aging of baby boomers (Centers for Disease Control and Prevention & The Merck Company Foundation, 2007). A rise
in the aging population is going to bring an increase in the number of caregivers needed. The Administration on Aging published *A Profile of Older Americans: 2008* which states that about 3.7 million older Medicare enrollees received personal care in 1999. Of the 3.7 million older adults, two thirds received only informal care (Administration on Aging, 2008). The National Alliance for Caregiving and Evercare conducted a survey of 528 caregivers to identify the specific wellness and prevention areas in which caregivers need help, as well as programs and services needed to help caregiver achieve better health. The survey reports that half of the caregivers’ state having a decline in health, which is affecting the ability to provide care. Current needs reported by caregivers include someone to talk to about stress and care giving issues, consultation on efficient care giving products, consultation on time management, education on providing care giving tasks properly and efficiently, education on preventative care, and more time with family and friends (The National Alliance for Caregiving & Evercare, 2006). The Caregiver Education and Transitioning Program will work towards addressing the needs seen in national trends and federal initiatives.

**Objectives**

**Program Goal**

The goal of the Hilty Memorial Home Caregiver Education and Transitioning Program is to provide education on prevention and health promotion for caregivers in rural communities to decrease the emotional and physical strain of caregivers, and improve the quality of life for the caregiver and care recipient. Education on prevention and health promotion will cover multiple topics including strategies for good nutrition, regular physical activity, adequate housing, recreation and working conditions, periodic physical examinations, proper transfer techniques, and teaching caregivers about available community resources and literature to utilize.
Objectives

1. By the end of the second meeting, the caregiver will identify at least one area of concern and verbally state at least one goal for each area after completing the OPHI-II (Kielhofner et al., 1998).

2. By the end of the third meeting, the caregiver will verbally state two community resources that are applicable to needs that can assist with his or her role as a caregiver.

3. With guidance from the occupational therapist, 75% of caregiver participants will participate in a meaningful and purposeful occupation with the older adult being cared for within the first five weeks of the program.

4. At the midpoint of the program, all participants will engage in a 30 minute discussion session with the therapist addressing progression towards goals, new areas of concern, and new goals to achieve by the conclusion of the 12 week program.

5. Throughout the program, 75% of the caregivers will participate in a monthly psychosocial support group at Hilty Memorial Home, and be active in discussion as observed by the occupational therapist.

6. At the conclusion of the 12 week program, 80% of the caregiver participants will report increased quality of life on the SF-36 survey (Ware Jr. & Sherbourne, 1992), compared to the initial assessment.

7. At the conclusion of the 12 week program, 80% of the caregiver participants will reach 75% of their initial personally identified goals.
8. At the conclusion of the 12 week program, 80% of caregivers in Hilty Memorial Home Caregiver Education and Transitioning participants will report lower levels of distress on the Caregiver Self-Assessment Questionnaire (American Medical Association, 2010), compared to the initial assessment.

The objectives listed above were developed based on the needs identified during the caregiver interviews and focus groups, and also from the needs stated previously in the literature review (Flori, 2002; Vitaliano, Young, & Zhang, 2004; and Feinberg, Wolkwitz, & Goldstein, 2006). Each objective established reflects the program goal of decreasing emotional and physical strain and inversely increasing the quality of life for the caregiver and the care recipient.

**Marketing and Recruitment of Participants**

**Marketing**

Due to the program being exclusively for caregivers of residents at Hilty Memorial Home who are expected to return home, all marketing will be conducted within the realm of Hilty Memorial Home. Important populations to market the program to will include the governing board at Hilty Memorial Home, the administrator of the nursing home, Joy Reichenbach, all employees of Hilty Memorial Home, residents who currently stay at the facility, and most importantly the potential caregivers of Hilty Memorial Home residents. Mrs. Reichenbach will play an important role in the involvement of marketing including approving all marketing materials and marketing strategies for the program, and providing information for mailings to potential participants.

One method of marketing will be to create a PowerPoint presentation directed to the governing board at Hilty Memorial Home. The presentation will provide statistics and facts on caregivers gathered from the literature review conducted, needs of the caregiver population, an
outline of the program, and potential benefits for the caregivers and current Hilty Memorial Home residents. By presenting this information to the governing board, it is hoped that the benefits of the program will be understood, and that support for the program will be given. The PowerPoint presentation will also be given to Mrs. Reichenbach, in hopes to provide a clearer understanding of the needs caregivers have, and expectations of the program. There will be no cost for this marketing strategy, and presentations will be scheduled with the stakeholders at Hilty Memorial Home.

Another marketing technique will be to provide a letter in all Hilty Memorial Home employees’ checks that are sent home about the Caregiver Education and Transitioning Program. This method will give a brief outline of the program and what the program will entail. Also, a mandatory in-service will be held for all employees to receive education on the program. The in-service will be given at three varying times in order for all employees to be able to attend. The audience will include nurses, nurse aids, dietary staff, secretaries, accountants, business personnel, laundry aides, housekeeping aides, maintenance department, and social service personnel. At the in-service cookies and drinks will be provided by Hilty Memorial Home. This in-service will include a PowerPoint presentation outlining the program and benefits. The employees will be encouraged to speak with family members and residents about the program, especially nurses and aides who have frequent contact with residents and family members of residents. Word of mouth will be a cost effective marketing strategy that will hopefully recruit participants for the program.

Another unique marketing strategy will be to make the program “part of the tour”. When any new resident is beginning his or her stay at Hilty Memorial Home, a tour is given in which the resident meets the staff and tours the building. Each incoming resident, and the resident’s
family, will have the opportunity to stop and hear about the program during the tour. A brochure of the program will be readily available for the family members to take home. The brochure will outline the program and be available in various locations around Hilty Memorial Home. The brochures will be another vital and inexpensive marketing technique.

A flyer (See Appendix C) will also be mailed home to family members of residents at Hilty Memorial Home. The contact information of the family members will be provided by Mrs. Reichenbach. The flyer will be a reminder for the potential caregiver of the benefits he or she may gain from participating, and will provide information about the program. Listed on the flyer will be contact information to learn more about the program, and also to answer any specific questions a family member may have. This flyer will also be posted in the residents’ rooms and at the nursing stations, which are areas that family members may attend.

Other marketing strategies will be to advertise the program in the monthly newsletter and on the Hilty Memorial Home website. Every month, Hilty Memorial Home sends out a newsletter for residents, families, staff, and friends of the Hilty Memorial Home. Each month a 3x3 advertisement of the program will be included in the newsletter. Hilty Memorial Home also has a website in which the program will be advertised. A link will be added that describes the program, topics that can be discussed, benefits of participating, and contact information. These advertisements are cost-effective as there will be no charge since these tools are already available at Hilty Memorial Home.

As stated, a variety of stakeholders and potential participants will be marketed to. A creative combination of traditional and unique strategies will be implemented to recruit participants. Only a small amount of materials will be needed for appropriately marketing to the targeted populations (e.g., paper and ink), which is adequate with the budget.
Recruitment of Participants

It is projected that 36 caregivers will be able to complete the 12 week Caregiver Education and Transitioning Program in the first 52 weeks. The first four weeks of the year will be used for hiring an OT, marketing, set up, and gathering supplies. It is assumed for the next 47 weeks that one nursing home resident will be discharged each week, and his or her caregiver will participate and complete the program. After week 40 of the program, the occupational therapist will stop recruiting in order for the caregivers to finish out the program for the year. The last week of the year will be used for program evaluation and making modifications to the program. The inclusion criterion for the program includes all caregivers of Hilty Memorial Home residents who are discharged from the facility. The occupational therapist and the administrator of Hilty Memorial Home will identify appropriate possible participants, and gather contact information for recruitment. The inclusion criterion for program participation includes any future caregiver of a Hilty Memorial Home resident. The caregiver could be a husband, wife, son, son-in-law, daughter, daughter-in-law, niece, nephew, father, mother, brother, sister, granddaughter, grandson, other relative, friend, or neighbor to the care recipient. The caregiver may be any age. Finally, the caregiver must live within 30 miles from Hilty Memorial Home.

The occupational therapist will be responsible for the recruitment of participants for the Caregiver Education and Transitioning Program. The occupational therapist will distribute the marketing materials discussed previously. The occupational therapist will also meet with the future caregivers at Hilty Memorial Home while visiting his or her loved one. Meetings will be one on one to market and recruit participants. The therapist will recruit new participants continuously as residents will be entering and discharged from the program throughout the year.
Programming

The Caregiver Education and Transitioning Program will be an individualized program and will meet the needs listed by the caregiver, and also cover the needs stated in the literature review (Family Caregiver Alliance, 2007; The National Alliance for Caregiving & Evercare, 2006; U.S. Department of Health and Human Services, 2003; Flori, 2002; Vitaliano, Young, & Zhang, 2004; and Feinberg, Wolkwitz, & Goldstein, 2006). The program will be led by an occupational therapist and guided by the Model of Human Occupation. The program will reflect the three components of the Model of Human Occupation which include volition, habituation, and performance capacity (Kielhofner, 2004). Each caregiver will be encouraged to share interests, beliefs, and values with the occupational therapist. The caregiver will also have a role in the direction of therapy and assist in the development of goals and interventions which reflects the Model of Human Occupation.

Each caregiver will have unique needs; therefore, the program will be uniquely tailored to fit each individual’s needs. The program will last 12 weeks for each caregiver, one session per week, but the topics and interventions for each caregiver will be different depending on the areas of concern addressed by the caregiver throughout the program. There are three steps the occupational therapist will take to help each caregiver. First, make the caregiver aware of the critical role that they play in the health care team. Second, encourage the caregiver to take care of themselves first, and find community resources to help with some occupations. Finally, offer assistance in finding community resources (Morris & Gainer, 1997). The Caregiver Education and Transitioning Program will follow the three steps stated in the planning of individually based interventions to decrease the emotional and physical strain of caregivers and improve the quality of life for the caregiver and care recipient.
All potential participants begin the program by contacting the occupational therapist or Hilty Memorial Home to inquire about the Caregiver Education and Transitioning Program. The occupational therapist will receive all inquiries and contact the caregiver. Each caregiver will attend a two hour session once a week for 12 weeks. The occupational therapist will schedule the first two meetings that will take place in the Rehabilitation Unit at Hilty Memorial Home while the future care recipient is still at the facility. After the first two meetings, all other meetings will take place at the home of the caregiver, and meeting times will be determined collaboratively by the occupational therapist and caregiver.

During the first meeting in the Rehabilitation Unit at Hilty Memorial Home, the occupational therapist will define and describe occupational therapy to the caregiver to ensure that he or she has a strong understanding of the services that will be received. Next, the therapist will explain and outline the Caregiver Education and Transitioning Program. After the caregiver understands occupational therapy and the Caregiver Education and Transitioning Program, he or she will describe the care recipient, and the disability and or diseases of the care recipient. The therapist will then administer the Occupational Performance History Interview-II (Kielhofner et al., 1998) to understand the history and life story of the caregiver to help assist in developing an area or areas of concern, and identifying caregiver’s past and present occupational performances. Next, the occupational therapist will administer the SF-36 (Ware Jr. & Sherbourne, 1992). See Appendix D for a copy of the assessment. The therapist will also administer the Caregiver Self-Assessment Questionnaire (American Medical Association, 2010). See Appendix E for a copy of the assessment. The SF-36 (Ware Jr. & Sherbourne, 1992) and Caregiver Self-Assessment Questionnaire (American Medical Association, 2010) will help to identify the current level of stress the caregiver has, and the quality of life perceived by the caregiver.
The second session, as previously stated, will also be held in the Rehabilitation Unit at Hilty Memorial Home. By the end of the second session, the caregiver, with guidance from the occupational therapist, will identify areas of concern, and develop goals for each area. Once the goals are established, the therapist and the caregiver will work together to determine a schedule for meetings in the home once a week. At each meeting, the caregiver will receive education and engage in occupations to work towards his or her personal goals. Interventions will be discussed and prioritized by highest area of concern as stated by the caregiver. For example, if a caregiver ranks self-care as the highest area of concern because the care recipient needs a large amount of assistance due to decreased range of motion and strength, the therapist and caregiver would discuss the concern and develop a goal. During the first meeting in the home the therapist can evaluate the bathroom, make recommendations for modifications, discuss assistive devices that may be used, and educate the caregiver on proper transfers and different techniques that can be used during this occupation to minimize the care recipient’s dependence. After modifications have been made and assistive devices have been obtained by the caregiver, the therapist may role play the occupation with the caregiver and care recipient. The therapist may also demonstrate how to properly use the assistive devices to the care recipient and caregiver. At the following session, the caregiver and care recipient will discuss whether the intervention was successful, and decide if the goal has been met, or needs modified. Goals will continuously be addressed and modified throughout the individualized program. For the following weeks of the program, interventions would be developed to work towards the next highest area of concern and goals established.

Both direct and indirect services will be offered during the Caregiver Education and Transitioning Program. Direct services will include, administering assessments, implementing
interventions, and providing education. Indirect services that will be offered will include referrals to agencies in the community, and also contact information of community resources that may be helpful for the caregiver.

At the midpoint of the program, week six, the therapist and caregiver will discuss the overall progression of the caregiver and the new areas of concern. Both the Self-Assessment Questionnaire (American Medical Association, 2010), and the SF-36 (Ware Jr. & Sherbourne, 1992) will be administered again to identify the caregivers current level of stress and quality of life. Since the first time these assessments were administered before the care recipient returned home, it may not be uncommon to have higher stress and lower quality of life than measured during the first meeting. It is important for the occupational therapist to be aware and identify the new areas that are causing stress and decreased quality of life to improve by the conclusion of the program.

The occupational therapist will utilize a laptop in order for all documentation including assessments, goals, daily notes, progress notes, intervention plans, and discharge documents, to be completed electronically. Hard copies will be printed and filed in a locked filing cabinet in the office of the occupational therapist. Only the occupational therapist will have access to the laptop for protection and confidentiality. All information will be backed up on a flash drive, which will be kept in the laptop bag. With the occupational therapist traveling for the majority of the program, the laptop will be a convenient and efficient method of documentation. After each session, the battery for the laptop will be charged, and an extra battery will be taken to each session. One hard copy of all documentation forms will always be taken to each session as a backup in case of a laptop malfunction.
The role of the occupational therapist throughout the program will include administering assessments, building a relationship with the caregiver and care recipient, guiding the caregiver in identifying areas of concerns, working with the caregiver to develop goals and interventions based off of the highest areas of concern identified by the caregiver, implementing interventions, providing education, giving information and referrals to community services, documenting, and discharging the caregiver. A typical week of the occupational therapist will include 26 hours of implementing interventions and documentation, 10-12 hours of driving, and the rest of the 40 hours will be spent on planning, and searching for research on new evidence based practice to enhance the program.

Participants will be discharged after 12 weeks of participation in the Caregiver Education and Transitioning Program. Discharge will be discussed with the caregiver during week 11 of the program. During the final session, the occupational therapist will again administer the Self-Assessment Questionnaire (American Medical Association, 2010), and the SF-36 (Ware Jr. & Sherbourne, 1992). The therapist and caregiver will discuss the improvements that have been made throughout the program and information on community resources will be given to the caregiver. It is expected that by the end of week 12 the caregiver will have met his or her goals, and have the education and resources to be successful and maintain a high quality of life. The role of the occupational therapist at discharge will be to provide the caregiver with the resources needed to find future help if needed and also to complete a discharge note. The therapist will follow up with the caregiver two months post-program to provide consultation over the phone if needed. The caregiver will also complete a program evaluation by answering questions developed by the occupational therapist over the phone. If at any time during the program the caregiver feels he or she is not benefiting from participation in the program, he or she may stop
receiving services. The therapist will request to meet with the caregiver in the home to re-administer the Self-Assessment Questionnaire (American Medical Association, 2010), and the SF-36 (Ware Jr. & Sherbourne, 1992). The therapist will also discuss why the caregiver felt the program was not beneficial in order to identify possible modifications needed in the programming.

The first Saturday of every month a caregiver support group will be held at Hilty Memorial Home. In the literature review, it was stated that many caregivers report high levels of emotional stress and social isolation (Vitaliano, Young, & Zhang, 2004). The support group will provide emotional support for the caregivers and an opportunity for socialization. The occupational therapist will guide the support group, but the caregivers will lead conversations and share topics of concern. Respite care will be provided for care recipients at Hilty Memorial Home during the support group. The support group will be available for all caregivers who are currently enrolled in the Caregiver Education and Transitioning Program.

**Budgeting and Staffing**

The estimated expenses to run the Caregiver Education and Transitioning Program for the initial year are described in the following budget. An occupational therapist will implement and develop the program. The position of the occupational therapist will be full time, 40 hours a week throughout the year. The salary for the fulltime occupational therapist will be $69,230. This salary was determined by first identifying the average salary for Pandora, OH ($75,000), which is where Hilty Memorial Home is located. The information was obtained from http://www.indeed.com/salary?q1=Occupational+Therapist&l1=Pandora%2C+OH. The amount figured weekly would be $1442.31. The weekly amount was multiplied by the number of weeks the occupational therapist would run the program, which would be 48 weeks to determine the
salary of the occupational therapist. The occupational therapist must have a master’s or an entry level doctorate from an accredited university, be registered nationally, and have two years of experience working in home health due to the individualized and community-based nature of the program. The job description (Appendix F) and a sample advertisement (Appendix G) are attached at the end of this document. It is expected that the therapist will be passionate about the program and have an enthusiastic attitude in assisting caregivers, properly document everything necessary, and provide meaningful and purposeful interventions. The therapist should have an open mind and be sensitive to the stresses and needs of the caregiver, and have a desire to want to help improve the lives of both the caregiver and care recipient.

Projected Staffing Costs

<table>
<thead>
<tr>
<th>Employee Position</th>
<th>Hours Per Week</th>
<th>Salary</th>
<th>Benefits</th>
<th>Total Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Therapist</td>
<td>40</td>
<td>$69,230</td>
<td>$17,307</td>
<td>$86,537</td>
</tr>
<tr>
<td><strong>Total Projected Staffing Cost</strong></td>
<td></td>
<td></td>
<td></td>
<td>$86,537</td>
</tr>
</tbody>
</table>

*Salary estimated from [http://www.indeed.com/salary?q1=Occupational+Therapist&l1=Pandora%2C+OH](http://www.indeed.com/salary?q1=Occupational%20Therapist%26l1=Pandora%2C%20OH)*

Items for Therapeutic Purposes

<table>
<thead>
<tr>
<th>Item</th>
<th>Rationale</th>
<th>Quantity</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Occupational Performance History Interview-II</td>
<td>This assessment will be administered to each caregiver during the first session.</td>
<td>1 @ $38.50 + **Shipping</td>
<td>$49.00</td>
</tr>
<tr>
<td>The 36-Hour Day: A Family Guide to Caring for Persons with Alzheimer Disease, Related Dementing Illnesses, and Memory Loss in Later Life</td>
<td>This book will be a guide for the Occupational Therapist to help provide the caregiver with information. The book will also be left at Hilty Memorial Home for caregivers to browse through while his or her loved one is at Hilty Memorial Home.</td>
<td>1 @ 9.99 + **Shipping</td>
<td>$19.74</td>
</tr>
<tr>
<td>The Caregiver Resource Guide: Things You Need to Know Before you Know you Need Them</td>
<td>This will be another guidebook for the Occupational Therapist to help provide tips and resources for the caregivers. This book will also be left at Hilty Memorial Home for caregivers to browse through while his or her loved one is at Hilty Memorial Home.</td>
<td>1 @ 4.00 + **Shipping</td>
<td>$15.23</td>
</tr>
</tbody>
</table>
### Hilty Memorial Home.

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Description</th>
<th>Quantity</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Caregiver Help Book: Powerful Tools for Caregiving</strong></td>
<td>This will be another guidebook for the Occupational Therapist to help provide tips and resources for the caregivers. This book will also be left at Hilty Memorial Home for caregivers to browse through while his or her loved one is at Hilty Memorial Home. This book has many great activities for caregivers to complete to reduce stress.</td>
<td>1</td>
<td>$20.00 + $23.00</td>
</tr>
<tr>
<td><strong>Reader’s Digest Get Fin, Feel Fantastic!</strong></td>
<td>This book is full of great information to help a caregiver take care of him or herself. This book also provides health promotion and tips to prevent disease.</td>
<td>1</td>
<td>$26.95</td>
</tr>
<tr>
<td><strong>Chicken Soup for the Caregiver's Soul: Stories to Inspire Caregivers in the Home, the Community and the World</strong></td>
<td>Each caregiver will be given this book. The book provides many stories and will provide insight on how others handled different situations.</td>
<td>36 books</td>
<td>$10.16 + $427.75</td>
</tr>
<tr>
<td><strong>Dell Inspiron 1525 Laptop Jet Black</strong></td>
<td>Necessary for taking notes and documentation.</td>
<td>1</td>
<td>$849.99</td>
</tr>
<tr>
<td><strong>Dell Inspiron 1525 Battery</strong></td>
<td>Necessary for a backup for the computer</td>
<td>1</td>
<td>$36.89</td>
</tr>
<tr>
<td><strong>At-A-Glance Shirt Pocket Size Weekly Planner</strong></td>
<td>Necessary to give to caregivers to schedule meetings and keep track of necessary appointments</td>
<td>36</td>
<td>$284.62</td>
</tr>
</tbody>
</table>

**Total Cost of Items for Therapeutic Purposes** $1733.17

*Prices for Therapeutic Items were estimated from [www.amazon.com](http://www.amazon.com), [www.journeyworks.com](http://www.journeyworks.com), [www.buy.com](http://www.buy.com), and [www.kmart.com](http://www.kmart.com).*

**Shipping was determined by going through the purchasing process.**
## Office Items

<table>
<thead>
<tr>
<th>Item</th>
<th>Rationale</th>
<th>Quantity</th>
<th>Total cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boise X-9 White Copy Paper</td>
<td>Paper will be needed for making brochures, copying assessments, and for documentation</td>
<td>1 case (5,000 sheets)</td>
<td>$39.99</td>
</tr>
<tr>
<td>Assorted colored hanging folders</td>
<td>Necessary for keeping clients records separated in a locked filing cabinet at Hilty Memorial Home</td>
<td>2 boxes (20 in each box)</td>
<td>$39.98</td>
</tr>
<tr>
<td>Manila file folders</td>
<td>Necessary to keep documentation forms in when traveling and for keeping in hanging follows for organization</td>
<td>3 boxes (24 in each box)</td>
<td>$23.97</td>
</tr>
<tr>
<td>Black BallPoint Pens</td>
<td>Necessary for note taking and documentation when working with the caregivers</td>
<td>2 boxes (12 in each box)</td>
<td>$22.98</td>
</tr>
<tr>
<td>Mechanical Pencils</td>
<td>Necessary for not taking and needed in the office</td>
<td>2 boxes (12 in each box)</td>
<td>$7.98</td>
</tr>
<tr>
<td>White writing pads with perforated sheets</td>
<td>Necessary for note taking.</td>
<td>1 packet (6 pads in packet)</td>
<td>$16.49</td>
</tr>
<tr>
<td>Post-It Notes</td>
<td>Necessary for keeping notes and numbers of potential participants.</td>
<td>1 box (5 packs)</td>
<td>$5.99</td>
</tr>
<tr>
<td>Business Envelopes</td>
<td>Necessary for mailings, and for recruitment</td>
<td>1 box of 500</td>
<td>$22.49</td>
</tr>
<tr>
<td>Clip Board</td>
<td>Necessary for when administering assessments</td>
<td>1</td>
<td>$4.29</td>
</tr>
<tr>
<td>Stapler</td>
<td>Necessary for keeping important documents in order.</td>
<td>1</td>
<td>$19.99</td>
</tr>
<tr>
<td>Staples</td>
<td>Necessary for keeping important documents in order.</td>
<td>1 box (5,000 staples)</td>
<td>$4.99</td>
</tr>
<tr>
<td>Highlighters</td>
<td>Necessary to highlight certain points in a document for a caregiver to focus on</td>
<td>1 pack (10 highlighters)</td>
<td>$6.79</td>
</tr>
<tr>
<td>2” Binder</td>
<td>Necessary for completing a community resource book</td>
<td>1</td>
<td>$7.99</td>
</tr>
<tr>
<td>Clear Sheet Protectors</td>
<td>Necessary to keep the contents in the community resource book safe</td>
<td>1 box (200 sheets)</td>
<td>$22.49</td>
</tr>
<tr>
<td>Solo Rolling Catalog Case</td>
<td>Necessary for obtaining documents, computer, and necessary tools when traveling</td>
<td>1</td>
<td>$69.99</td>
</tr>
</tbody>
</table>

**Total Costs of Office Items** $316.40

*Prices for Office Items were estimated from www.officemax.com*
### Miscellaneous Items

<table>
<thead>
<tr>
<th>Item</th>
<th>Rationale</th>
<th>Quantity</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mileage Reimbursement</td>
<td>Necessary to allow therapist to make visits to the home to provide services</td>
<td>*10 visits for each person of 36 participants @ 30 miles per visit ($0.50 a mile)</td>
<td>$5,400</td>
</tr>
</tbody>
</table>

*Each caregiver will receive 10 visits at the home. In the county, the farthest distance from Pandora to the farthest town the program will serve is 30 miles away (60 miles both directions). It is averaged that the caregiver will have to drive 30 miles total for each visit. The mileage price was determined by [http://www.irs.gov/newsroom/article/0,,id=216048,00.html](http://www.irs.gov/newsroom/article/0,,id=216048,00.html).

### In-Kind Support

Hilty Memorial Home will provide the following as in-kind support to the Caregiver Education and Transitioning Program: office space, desk chair, telephone, locking filing cabinets, printer, and copying services.

### Indirect Costs

Indirect costs for facility amenities and administration including air conditioning, heat, and electricity will be reimbursed to Hilty Memorial Home by the Caregiver Education and Transitioning Program.

### Total Program Costs

<table>
<thead>
<tr>
<th>Expense Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projected Staff Costs</td>
<td>$86,537</td>
</tr>
<tr>
<td>Items for Therapeutic Purposes</td>
<td>$1,733.17</td>
</tr>
<tr>
<td>Office Supplies</td>
<td>$316.40</td>
</tr>
<tr>
<td>Miscellaneous Items</td>
<td>$5,400</td>
</tr>
<tr>
<td>In-Kind Support</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Subtotal of Program Costs</strong></td>
<td><strong>$93,986.57</strong></td>
</tr>
<tr>
<td>Indirect Costs (25% of Subtotal of Program Costs)</td>
<td><strong>$23,496.64</strong></td>
</tr>
<tr>
<td><strong>Total Program Costs</strong></td>
<td><strong>$117,483.21</strong></td>
</tr>
</tbody>
</table>
Funding

In order to implement the first year of the Caregiver Education and Transitioning Program, grant funding will be necessary to cover the estimated budget of $117,483.21. The possible grant funding corporations have been identified based on amount given, focus of the corporation, and compatibility with the Caregiver Education and Transitioning Program. The following grant funding corporations discussed have been found to be appropriate sources to seek initial funding for the first year of the Caregiver Education and Transitioning Program.

The first potential funding source for the program is the Stranahan Foundation. The Stranahan Foundation seeks to improve the quality of life of individuals. The foundation supports institutions that provide individuals with the tools to become educated, healthy, self-reliant, and active members of society. By providing support to institutions, the foundation hopes to strengthen social networks that build trust and reciprocity among individuals. The foundation believes that caring individuals should work together to preserve fair and just laws, individual freedoms, and equalities of opportunity for all individuals in the society. Also, it is believed by the foundation that the society should offer dignified aid for individuals that are less fortunate to achieve a level of independence and make contributions to the society. The goal of the Caregiver Education and Transitioning Program focuses on improving the quality of life of caregivers and care recipients through education. This goal if extremely fitting with the Stranahan Foundation, which also seeks to improve the quality of life of individuals. The Stranahan Foundation also supports institutions that provide individuals with the tools to become educated, healthy, and active members of society, which is what the Caregiver Education and Transitioning Program seeks to accomplish. The Stranahan Foundation would definitely be a helpful and relevant source to aid in the funding of the developing program.
The second potential funding source for this program is the Whirlpool Foundation. The Whirlpool Foundation values strong partnership with nonprofit organizations that work towards improving the quality of life of individuals in Whirlpool communities throughout North America. The Whirlpool Foundation strives to touch lives around the world through the collaboration with multiple organizations. Through the use of strategic grants, Whirlpool Foundation has focused on recognizing exceptional programs that are centered on quality family life, cultural diversity, and lifelong learning. The goal of the Caregiver Education and Transitioning Program captures the focus of the Whirlpool Foundation. The Caregiver Education and Transitioning Program focuses on improving the quality of life of caregivers and care recipients through education to provide an opportunity for learning and improving life at home for the individuals. Receiving financial aid from the source will work towards the goal of improving the quality of life for others, and increase education thus building stronger and healthier communities.

The third potential funding source for this program is from the U.S. Administration of Aging (AoA). The AoA has been an advocate for older Americans at the federal level, while supporting the Aging Services Network. The AoA works to ensure that older Americans have the support needed to remain at home for as long as possible. The Aging Network promotes the development of a comprehensive system of home and community based services for older adults and, most recently, family caregivers. The funding opportunity title is Community Innovations for Aging in Place (CIAIP). I feel this source is relevant to the program goal. The AoA promotes for the development of home and community based services for older adults and family caregivers. This is what the Caregiver Education and Transitioning Program will provide. The
program will help to health prevention and promotion education to improve the quality of life for older adults and family caregivers in the community.

**Self-Sufficiency Plan**

It is hoped that a grant will fund the initial year of the Caregiver Education and Transitioning Program. Within the future year it is hoped that positive outcomes will be experienced by the caregivers taking part in the program. It is assumed that stakeholders including workers of Hilty Memorial Home, The Governing Board of Hilty Memorial Home, and Joy Reichenbach, will see the positive outcomes coming from the program and will work to continue programming following the initial year. To guarantee self-sufficiency of the program it is hoped that donations will be given from the community, but will not be anticipated. Another plan to ensure self-sufficiency would be to deliver traditional services in order to bill for services to Medicare, Medicaid, or private insurance companies. The occupational therapist could provide traditional therapy in the homes of the previous residents, while giving education to the caregiver. Also, a caregiver 5K run could be held each year, in which all proceeds will go to the Caregiver Education and Transitioning Program. The run will be held in Pandora, OH and will be planned by the occupational therapist and volunteers willing to help.

In the future it is hoped that third-party payers will reimburse providers for caregiving training and interventions. Better support for caregivers can help mitigate the potentially effects of the gap on both patient outcomes and the cost of healthcare (Raphael & Cornwell, 2008). More research needs to be conducted on the positive outcomes of caregiver education and caregiver interventions.
Program Evaluation

It is necessary that evaluation of the Caregiver Education and Transitioning Program occurs to determine outcomes of the program, and determine the efficacy of the interventions implemented. The evaluations will be important data to ensure program funding for the future. Formative evaluations of the program will occur continuously throughout the program by the caregivers enrolled. At the end of each session, the therapist will allow time to discuss with the client his or her thoughts of the program, benefits he or she is receiving, and any suggestions that he or she may have to improve the program. At the completion of the program, the caregiver will complete a survey identifying the benefits of the program, comments about the therapist, and future recommendations to improve the program (See Appendix H). After two months, post completion of the Caregiver Education and Transitioning Program, the caregiver will be called by the occupational therapist for a follow up and ask a few questions about the benefits of the program (See Appendix I). The occupational therapist will also meet once a month with Joy Reichenbach, Administrator of Hilty Memorial Home, to discuss the progression of the program and any suggestion on in enhancing the quality of the program.

Summative evaluations will also be used by tracking the outcomes of the caregivers in the first year of the program. The SF-36 (Ware Jr. & Sherbourne, 1992), seen in Appendix D, and The Self-Assessment Questionnaire (American Medical Association, 2010), seen in Appendix E, will be administered in the initial assessment, at midpoint of the program, and at the last session of the program. Both assessments will help to measure the caregivers’ progress in terms of quality of life, and stress levels. The goals and objectives of the Caregiver Education and Transitioning Program will continuously be examined and documented. All of the objectives will be evaluated by using the following methods:
1. By the end of the second meeting, the caregiver will identify at least one area of concern and verbally state at least one goal for each area after completing the OPHI-II (Kielhofner et al., 1998).
   
a. At the completion of the second meeting, the occupational therapist will document if the caregiver has stated at least one area of concern, and one goal for each area of concern. The OPHI-II (Kielhofner et al., 1998) will also be filled out to help identify and document areas of concern. The occupational therapist will continuously document new areas of concern throughout the entire program, and equate the total number of concerns. Goals will be documented into the caregiver’s plan of care. The caregiver must identify one goal for each area of concern stated.

2. By the end of the third meeting, the caregiver will verbally state two community resources that are applicable to needs that can assist with his or her role as a caregiver.
   
a. The occupational therapist will document each community resource that the caregiver verbally states. In order to meet this objective the caregiver must state at least two community resources that are applicable to his or her needs.

3. With guidance from the occupational therapist, 75% of caregiver participants will participate in a meaningful and purposeful occupation with the older adult being cared for within the first five weeks of the program.
   
a. The occupational therapist will document how many occupations the caregiver participates in with the care recipient. The occupational therapist will document each occupation and the description of the occupation.
4. At the midpoint of the program, all participants will engage in a 30 minute discussion session with the therapist addressing progression towards goals, new areas of concern, and new goals to achieve by the conclusion of the 12 week program.
   a. The occupational therapist will document that the discussion had occurred at week six of the program for each caregiver. The occupational therapist will document what was discussed, and also list all new areas of concerns and goals the caregiver addresses.

5. Throughout the program, 75% of the caregivers will participate in a monthly psychosocial support group at Hilty Memorial Home, and be active in discussion as observed by the occupational therapist.
   a. At each meeting, a sign in sheet will be passed around and signed by all those attending the support group. The therapist will document and keep track of the number of participants that report to each support group.

6. At the conclusion of the 12 week program, 80% of the caregiver participants will report increased quality of life on the SF-36 survey (Ware Jr. & Sherbourne, 1992), compared to the initial assessment.
   a. The occupational therapist will administer the SF-36 survey (Ware Jr. & Sherbourne, 1992) during the initial assessment, midway through the program, and post intervention, and appropriately document the results.

7. At the conclusion of the 12 week program, 80% of the caregiver participants will reach 75% of their initial personally identified goals.
   a. The occupational therapist will document each goal developed by the participants, and document whether the goal has been achieved over the course of the program.
8. At the conclusion of the 12 week program, 80% of caregivers in Hilty Memorial Home Caregiver Education and Transitioning participants will report lower levels of distress on the Caregiver Self-Assessment Questionnaire (American Medical Association, 2010), compared to the initial assessment.

   a. The occupational therapist will administer the Caregiver Self-Assessment Questionnaire (American Medical Association, 2010) during the initial assessment, midway through the program, and post intervention, and appropriately document the results.

**Timeline**

The major tasks and milestones of the Caregiver Education and Transitioning Program that will take place in the first year are identified in Appendix J.

**Letters of Support**

A variety of individuals from various agencies will be asked to provide a letter of support for the Caregiver Education and Transitioning Program. The primary letter of support is from Joy Reichenbach, Administrator of Hilty Memorial Home (See Appendix K). Joy Reichenbach was selected to provide a letter of support due to her position as Administrator at Hilty Memorial Home, which is the agency sponsoring the program. Joy Reichenbach has also identified the need for a program for caregivers in the rural community.

Other letters of support would be obtained from individuals at a local, state, and national level. A list of individuals that could potentially provide letters of support can be found in Appendix L. One letter of support could be from a governing board member of Hilty Memorial Home. This letter would discuss the support of the facility, and how the program will enhance the quality of life for the residents and family members of the residents. A second letter of
support could be provided by Doris and Rita Morman, who were both caregivers in the rural community for many years. These ladies will be an important source because they could discuss the real lived experience, and discuss the needs that occurred during the role of being caregivers. The ladies may also identify the lack of support and the need for education for the caregiver population. A third letter of support may be provided by Ruth Grismore, who is a current caregiver in a rural area. Mrs. Grismore could identify the need for a program for the caregiver population, and the lack of education on community resources available in the area. A fourth letter of support could be sought by Norm Rex, Area Agency on Aging board member. Mr. Rex’s letter of support could address the demographics of the aging population, and issues of the aging population. A fifth letter of support could be provided from the President of The American Occupational Therapy Association, Florence Clark. Ms. Clark could describe the role of occupational therapy in working with caregivers, and the unique skills that the profession holds to improve the lives of the caregiver population. A sixth letter of support may be obtained from Ping Hao, the President of the Family Caregiver Alliance. Ms. Hao, being the President of a national alliance, could address the need for caregiver programs in rural areas that provide education on community supports and other areas of concern faced by the caregiver population.
References


Appendix A

Hilty Memorial Home Organizational Chart
Appendix B

Interview with the Caregiver

Name:_________________________ Gender: F M Age:_______

What is your relationship to the care recipient (CR)? Are you his or her…

Check one
- Husband
- Wife
- Son
- Son-in-law
- Daughter
- Daughter-in-law
- Father
- Mother
- Brother
- Sister
- Granddaughter
- Grandson
- Niece
- Nephew
- Other relative
- Friend or Neighbor

Are other family members or friends involved in the care of (CR)? If yes who ________________________________

Do you have a job at the present time? ☐ Yes ☐ No

How many hours a week do you work or go to school? __________________________ hours per week

What is your job?______________________________________________________________

How long have you been a caregiver? __________________________

Briefly describe your current care giving situation________________________________________

How many HOURS PER WEEK do YOU provide care, assistance, supervision or companionship to (CR)? (Should not exceed 168) __________________________ HOURS/WEEK

Does CR currently have problems with any of the following occupations?...
<table>
<thead>
<tr>
<th>Occupations</th>
<th>No</th>
<th>Yes</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grooming</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using the toilet</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incontinence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transferring</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparing meals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staying alone</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taking medications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing money</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performing chores</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using the telephone</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobility</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wandering</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleeping</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What are the top three biggest occupational problems that cause you the most concern in caring for the CR? 

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
How much assistance do you have to give the CR for these occupations?

______________________________________________________________________________________________________________________________________________________________________________

Does the CR use any assistive devices to help complete their occupations?

______________________________________________________________________________________________________________________________________________________________________________

Would you like more information/tips/resources in help with assisting your CR? If so which occupations?

______________________________________________________________________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________________________________________________________________

Describe a typical day to me: ________________________________________________________________________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________________________________________________________________

How knowledgeable do you feel you are about (CR’s) disease/disorder/illness?

○ Not at all ○ A little ○ Moderately ○ Very

Do you have resources or information about the CR’s disease/disorder/illness?

○ Yes ○ No
Would you like information about…

<table>
<thead>
<tr>
<th>Information</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring for yourself</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How to care for your CR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respite care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Online resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your CR’s disease/disorder/illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistive devices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health prevention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress relief</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional support</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other information you would like


Do you ever feel stressed from being a caregiver?


What are some ways that you deal with stress?


What are some thoughts and feelings that are sometimes experienced when you take care of the CR?
What are the three biggest needs or problems that you have right now?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

What was life like before you were a caregiver?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

What are hobbies or leisure activities that you enjoy doing (before being a caregiver and now)?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

What are some things you would like to be involved in but, cannot or do not have time for?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

What problems, if any, do have as a result of being a caregiver? (Physical, Emotional, Cognitive)

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
As a result of assisting another person, what aspects of your life have changed? (e.g., socialization, time, emotions)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What worries do you have for the future for yourself and CR?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Would you like having additional support in the home that you do not have now?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Do you have a computer or access to the internet?

☐ Yes    ☐ No

________________________________________________________________________

________________________________________________________________________

Were you ever a caregiver before, or education on being a caregiver?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What are the benefits of being a caregiver?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
What community and/or in home services do you currently use, have used, or would you find helpful if they were available?

<table>
<thead>
<tr>
<th>Services</th>
<th>Have Used</th>
<th>Currently Use</th>
<th>Would Use</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Day Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housekeeping</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education/training</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home health care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home delivered meals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health promotion, e.g. exercise</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home security, e.g. emergency alert</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparing meals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In home visiting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respite Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing money</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal care, e.g. bathing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shopping assistance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Assume the service was “affordable” or donated

What resources are available in your rural town that you are aware of or use? ________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Are you familiar with the Area Office of Aging?

________________________________________________________________________________________
With respite care provided….

Do you feel a program for caregivers would be beneficial?

- Yes
- No

Would you attend a program for caregivers?

- Yes
- No

Would you attend a support group with other caregivers for stress relief, socialization, or to get care ideas?

- Yes
- No

How often do you feel it would be appropriate to meet for education and support (e.g., once a week, once a month, every other month, or other) ________________________________

Would you rather have one on one education, group education, or both?

______________________________

Would you like a professional to visit you at home to provide education and consultation?

______________________________

Are there any other concerns you would like to share that were not discussed?

______________________________

______________________________

______________________________

______________________________

______________________________
Contact Information

Name: ________________________________

Phone: _______________________________

Email: ______________________________
Appendix C
Recruitment Flyer

Caregiver Education and Transitioning Program

No need to drive we come to you!

- Individualized program (1:1 meetings)
- 12 sessions once a week (each 2 hours long)
- First 2 sessions at Hilty Memorial Home before your loved one returns home
- Last 10 sessions at your home (you schedule the time)
- Caregiver support group every 2\textsuperscript{nd} Saturday of the month (respite care provided)

For Who?
Is your loved one returning home? This is for you!

Why?
The program will help to enhance caregiving skills, reduce stress, provide education, improve YOUR love, and improve you loved ones' life!

Who Benefits?
Yourself & your loved one

Cost?
FREE

You will learn to:

- Reduce stress
- Improve health
- Manage your time
- Balance your life
- Improve self-confidence
- Engage in occupations
- Learn about nutrition
- Improve your quality of life
- Locate helpful resources
- Help your loved one

Want more information????
Mallory Schroeder
Appendix D

SF-36 QUESTIONNAIRE
(1992 – Medical Outcomes Trust)

Patient Name: ___________________________ Date: __________________

1. In general, would you say your health is: (circle one)
   Excellent   Very good    Good    Fair    Poor

2. Compared to one year ago, how would you rate your health in general now? (circle one)
   Much better now than one year ago.
   Somewhat better now than one year ago.
   About the same as one year ago.
   Somewhat worse than one year ago.
   Much worse than one year ago.

3. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Mark each answer with an X)
   (Mark each answer with an X)

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>Yes, Limited A Lot</th>
<th>Yes, Limited A Little</th>
<th>No, Not Limited At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Lifting or carrying groceries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Climbing several flights of stairs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Climbing one flight of stairs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Bending, kneeling or stooping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Walking more than a mile</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Walking several blocks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Walking one block</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Bathing or dressing yourself</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? (Mark each answer with an X)

| a. Cut down on the amount of time you spent on work or other activities | YES | NO |
| b. Accomplished less than you would like | |
| c. Were limited in the kind of work or other activities | |
| d. Had difficulty performing the work or other activities (for example, it took extra effort) | |

5. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? (Mark each answer with an X)

| a. Cut down the amount of time you spent on work or other activities | YES | NO |
| b. Accomplished less than you would like | |
| c. Didn’t do work or other activities as carefully as usual | |

6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors or groups? (circle one)

Not at all  Slightly  Moderately  Quite a bit  Extremely

7. How much bodily pain have you had during the past 4 weeks? (circle one)

None  Very mild  Mild  Moderate  Severe  Very severe

8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all  A little bit  Moderately  Quite a bit  Extremely
9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks – (Mark each answer with an X)

<table>
<thead>
<tr>
<th></th>
<th>All of the Time</th>
<th>Most of the Time</th>
<th>A Good Bit of the Time</th>
<th>Some of the Time</th>
<th>A Little of the Time</th>
<th>None of the Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Did you feel full of pep?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Have you been a very nervous person?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Have you felt so down in the dumps that nothing could cheer you up?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Have you felt calm and peaceful?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Did you have a lot of energy?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Have you felt downhearted and blue?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Did you feel worn out?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Have you been a happy person?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Did you feel tired?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? (circle one)

<table>
<thead>
<tr>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
</table>

11. How TRUE or FALSE is each of the following statements for you?

<table>
<thead>
<tr>
<th></th>
<th>Definitely True</th>
<th>Mostly True</th>
<th>Don’t Know</th>
<th>Mostly False</th>
<th>Definitely False</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I seem to get sick a little easier than other people</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. I am as healthy as anybody I know</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. I expect my health to get worse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. My health is excellent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix E
Caregiver Self-Assessment Questionnaire

### Caregiver Self-Assessment Questionnaire

**How are you?**

Caregivers are often so concerned with caring for their relative’s needs that they lose sight of their own wellbeing. Please take a moment to answer the following questions. Once you have answered the questions, go to page 2 to do a self-evaluation.

<table>
<thead>
<tr>
<th>During the past week or so, I have………….</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Had trouble keeping my mind on what I was doing</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Felt that I couldn’t leave my relative alone</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Had difficulty making decisions</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Felt completely overwhelmed</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Felt useful and needed</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Felt lonely</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Been upset that my relative has changed so much from his/her former self</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Felt a loss of privacy and/or personal time</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. Been edgy or irritable</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. Had sleep disturbed because of caring for my relative</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. Had a crying spell(s)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12. Felt strained between work and family responsibilities</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>13. Had back pain</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>14. Felt ill (headaches, stomach problems or common cold)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>15. Been satisfied with the support my family has given me</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>16. Found my relative’s living situation to be inconvenient or a barrier to care</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>17. On a scale of 1 to 10, with 1 being “not stressful” to 10 being “extremely stressful,” please rate your current level of stress</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>18. On a scale of 1 to 10, with 1 being “very healthy,” and 10 being “very ill,” please rate your current health compared to what it was this time last year</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Comments: (Please free to comment or provide feedback)
**Caregiver Self-Assessment Questionnaire**

To Determine Your Score:

1. Reverse score questions 5 and 15 (For example, a “No” response should be counted as “Yes” and a “Yes” response should be counted as “No”).

2. Total the number of “Yes” responses.

To Interpret the Score:

Chances are that you are experiencing a high degree of distress if:

- You answered “Yes” to either or both Questions 4 and 11; or
- Your total “Yes” score = 10 or more; or
- Your score on Question 17 is 6 or higher; or
- Your score on Question 18 is 6 or higher.

Next Steps:

- Consider seeing a doctor for a check-up for yourself.
- Consider joining a caregiver support group.
- Check the internet for resources for seniors provided by the senior’s state and town/city.
- Call the senior’s local visiting nurse association (“VNA”) to talk about resources.
Appendix F
Occupational Therapist Job Description

The Caregiver Education and Transitioning Program at Hilty Memorial Home will require the employment of a full time, 40 hours per week, occupational therapist to implement a community-based care giving support and education program for caregivers of Hilty Memorial Home residents returning home. The occupational therapist must be nationally registered and a graduate of a masters or entry level doctorate program from an accredited college or university. It is preferred that the occupational therapist has two years previous work experience in home health due to independent nature of the position and experience of working in clients’ homes. Preference will be given to candidates who have experience working with Hilty Memorial Home residents, or has experience working with caregivers.

Responsibilities of the occupational therapist will consist of implementing the entire program which includes developing marketing materials, recruiting potential participants, developing documentation forms, and scheduling marketing presentations. Once participants are recruited, the occupational therapist will be responsible for assisting caregivers with identifying concerns, developing goals, and creating individualized intervention plans for each caregiver. The therapist will be expected to travel to the homes of the caregivers to implement interventions. Mileage will be reimbursed. The occupational therapist will be provided excellent benefits as they will become an employee of Hilty Memorial Home. The occupational therapist will report to Joy Reichenbach, the Administrator of Hilty Memorial Home.
Appendix G
Sample Advertisement of Occupational Therapy Position

Help Others Help Themselves

Hilty Memorial Home is currently seeking applications for an Occupational Therapist to run a community based education and transitioning program for caregivers of Hilty Memorial Home residents in Pandora, Ohio.

Interested candidates must be:
- Registered occupational therapist
- Have at least 2 years past experience with home health
- A graduate of a masters or entry level doctorate from an accredited college or university
- Passionate about working with older adults and caregivers

Interested applicants should send resume to:

Joy Reichenbach, Administrator
Hilty Memorial home
304 Hilty Drive
P.O. Box 359
Pandora, OH 45877

The occupational therapy position:
- Is a fulltime position (40 hours a week)
- Requires visits to the home
- Mileage will be reimbursed
- Benefits are available
Appendix H

The Caregiver Education and Transitioning Program Evaluation Survey

The Program

➢ Did the Caregiver Education and Transitioning Program teach you essential care giving skills that have helped you?

Yes
No

➢ Did you enjoy completing occupations with the care recipient and have a positive bonding experience?

Yes
No

➢ Do you feel more confidence with your abilities and decreased stress with your role as a caregiver?

Yes
No

➢ After completing the program do you feel that you have a higher quality of life compared to before participating in the program?

Yes
No

➢ Would you recommend the Caregiver Education and Transitioning Program to other caregivers of Hilty Memorial Home residents?

Yes
No

If you answered No to any of the questions please explain why ________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
The Therapist

➢ Was the occupational therapy friendly and easy to work with throughout the program?
   Yes   No

➢ Did the therapist help identify areas of concerns that were important to you?
   Yes   No

➢ Did the therapist take the time to get to know you and the person you are caring for?
   Yes   No

➢ Did you feel comfortable working with the occupational therapist?
   Yes   No

➢ Were the methods the occupational therapist used to educate and complete interventions appropriate and helpful?
   Yes   No

➢ Was the therapist organized, timely, and communicate effectively with you?
   Yes   No

If you answered No to any of the questions please explain why ____________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
Future Programming

➢ What were some helpful tips and interventions that you enjoyed? __________________________

........................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................

➢ What did you least enjoy about the program? __________________________

........................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................

➢ What are some things you learned from participating in the program? _________________

........................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................

➢ Are any things you wish you would have learned or learned more about? _______________

........................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................

➢ What are some suggestions you would have to make the Caregiver Education and Transitioning Program better for future caregivers? __________________________

........................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................
........................................................................................................
Appendix I

Caregiver Education and Transitioning Program Telephone Survey

➢ In the past two months have you used any of the education provided by the occupational therapist?
   Yes               No

➢ Since you participated in the Caregiver Education and Transitioning Program, have you felt more confident being a caregiver and finding the services to help you and your loved one?
   Yes               No

➢ Since completing the Caregiver Education and Transitioning Program, do you feel you have a higher quality of life?
   Yes               No

➢ Do you feel overall that the Caregiver Education and Transitioning Program was beneficial?
   Yes               No

➢ Did you find the support groups helpful?
   Yes               No

➢ If you answered No to any of the questions please explain why ________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________

➢ Are you currently using any services that you learned about during the Caregiver Education and Transitioning Program? If so what services? ________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________

➢ Now looking back is there anything you would change about the program, or any suggestions you have? ________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________

➢ THANK YOU!
<table>
<thead>
<tr>
<th>Task to be completed</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hiring an Occupational Therapist and setting up the program</td>
<td>1  2   3 4  5  6  7  8  9  10 11 12</td>
</tr>
<tr>
<td>Create marketing material, give presentations to stakeholders, and buy therapeutic and office supplies</td>
<td>X</td>
</tr>
<tr>
<td>Recruitment of Participants</td>
<td>X      X</td>
</tr>
<tr>
<td>Implementing Interventions</td>
<td>*X     X X X X X X X X X X ** X</td>
</tr>
<tr>
<td>***Support Group</td>
<td>X      X X X X X X X X X X</td>
</tr>
<tr>
<td>Formative and Summative Evaluations</td>
<td>X      X X X X X X X X X X</td>
</tr>
<tr>
<td>Analysis of Evaluation Data</td>
<td>X</td>
</tr>
</tbody>
</table>

X=That month will be spent implementing the task
*The first participant will begin on the last day of month 1
**Participants will no longer be recruited after week 40, so that each caregiver can finish out the program within the year.
***Support group will be given the first Saturday of every month except January
Appendix K

Letter of Support

April 12, 2010

Dear Mallory Schroeder,

The intent of this letter is to state and assure my support for the Caregiver Education and Transitioning Program at Hilty Memorial Home. This program will provide education on health prevention and promotion to decrease the emotional and physical strain of caregivers and improve the quality of life for the caregiver and care recipient in the rural community.

Thank you for your time

Sincerely,

Joy Reichenbach
Appendix L
Additional Sources for Letters of Support

**Hilty Memorial Home, Administrator**
Joy Reichenbach
304 Hilty Drive
P.O. Box 359
Pandora, OH 45877
(419) 384-3218

**Hilty Memorial Home Governing Board, Member**
Marv Diller
304 Hilty Drive, P.O. Box 359
Pandora, OH 45877
(419) 384-3218

**Former Rural Caregivers**
Doris and Rita Morman
9406 Rd. 13
Ottawa, OH 45875
(419) 230-7529

**Current Rural Caregiver**
Ruth Grismore
16669 Co. Rd. 16
Bluffton, OH 45817
(419) 358-4133

**Area Agency on Aging Board of Trustees Member**
Norm Rex
200 E. High St. 2nd Floor
Lima, Ohio 45801
(419) 222-7723

**American Occupational Therapy Association, President**
Florence Clark
Department of Occupational Therapy
University of Alabama at Birmingham
1530 3rd AVE S
Birmingham, AL 35294
(205) 934-9229

**Family Caregiver Alliance, President**
Ping Hao
180 Montgomery St. Ste. 1100
San Francisco, CA 94104
(415) 434-3388
Annotated Bibliography


Abstract

This article focuses on trends in caregiving intervention research in the latter part of the 20th century and discusses directions for future research with this population. The term “caregiving intervention research” refers to outcome studies focused on a broad array of individual, family, and group intervention programs to help caregivers of chronically ill older adults take better care of themselves and the care of the recipient. Estimates of the number of frail older people living in the community who need caregiving assistance with activities of daily living, such as bathing, or instrumental activities of daily living, such as shopping vary depending on how “disability” is defined. Recognition of the important role that family members and other informal caregivers plan in enabling frail older adults to live in community settings has increased in recent years. This interest has spurred an expansion of intervention programs support caregivers. Caregiving intervention research has shown tremendous growth in quality, as well as in breadth and depth, over the past two decades. Because of the continued importance of informal caregivers in the lives of frail older people and because the number of frail older adults is increasing rapidly, it is likely that new caregiver intervention programs will continue to be developed and tested at a rapid pace.

Summary & Significance

Evidence-based practice is an important key to identify the reasoning behind interventions and programs, and to show the effects of interventions and programs. This
article highlights the current trends in the caregiving intervention research literature over
the past two decades. This article is important as it shows how current interventions, both
group and individuals, have been effective in the past; however there is much more
research that needs to be conduct that targets specific caregiver groups. By targeting
specific groups it will be easier to tailor interventions to the needs of the participants and
has the potential to reduce error variance in the data that is collected by the researcher.
This article also suggests that investigators need to explore more culturally sensitive
intervention approaches and develop multimodal intervention approaches that focus on
participation barriers by making an array of services available that can be tailored to fit
the specific needs of particular caregivers.

This study shows the need to have individualized caregiver programs that are
sensitive to the individualized needs of the caregiver. It is also important to continually
research these programs to show positive effective outcomes. Over the past couple of
decade’s caregiving intervention research has shown tremendous growth in quality. With
the rapid growth of informal caregivers or older adults and the rapid growth of older
adults it is likely that new caregiver intervention programs will continue to be developed
and tested.

**Summary & Significance**

This book was recommended by my faculty mentor, Dr. Kopp Miller Ph.D. In this practical, sympathetic, and comprehensive guide, the experts at *Today’s Caregiver Magazine* teach others to be an effective, fearless, and informed caregiver for your loved one, and still have time for yourself. Topics discussed include becoming a caregiver, legal and financial matters, working with doctors, care tips, caring for aging loved ones, specialized caregiving, depression, guilt, and fear, care of the caregiver, caregivers and the holidays, when in-home caregiving is no longer enough, and the end. This book provides a lot of the knowledge and skills a caregiver would need to determine whether the cared recipient is appropriate or if something more is needed, and more importantly, gives the caregiver the ability to do something about it. This book gives advice on how to overcome the depression, guilt, and fear often associated with people who spend his or her time caring for others and not themselves. The book gives advice on finding help when it is needed and how to make time joyous again.

This book will serve as a resource throughout my capstone as it gives a large amount of advice on various topics and aspects of caregiving. Information from this book will be helpful in creating useful resources for caregivers. This book would be a great book to read in support group or be used as a reference material to answer questions that caregivers may have throughout the process of being a caregiver.

**Abstract**

This book is designed to take caregivers through the basics of patient care and to give them the information needed to guide them through the medical, legal, and financial issues that accompany Alzheimer's disease. The seven chapters of the book cover the following topics: understanding Alzheimer's; caring for a caregiver; medical update; finances and the law; home safety; day-to-day living; support to ease the burden; and the patient profile (pages for the caregiver to write in pertinent facts about the patient's care so that relief caregivers can take over). A glossary defines 58 terms, and a bibliography lists 19 references.

**Summary & Significance**

This book has a focus on caregiver of those with Alzheimer’s disease, and focuses on the topics related to the needs of this population of caregivers. This book offers a variety of useful tools to help take care for a person with Alzheimer’s disease. This book helps to guide and educate an individual on understanding Alzheimer’s disease which is an important step in order to be able to provide good care to an individual. The caregiver profile at the end of the book is a wonderful idea for caregivers to have. This tool could help the caregiver take more time to his or herself and hire respite care without having to worry. Additionally this book provides a glossary of terminology that is pertinent to taking care of someone with Alzheimer’s disease. This book would be an excellent resource to recommend to caregivers of a loved one with Alzheimer’s disease!

**Summary & Significance**

This resource guide provides practical knowledge that all caregivers need to know as his or her loved ones age, become ill, or face injury. This guide uses “The Big Picture” approach which focuses on the caregivers’ lifestyle, administrative issues, emotions, and the memorial. This is a helpful approach that helps to understand, anticipate, and address the issues that a caregiver may encounter as his or her loved one age. This book includes a variety of topics including getting started, clarity and purpose, lifestyle planning, transportation concerns, living environments, care options, legal planning, government programs, estate matters, end-of-life planning, the talk, emotional challenges, legacy of memories, and facing death. The book provides lists of websites and locations to gather more knowledge specific to the caregivers individual needs. Additionally, this book offers a key terms and definition section, which provides clear definitions of many important key terms that are applicable to the caregiving experience.

This book has been a primary resource I have used to gather information about services for caregivers. This book has also provided me with a list of websites to explore to further expand my knowledge about caregiving for specific populations. This book is another resource that would help to answer many of the questions caregivers may have, or concerns that he or she may share. This book would be an asset to the program as many caregivers may get tips and information to increase his or her skills and abilities.

**Abstract**

Two decades of research describes the physical and mental stress experienced by caregivers, with little attention given to health promotion issues. The goal of this descriptive study was to identify and compare the health promotion behaviors (HPBs) used by older rural and urban women providing spousal care. Seventy-two women completed the Heath Promoting Lifestyle Profile-II (HPLP-II) and a demographic survey. The most frequently reported HPBs related to interpersonal relations, spiritual growth, and stress management, while the least frequent related to physical activity. No significant differences existed on mean scores of the six subscales and overall HPLP-II of the rural and urban sample population.

**Summary & Significance**

This study helps to provide a clearer picture of the health promotion behaviors practiced by older women providing spousal care. The aim of this study was to identify the health promotion behaviors used by women age 60 and older providing spousal care and to determine whether differences in these health promotion behaviors exist. The study used a descriptive survey design with a two-group approach permitted comparison of data from spousal caregivers in a urban and rural setting. Each participant completed a survey providing self-report data on health status, health promotion behaviors, and caregiver information.

One finding of the study was that diabetes was significantly more prevalent among the rural caregivers than the urban caregivers. Another finding was that 69.7 percent of the rural women reported that a health care provider did not discuss health promotion behaviors with
them. The majority of the least practiced health promotion behaviors were on the physical
activity subscale. Overall, this study found that both rural and urban women could benefit and
need practice with health promotion behaviors.

This article was written by a nurse and focuses implications to the nursing population, but
also discusses other disciplines that work with caregivers. The article suggests that other
disciplines that work with caregivers and recipients can help the caregiver maintain health and
wellness. The study indicates that there is a major gap in the discussion of the health promotion
behaviors by health professionals. The author also states that educational packets could be
provided to the women with detailed information regarding health promotion behaviors and
physical activity and their importance in improving quality of life. The packet could also contain
resources such as internet support group and telephone support. Additionally, the author states:

“Capstone projects involving a team of senior social work, nursing, nutrition, and
physical therapy students could work with community caregiver dyads in becoming more
active in health promotion behaviors. Such innovative capstone projects would be
consistent with the Healthy People 2010 objectives (U.S. Department of Health and
Human Services, 2000) to increase the number of people who participate in physical
activity and improve nutrition to enhance the quality of life.”

This study shows the need for a program to promote health promotional behaviors of
women spousal caregivers in the rural area. The article also lists various health promotional
behaviors which may be incorporated into various interventions in a caregiver program. This
study can only be applied to women 60 years or older who is providing care of their spouse.
Further studies should exam the differences between rural and urban caregivers as currently there is a dearth of research comparing the two types of caregivers.

Abstract

PURPOSE: The purpose of this study was to determine the effectiveness of interventions for family caregivers of older adults.

DESIGN AND METHODS: Meta-analysis was used to synthesize the effects of 78 caregiver intervention studies for six outcome variables and six types of interventions.

RESULTS: The combined interventions produced a significant improvement of 0.14 to 0.41 standard deviation units, on average, for caregiver burden, depression, subjective well-being, perceived caregiver satisfaction, ability/knowledge, and care receiver symptoms. Intervention effects were larger for increasing caregivers' ability/knowledge than for caregiver burden and depression. Psychoeducational and psychotherapeutic interventions showed the most consistent short-term effects on all outcome measures. Intervention effects for dementia caregivers were smaller than those for other groups. The number of sessions, the setting, care receiver age, caregiver age, gender, type of caregiver-care receiver relationship (spouse vs. adult child), initial burden, and study characteristics moderated the observed effects.

IMPLICATIONS: Caregiver interventions are effective, but some interventions have primarily domain-specific effects rather than global effects. The differences between intervention types and moderators suggest ways of optimizing interventions.

Summary & Significance

This meta-analysis clearly states that all six interventions are successful in alleviating burden and depression, increasing general subjective well-being, and increasing caregiving ability and knowledge. The study found that the most effective interventions for improving
caregiver well-being in the short term are psychoeducational interventions, psychotherapy, and a combination of several of these interventions, as done in multicomponent approaches. It was also stated that individual interventions were more effective at improving caregiver well-being whereas group interventions were more effective at improving caregiver symptoms. Knowing this a multi component, with having both individual and group based interventions, is important in creating a well-rounded effective caregiver program. Another finding from this study was that adult children benefit more from existing interventions than spousal caregivers. Additionally, dementia caregivers benefited less from the interventions than caregivers of older adults without dementia. Greater efforts are needed to increase the effectiveness of interventions with dementia caregivers, for example, having respite care with training to increase caregivers abilities to cope with his or her loved ones behavior problems. This article verifies the positive effects on caregiver interventions, both individualized and group interventions. This information will help with developing appropriate programming.
Caregiver Education and Transitioning 92


*The American Journal of Occupational Therapy, 61, 710.*

No Abstract

Summary & Significance

This is an important document that states AOTA’s stand on occupational therapists (OT’s) working with family caregivers. This statement by AOTA shows that OT’s bring expertise and knowledge to facilitate care giving and promote better health. This resource shows why OT’s should be the profession developing programs for caregivers. This resource is important in indicating why OT’s should be developing and running the program. Also, the role of the OT with the caregiver is identified, which will be important in including in the program development plan. The article states:

“Occupational therapists and occupational therapy assistants bring broad expertise to intervene with family caregivers to facilitate caregiving and promote better health because of their knowledge and skills in addressing the physical, psychosocial, cognitive, sensory, and contextual elements that affect participation and engagement in everyday life activities.”

This article clearly defines that the occupational therapist can help to ensure a healthy balance and support caregivers who may experience a sudden or long-term in his or her lifestyle and priorities and assist the caregivers who may be at risk for negative health consequences.


No Abstract

Summary & Significance

This document discusses the importance of programs for caregivers. The document identifies the benefits of programs for caregivers in the rural community, where caregivers have access to a smaller number of community based services. Also, it states the importance of assessing the needs for support of caregivers early to assure quality of care, and to decrease caregiver stress and the negative emotional and physical health effects that care giving brings. Finally, the document lists the positive effects of caregiver programming.

This document is beneficial in showing the importance and need for caregiver programs in a rural community. This article will be useful in showing the positive effects of being involved in a caregiver program. Also, this article lists needs of caregivers which were also identified when completing the needs assessment for this program.

**Abstract:**

Family members, who provide 70% to 80% of all long-term care, have often been perceived by occupational therapists as a barrier to, rather than a partner in, effective care for elderly persons. This perception suggests that in order to build effective partnerships to manage complex issues, occupational therapists working with elderly persons must develop effective strategies for involving family members in the therapeutic process. This article describes a pilot study that examined how occupational therapists engage family caregivers of elderly persons receiving home care services. A qualitative descriptive approach was used to explore the behaviors demonstrated by two occupational therapists when working with family caregivers. The findings point to four primary types of occupational therapist-caregiver interaction, categorized as: caring, partnering, informing, and directing. These interaction styles were compared with current literature describing state-of-the-art occupational therapy practices with older adults and family caregivers. An emphasis was placed on examining how therapeutic interactions can evoke different caregiver responses and influence the development and maintenance of collaborative therapeutic relationships. The results of this pilot study can serve as a framework for further exploration of interactive strategies that promote caregiver empowerment and ultimately influence the ability of families to assume responsibility for the long-term care required by many chronically disabled older adults.
Summary & Significance

This study examined the types of therapeutic relationships that emerge between family caregivers and occupational therapists in home health care and the types of interpersonal behaviors that influence caregiver involvement. This was a qualitative study in which two occupational therapists were observed when working with elderly clients who required care from a family member. Two coding techniques were used to analyze the data. The results of this study emphasize the importance of the role of therapeutic interaction for engaging caregivers of elderly adults with disabilities in occupational therapy home health care treatment. This study can be used as a framework for further exploration of therapeutic interactions between occupational therapists and family caregivers.

The importance of this article is that it identifies the importance of having a therapeutic interaction with the caregiver and care recipient when providing treatments. The article also states the importance of working as a team rather than the professional teaching the caregiver. Education should occur, but it should be a collaborative process to gain the best benefits for both the care recipient and the caregiver. This article helps to exemplify the type of therapeutic relationship that should occur by the occupational therapist that would run the program and the caregivers that he or she will work with.

No Abstract

Summary & Significance

This survey report was given to 528 caregivers in fair or poor health who indicated that taking care of a friend or relative has made their health worse. This survey identifies the health issues that caregivers are facing. The document provides quantitative data of the health findings of caregivers. Also, this survey provides key elements for programs supporting caregiver health.

Some of the key findings were as follows:

- Energy and sleep have worsened
- Stress and panic attacks have increased
- Increased pain and aching
- Increases in depression
- Increases in the number of headaches
- Increase weight gain or loss

These findings are important when looking at the need for caregiving programming. These are some of the significant findings this study found. The article also lists specific findings, which will be helpful to include in my literature review to show the need for a caregiver program. Also, the survey asked the caregivers about the types of assistance that would be beneficial and found as follows:
- 55 percent stated that he or she would like to have someone who could teach him or her about caregiving products that might help save time or energy.
- 51 percent stated wanting to have someone who could help identify tasks other family members or friends could do and teach ways on saving time.
- 47 percent stated wanting someone to call periodically to check up on his or her health and encourage him or her toward personal health goals.
- 45 percent stated wanting someone to teach him or her about how to do certain caregiving tasks more efficiently.
- Finally, 40 percent stated wanting a transportation service to take the care recipient to doctor appointments.

No Abstract

Summary & Significance

This document displays the statistics of the rising aging population. Some of these statistics include that by the year 2020, it is estimated that the population of 65 and older will increase to 55 million. Also, by the year 2030, there will be approximately 72.1 million older adults. Also, the document brings awareness to expectations for the future with the aging population. This resource will help to show the rise of older adults, which will increase the population of caregivers. It will also help present the many needs that the older population will have and needs of the caregivers.

**Abstract**

OBJECTIVE: This pilot study explored occupational therapists’ perceptions of their roles as interventionists providing education and support for caregivers of persons with dementia. The intervention was provided in caregivers' homes as part of a larger funded study. METHOD: Interviews were conducted with occupational therapists to elicit their reflections on practice and their views on occupational therapy services on the basis of their experiences providing support and education for caregivers in the funded study. RESULTS: Key themes consisted of the contrasts between the therapists’ roles in the study and their customary practices and the professional and personal impact of their role in the study. Their recommendations for occupational therapy services emphasized the need to (a) collaborate with patients, families, and other health care staff members to solve problems; (b) acknowledge others as experts; (c) include family perspectives; and (d) fully address the needs of patients and families in their home environments. CONCLUSION: Providing support and education for caregivers in the community can be a major transition for therapists accustomed to practicing in more traditional settings. Additional research is needed to explore the ways in which specific practice contexts influence delivery of occupational therapy services.

**Summary & Significance**

This study was able to identify the perceptions of occupational therapists providing support and education to caregivers of loved ones with dementia. One perception that the therapists had was that collaboration was a necessity when working with the caregivers in his or
her home. The therapists also identified that the home setting brought a clearer focus to the caregivers’ immediate needs and were able to better understand the caregiving situation. The article also identifies five aspects of interaction when collaborating with caregivers, which include listening, viewing the caregiver as the expert or “lay practitioner”, validating the caregivers’ efforts, helping the caregiver to transfer existing strategies to other problem areas, and “reframing” the caregiving situation. The therapists also saw collaborative problem solving as a skill that strongly affected his or her practice. In order to have effective problem solving the therapist does not always have to be the expert. It is important for the caregiver to release the expert role in order to build a relationship with patients and families. Another recommendation by the occupational therapists was to ensure that the treatment goes far enough to meet the challenges for caring with his or her family member. Ideally the, the caregiver could carry over and apply strategies to similar situations. Finally, the article states that therapists believed that interventions with caregivers cannot be effective unless the occupational therapist can work within the family’s system of beliefs and values, which will help to better understand the overall meaning of caregiving for that particular family.

This article brings up many excellent points that will be applicable to the caregiver program being developed. The perceptions of the occupational therapists bring up great ideas and strategies that can be incorporated in the developing program. Knowing the importance of the collaborative relationship and getting to understand the values and beliefs of the caregiver may help to create a better well rounded program.

**Abstract**

OBJECTIVE: This study assessed the caregiving activities and training interests of family caregivers of medically ill older adults without dementia who receive home health care. METHODS: Participants were 101 family caregivers of patients from the Training in the Assessment of Depression (TRIAD) study. Caregivers were assessed using a sociodemographic questionnaire and measures of caregiver tasks and training interest. RESULTS: Family caregivers provided a variety of caregiving tasks and their interest in training was independent of current provision of tasks. Black caregivers expressed greater overall interest in receiving training than did White caregivers, as did younger caregivers compared to same-generation caregivers. DISCUSSION: Family caregivers in this study evidenced both a range of care provision and clear interest in improving caregiving skills through training. Research efforts should focus on meeting the specific training needs of family caregivers and determining the impact training can have on patient health outcomes.

**Summary & Significance**

This article identified some common constraints of caregivers including limited time and financial resources. Some barriers identified to caregiving included distance, patient refusal of help, relationship strain, and communication problems. The biggest problem identified in this study was that caregivers did not have enough time to allow him or her to provide care. The majority of the caregivers in this study (78%) indicated interest in receiving training to improve
his or her effectiveness in providing caregiving tasks. The article also lists common caregiving tasks. Common caregiving tasks identified were as follows:

- Provide emotional support
- Monitor symptoms
- Speak to doctor
- Offer coping strategies
- Help solve everyday problems
- Speak to doctor about physical needs
- Help set up health-related services
- Monitor medications
- Monitor medication side-effects
- Help with medical insurance documentation
- Help with transportation
- Help with household activities
- Speak to doctor about emotional needs
- Help with financial management
- Help with personal care

Knowing the following common tasks will help me to identify important interventions to have available in the program being developed. It is important to understand the common tasks that caregiver perform to be better prepared to create meaningful interventions that will benefit the caregiver.

**No Abstract**

**Summary & Significance**

This article identifies the many tasks caregiver performing that range from coordinating care and assistance with activities of daily living and instrumental activities of daily living to administering medications, providing emotional support, and serving as liaisons and translators. The article also mentions that educated caregivers can influence patient outcomes by helping to prevent adverse events. Caregivers can potentially help to reduce overall health care costs if his or her care helps to decrease unnecessary hospital visits, and if caregivers are cared for so that associated health problems he or she may suffer do not add costs to the system. The article suggests that national standards and guidelines for transitioning patients from the formal to the informal care systems, and particularly for assessing caregiver readiness, training, and ongoing support in order to successfully incorporate the caregiver into the health care team. These standards can then be shaped around models that systematically incorporate family and friends into the unit of care. Many of times caregivers suddenly take on the role as a caregiver and have little guidance before taking on care responsibilities including not only clinical tasks, but also symptom recognition and wound management. If a caregiver is able to recognize signs of deterioration as an event that requires medical attention could decrease avoidable hospital visits. Third-party payers hesitate to reimburse providers for caregiver training without having credible evidence of benefits, and currently providers do not have financial incentive to put time into educating caregivers during routine patient encounters. Potentially, by creating a system of accountability and incentives as part of the accreditation process will help to further show cost
saving benefits. The next step would be to advocate these results to third-party payers to help create a payment reform.

This article brings out great points of the needs and benefits of caregiver education and support and how currently these needs are not met secondary to lack of reimbursement by third-party payers for caregiver services. This article will be beneficial to include in my self-sufficiency plan. Also, for my presentation this article will help share further capstone ideas, such as an advocacy project to advocate for payment reform at the state level, where Medicaid budgets are administered!

**Abstract**

BACKGROUND: In recent years, many different forms of interventions for caregivers of people with dementia have been developed. However, their results have been, in part, inconclusive. METHODS: Meta-analysis was used to integrate the results of 127 intervention studies with dementia caregivers published or presented between 1982 and 2005. RESULTS: Interventions had, on average, significant but small effects on burden, depression, subjective well-being, ability/knowledge and symptoms of care recipient. Only multicomponent interventions reduced the risk for institutionalization. Psychoeducational interventions that require active participation of caregivers had the broadest effects. Effects of cognitive-behavioral therapy, support, counseling, daycare, training of care recipient, and multicomponent interventions were domain specific. The effect sizes varied by study characteristics, such as caregiver gender and year of publication. CONCLUSIONS: Because most interventions have domain-specific outcomes, clinicians must tailor interventions according to the specific needs of the individual caregivers. Although more recent interventions showed stronger effects, there is room for further improvements in interventions.

**Summary & Significance**

One finding of this study was that longer interventions were more likely to improve depression and decrease the risk of institutionalization of the care recipient. The study suggests that caregiver interventions have positive immediate effects on dementia caregivers’ burden, depression, and skills. The article also states that interventions with caregivers for those with
dementia have small, but meaningful effects on reducing burden and depressive symptoms, and increasing ability, and reducing the risk of institutionalization. More intensive interventions, especially interventions that include participation of the caregiver, are more effective than less structured interventions. This article helps to show that interventions for caregivers of those who have dementia are important; however more research needs to be conducted on specific interventions to show what interventions are more effective than others.

**Abstract**

This paper describes an occupational therapy intervention designed for family caregivers of persons with dementia. The intervention, based on the framework of a competence-environmental press model and the principle of collaboration, was implemented during 5 home visits. Each visit was designed to build caregiving skills through collaboration identifying problem areas, developing and implementing environmental strategies, and modifying management approaches. A case vignette illustrates the therapeutic process and outcomes. The theoretical rationale and structure of the intervention and innovative documentation for evaluation of the theoretic process are also presented.

**Summary & Significance**

The intervention presented in this article addresses three issues that have been identified from caregiver and health services research. The first is the need for theory-based treatment approaches. The second is the importance of developing strategies to manage the behavioral outcomes of Alzheimer disease. The final issue was the importance of developing home-based service strategies that reflect the needs of caregivers. The first home visit the focus was to build rapport, observe the environment and interactions, and establish goals. The second visit was to observe again and indicate specific environmental influences on the problem behaviors, introduce information about dementia, and begin to address specific problem behaviors. The third visit will include discussing changes made from the second visit and continuing to work on problem areas. The fourth visit will further refine specific care strategies. The final visit is to
review the problem-solving process that the caregivers use to approach a specific problem and a
discussion of the application of environmental strategies to future problems. This program
showed long term benefits for problem solving and decreased stress.

This study is beneficial to show the importance and effects of a caregiver program. This
article will be helpful when developing and fine tuning the programming portion and when
developing interventions for caregivers.

No Abstract

Summary & Significance

This article will be very beneficial with creating interventions for caregivers and developing programming. The article goes through and provides an overview of the practical, day-to-day, hands-on strategies and skills needed to maintain an older adult at home. The tips provided are directed to reduce the time and effort demands of the caregiver role. The article gives great specific examples on how to modify an environment, break down a task, save energy, protect your back, and communicate effectively. Also at the end of this article a list of resources are provided that I will have to browse in the future. Overall, this article will be helpful to guide an occupational therapist through important interventions that he or she may provide to a caregiver.

No Abstract

Summary & Significance

This is a great resource that will guide me through my capstone process. This book contains an abundance of helpful information for caregivers. The book provides many visuals and checklists to identify areas of concern. The topics this book covers includes taking care of you, reducing personal stress, communication, learning from emotions, mastering transitions, making tough decisions, hiring in-home help, using community services, making decisions about care facilities, making decisions about driving, helping with finances, responding to depression, and working with memory-impaired elders. This resource will be beneficial to purchase for the program and use throughout intervention treatments.

**No Abstract**

**Summary & Significance**

This manual was written in regards to providing a practical workshop in basic caregiving skills. This manual focuses more on how to complete various tasks and build skills rather than focusing on the needs of the caregiver. This manual does have great tips on how to care for an older adult, and safe techniques when providing care. This manual could be used for a support group; however a more up to date manual would be more appropriate as some suggestions in the manual are not up to date. This manual could also be used for interventions with caregivers in the home. This manual provides some good illustrations that can help to teach caregivers proper techniques. The topics this manual covers includes preparing the home, physical movement, nutrition, cleanliness and skin care, communications and feelings, managing medications, personal hygiene, caring for the caregiver, sleep disturbances, and caregiver skills.

**Abstract**

Twenty-three family caregivers were interviewed using a semistructured interview format to explore their experiences managing medication administration and providing long-term care to frail elderly family members. Content analysis of the transcripts utilized the arousal-relief theory of humor (Berlyne, 1969) to understand the frequent use of humorous anecdotes found throughout the interviews. For example, caregivers of individuals experiencing dementia often included smiles, jokes, and "punch lines" in their stories of behavioral problems that complicated medication administration schedules. Adult children frequently used humor to describe their role reversal with aged parents and the parents' forgetfulness, incontinence, or inability to dress without assistance. These accounts were placed in a taxonomy of humor response patterns that included categories for cognitive, affective, and behavioral responses. Second-level analysis created subcategories to reflect the function (relief or coping) that the humor served in the interview situation. It appears that humor is a useful communication tool for family caregivers that releases nervous energy about the interview process and the recall of difficult caregiving events. It is the responsibility of the interviewer to recognize the problems and issues embedded in the interview data and follow up humorous anecdotes with appropriate probes for additional information. Based on the results, a meta-humorous interaction theory is offered as an extension of the arousal-relief theory of humor.

**Summary & Significance**

This article brought up a unique aspect of the assessment and interview process that was unfamiliar to me. The article discusses the use of humor in conveying information about caring
for dependent older adults. This study found that humor is a useful communication tool for family members or caregivers to release nervous energy about the interview process and the recall of difficult caregiving tasks and events. The humor being used by the caregiver may be a mechanism available to help him or her to manage face-threatening situations. It was found that humor has several communicative functions for long-term caregivers. The first is that humor is a comfortable way to share personal and often sensitive information with the interviewer. Second, humor can give him or her a face saving vehicle to explain how or why they though, felt or acted a certain way. Third, humor can provide an important communication signal that the topic being discussed may be an area of unresolved caregiving conflict or concern. In knowing this it is important that the therapist is aware and able to identify these different humor anecdotes and further identify the real concerns or issues the caregiver is having.

This article has some great implications that can apply to my capstone project. It will be important for the therapist to be aware of the humor anecdotes, and find out the underlying reason the caregiver is being humorous. Humor in conversation could help reveal things that the caregiver finds discerning. The therapist can use the humorous situations to dig deeper and find out if there is an area of concern that the caregiver is uncomfortable about bringing up in the interview.
Abstract

Occupational therapy practitioners can improve rehabilitative outcomes of older adults if they metaphorically conceptualize an onion as part of their therapeutic evaluation and intervention process. Instead of viewing an onion as a vegetable of concentric layers of fleshy leaves, the analogy of an onion can describe the many layers of competing supports and problems that older clients may face on a day-by-day basis. As a result, each layer of competing supports and problems can affect the quality and competence of occupational performance and participation. Occupational therapy practitioners can develop a deeper understanding of how supportive and problematic situations can enhance or hinder the occupational abilities of their older adult clients if they understand tansactionalism.

Summary & Significance

This article looks a term transactionalism which focuses on the individual and environment as a common unified system, opposed to being separate entities. The article uses the metaphor of an onion’s layers to describe transactionalism. The bulb shaped core represents the occupational being of the older adult. The layers that are moved away from the core are the proximal environments that can either support or challenge the older adults’ occupational capacities for engagement and participation. The middle and outer layers are the distal environments that can contribute to the clients’ occupational nature and health. Each layer transacts with the other layers, each exerting various influences on others. The article suggests that there is a need to understand which transactions help or limit client occupation performance and participation. Once a therapist can identify the problematic transactions occurring he or she
can work to coordinate the transactions and assist the older adult in gaining increased control and competence of his or her daily occupations.

This article brings about another way for the therapist to look at the transactions occurring in the facility he or she is in or the transactions that are occurring at the home. The onion could be used as a way to show the caregiver how the environment can affect how the older adult is participating in occupations. This article provides a unique aspect of understanding all aspects that could hinder or improve an older adult’s occupational performance or participation.

**No Abstract**

**Summary & Significance**

This report is very beneficial in understanding the current demographics and trends of the Hilty Memorial Home. The report states that the Hilty Memorial Home is beginning to primarily serve the “Silent” generation, those born between 1925 and 1943. Soon the consumerist “Boomer” generation will need services. The report states that currently the Primary Market Area (PMA) of Hilty Memorial Home is experiencing a slight decline in overall population, Baby Boomers and the oldest older adults are growing and the Silent Generation are those that are bringing a slight dip in the population. The statistics presented in this article and the information provided will be beneficial to understand the trends and need for programs for caregivers.

**No Abstract**

**Summary & Significance**

This article discusses interventions that show promise because they address a number of issues, including everyday decision making, relationship strain, and symptoms of depression. It is stated in the article that interventions should include incorporate educational information whether it be counseling based or skill based approaches. One intervention discussed in this article was the Early Diagnosis Dyadic Intervention (EDDI), which promotes awareness and understanding of symptoms of dementia and structured exploration and discussion of needs, care preferences, including the importance of autonomy. A second intervention discussed in the article was Project ANSWERS (Acquiring New Skills While Enhancing Remaining Strengths), which trains caregivers how to manage specific issues such as communication, recognizing emotions, staying active, and memory loss. Both of the interventions previously discussed promise both to improve communication, and mutual decision making for caregivers that are facing challenges with chronic illness. The article suggests that increased understanding of the care recipient’s preferences and the caregiver’s needs could improve decision making, lead to more informed decisions being made, and reduce strain of both the care recipient and family member.

This article brings about two different interventions that are both important to incorporate into a caregiver program. This article will help to identify and highlight the importance of the educational and skill building aspects of interventions. This article would be important for the
occupational therapist running the caregiver program to read and consider when providing treatments.

**Abstract**

BACKGROUND AND PURPOSE: Social problem-solving therapy shows promise as an intervention to improve the well-being of family caregivers. There is some evidence that training in problem solving may be effectively delivered by telephone. The purpose of this study was to quantify the impact of social problem-solving telephone partnerships on primary family caregiver outcomes after stroke survivors are discharged home from a rehabilitation facility.

METHODS: Using a randomized 3-group repeated-measures experimental design, 74 stroke survivors with an admitting diagnosis of ischemic stroke and their primary family caregivers were entered into the study. The intervention consisted of an initial 3-hour home visit between a trained nurse and the family caregiver within 1 week after discharge to begin problem-solving skill training. This initial session was followed by weekly (the first month) and biweekly (the second and third month) telephone contacts. RESULTS: Compared with the sham intervention and control groups, family caregivers who participated in the social problem-solving telephone partnership intervention group had better problem-solving skills; greater caregiver preparedness; less depression; and significant improvement in measures of vitality, social functioning, mental health, and role limitations related to emotional problems. There were no significant differences among the groups in caregiver burden. Satisfaction with healthcare services decreased over time in the control group while remaining comparable in the intervention and sham intervention groups. CONCLUSION: These results indicate that problem-solving training may be useful for family caregivers of stroke survivors after discharge from rehabilitative facilities.
Summary & Significance

This article discussed how the problem solving telephone partnerships (SPTPs) with primary family caregivers showed better problem-solving skills, greater caregiver preparedness, and less depression. During the three hour face to face meeting caregivers were taught four systematic steps when solving caregiving problems. The first is to identify and define the problem. The second is to decide what needs to be accomplished and list possible solutions to the problem. The third is to choose and test the best solution(s). Finally, evaluate outcomes of problem solving. This intervention had significant beneficial impact on caregivers’ problem solving abilities.

This article demonstrates another possible interventions for the program being developed. The telephone intervention was found to effectively manage caregiving problems that caregivers had. This article is focused on caregivers of stroke survivors therefore the results can only be generalized to this population.

**Abstract**

OBJECTIVE: This study examined the extent to which adherence to occupational therapy recommendations would increase the quality of life of persons with Alzheimer's disease living in the community and decrease the burden felt by family members caring for them. 

METHOD: Using a pretest-posttest control group design, the Assessment of Instrumental Function (AIF) was administered to two groups of persons with Alzheimer's disease in their own homes (n= 40). Caregivers completed measures of their feelings of burden and the quality of life, including level of function of the persons with Alzheimer's disease.

RESULTS: A significant (MANCOVA) main effect was obtained for caregiver burden and three components of quality of life, positive affect, activity frequency and self-care status, by the treatment group, F(4, 31) = 7.34, p < .001. CONCLUSIONS: Individualized occupational therapy intervention based on the person-environment fit model appears effective for both caregivers and clients. This is especially important in light of a recent directive for more favorable reimbursement for occupational therapy services for persons with dementia.

**Summary & Significance**

The researcher in this study created interventions using a person-environment model, which was an effective for the caregiver and care recipient. The interventions included a recommendation list by an occupational therapist that the caregiver could keep. The occupational therapist then reviewed the interventions with the caregiver. All potential problems with the recommendations were discussed and new suggestions were made. Recommendations made
included environmental modifications, caregiver approaches, and community-based assistance. All the participants in the study had a combination of all three types of recommendations. A month after the interventions, caregivers were called for an evaluation. The findings showed that caregivers had significant improvements in quality of life for the care recipient and diminished burden felt by the caregivers.

This article provided some specific environmental modifications, caregiver strategies, and resources that will be helpful when creating resources for the program. The article also shows how the program was evaluated and the results from the evaluations, which are important aspects of programming. The results of this study support the unique value of occupational therapy with progressive conditions when the prevention of unnecessary decline and maintenance of quality of life for care recipients and caregivers are essential. This article helps show the benefits and positive outcomes of caregiver programs.

**Abstract**

**CONTEXT:** There is strong consensus that caring for an elderly individual with disability is burdensome and stressful to many family members and contributes to psychiatric morbidity. Researchers have also suggested that the combination of loss, prolonged distress, the physical demands of caregiving, and biological vulnerabilities of older caregivers may compromise their physiological functioning and increase their risk for physical health problems, leading to increased mortality. **OBJECTIVE:** To examine the relationship between caregiving demands among older spousal caregivers and 4-year all-cause mortality, controlling for sociodemographic factors, prevalent clinical disease, and subclinical disease at baseline. **DESIGN:** Prospective population-based cohort study, from 1993 through 1998 with an average of 4.5 years of follow-up. **SETTING:** Four US communities. **PARTICIPANTS:** A total of 392 caregivers and 427 noncaregivers aged 66 to 96 years who were living with their spouses. **MAIN OUTCOME MEASURE:** Four-year mortality, based on level of caregiving: (1) spouse not disabled; (2) spouse disabled and not helping; (3) spouse disabled and helping with no strain reported; or (4) spouse disabled and helping with mental or emotional strain reported. **RESULTS:** After 4 years of follow-up, 103 participants (12.6%) died. After adjusting for sociodemographic factors, prevalent disease, and subclinical cardiovascular disease, participants who were providing care and experiencing caregiver strain had mortality risks that were 63% higher than noncaregiving controls (relative risk [RR], 1.63; 95% confidence interval [CI], 1.00-2.65). Participants who were providing care but not experiencing strain (RR, 1.08; 95% CI, 0.61-1.90) and those with a disabled spouse who were not providing care (RR, 1.37; 95% CI, 0.73-2.58) did not have
elevated adjusted mortality rates relative to the noncaregiving controls. CONCLUSIONS: Our study suggests that being a caregiver who is experiencing mental or emotional strain is an independent risk factor for mortality among elderly spousal caregivers. Caregivers who report strain associated with caregiving are more likely to die than noncaregiving controls.

Summary & Significance

One finding of this study was that caregivers who provide support to his or her spouse and report caregiving strain are 63 percent more likely to pass away within four years than noncaregivers. This statistic is astounding and is one reason there is a need for caregiver programs. The article states that it is essential that treatment approaches for older marital dyads are created that focus on the needs of both the caregiver and care recipient simultaneously. The big finding from this study was that a caregiver that has stated feeling emotionally or mentally strained is an independent risk factor for mortality among elderly spousal caregivers. This article supports the need for more caregiver focused programs.
Abstract
This study examined health behaviors in a sample of rural family caregivers. In a community telephone survey of rural Missouri, Arkansas, and Tennessee, respondents were asked about their health, physical activity, nutrition, health providers, and family caregiving. Among 1,234 survey respondents, 12% self-identified as family caregivers. Caregivers reported lower fruit intake, more walking for exercise, and more provider advice about stress, fruits, and vegetables than noncaregivers. Groups did not differ in smoking, dietary fat, obesity, or self-rated health. Women caregivers reported more favorable patterns of physical activity, smoking, and provider interactions than men caregivers, and White caregivers had healthier reports of physical activity and body mass index than Black caregivers. These results provide new information about rural caregivers' health habits. Apart from nutritional intake, caregivers were not significantly different in most health behaviors. However, health providers seemed more attentive to caregivers regarding nutrition and stress.

Summary & Significance
The measures for this study included caregiving status, physical activity, walking for exercise, nutrition, tobacco use, body mass index, self-rated health, preventive counseling by health professionals. When it came to physical activity there was no significant group differences between caregivers and noncaregivers, however both groups reported being physically inactive or underactive. Caregiver reported consuming fewer amounts of fruits compared to noncaregivers. Many of the participants in this study were non-smokers. The body mass for both
groups did not show significant differences, however both groups had high prevalence of being overweight or obese.

These findings do suggest to me that there is a need for prevention and health promotion interventions for caregivers and also programs that provide health prevention and promotion tips to regular older adults as both groups were overweight, and were physically inactive or underactive.

**No Abstract**

**Summary & Significance**

This article provides a variety of questions to ask the caregiver in order to determine whether in fact they are caregivers and could benefit from occupational therapy. These questions could be used as a screen to participate in a caregiver program. The article also lists three steps that can be made to help caregivers. The first step is to make caregivers aware of his or her role and the critical role he or she obtains. The second step is to encourage the caregiver to take care of him or herself. Finally, the occupational therapist should offer assistance in finding those resources. This article has influenced me to create a resource book that would be helpful for caregivers in the rural community.

**Abstract**

In April 2002, the Centers for Medicare and Medicaid Services (CMS, formerly HCFA) instructed its Medicare intermediaries and carriers that a diagnosis of Alzheimer’s disease is not sufficient grounds for denying services, including occupational therapy. This clarification in the Medicare regulations eliminates a substantial barrier to reimbursement for occupational therapy provided to persons with dementia and their families. It also bolsters the need for professional development in this practice arena, especially in light of projected growth in the population of persons with dementia.

**Summary & Significance**

This article will be beneficial as it goes through the states of Alzheimer’s disease (AD). This article helped me to better understand the various stages that a person with AD may go through. It is important that the occupational therapist running the caregiver program has a good understanding of AD and other various chronic illnesses so he or she made educate all the caregivers involved in the program. The article also provides various suggestions for environmental modifications that may be beneficial to recommend to caregivers. The article states not to overwhelm caregivers with information so it is important to leave handouts and time to process and implement the information being given. The article also states how occupational therapists have the skills to break down a task and teach caregivers how to modify and adapt certain tasks. This article also identifies why an occupational therapist is qualified to run a caregiver program and the skills that an occupational therapist has.

No Abstract

Summary & Significance

This text book explores various models of practice that an occupational therapist may use. It is important that the caregiver program follows a model of practice to help guide the occupational therapist through the process of helping a caregiver and care recipient. After reviewing the various models of practice it was found that the Model of Human Occupation (MOHO) was the best fit model for the caregiver program being created. This text does a great job explaining and outlining the MOHO. The big focus of the MOHO is motivation for occupational, occupational life pattern, subjective dimension of performance, and influence of environment on occupation. This resource will be very helpful to better understand the MOHO and develop a program based off of the theory behind the MOHO.

**No Abstract**

**Summary & Significance**

This book offers guidance and comfort for families caring for loved ones with Alzheimer’s disease, other dementias, and memory loss in later life. This book covers various topics that are very beneficial to a caregiver. The first chapter covers dementia and discusses various types of dementia. The book also discusses how to get help for the care recipient, characteristic problems of dementia, problems in independent living, problems arising in daily care, medical problems, problems of behavior, problems of mood, special arrangements if you become ill, getting outside help, how caring for an impaired person affects you, caring for yourself, financial and legal issues, nursing homes and other living arrangements, brain disorders and causes of dementia, and research in dementia. The book also lists a variety of books and services available to caregivers.

This book will be very beneficial for the caregiver program. This book can help to provide insight to caregivers who have a loved one with dementia. The 36-Hour Day is a great guide that can help a caregiver answer many questions he or she may have. The book also thoroughly covers dementia and discusses various types of dementia.

No Abstract

Summary & Significance

This book provides a great amount of detailed information on how to stay healthy while aging. This book has great tips that would be helpful for a caregiver. The book covers a variety of topics including; healthy exercises, proper nutrition, how to look good, health information, mind workouts, how to feel good, and how to keep a positive outlook. This would be a wonderful reference material to have around for caregiver interventions. The book does a great job of explaining all of the benefits exercise has on the health of a person. The book also is easy to read and has great pictures and graphics. This book would be a wonderful asset to have in the program to guide the therapist in making proper recommendations and educate the caregivers on living a healthy lifestyle.

**No Abstract**

**Summary & Significance**

This is another great book for caregivers of a loved one who has dementia. This book covers the global determination scales and describes each of the seven states that occur. Also, this book provides great examples on how to better understand the wants and needs of someone who has dementia. The idea of a “My Way” program is discussed in the book. This program is to help not only the caregiver, but those who may provide respite care. The My Way form lists everything in detail about the older adult needing care. This profile will help others who are providing care have a clear understanding of the routine and normal behaviors the older adult has. This book is a very easy read and easy to understand. The authors provide great details and ideas to make life easier for a caregiver. This would be a wonderful resource for a caregiver support group.

**Abstract**

Many caregivers of older family members do not realize the need for respite until their own health begins to deteriorate. The mental, emotional, and physical stress of caring for a family member can seem overwhelming. Creative options for respite care are emerging, but there are barriers to effective use of these programs. This article discusses these barriers and proposes suggestions for overcoming them.

**Summary & Significance**

This article does a great job explaining caregiver burden and the overwhelming aspects of caregiving. One fact stated was the average out-of-pocket expenses for caring for a family member, which was averaged at $5,500 each year. The article also discusses the many health issues caregiver face versus someone who is not a caregiver. The positive aspects of respite care are explored throughout the article along with the barriers to respite care.

This article again helps to show the need for caregiver programming. Also, barriers to respite care are identified which are important to be aware of to better understand how to make respite care easier and less of an obstacle. Many great resources are listed in the article that would be great to recommend and suggest to various caregivers.

**No Abstract**

**Summary & Significance**

This is a nice easy to read book that is great for caregivers who care for a loved one with memory loss. This book clearly explains the various types of memory loss and treatments for each type of memory loss. The book also shares stories about older adults who have experienced memory loss which help to better understand the signs of memory loss. This is a great book that can be obtained for free on the Alzheimer’s Associations website! This will be a great reference for caregivers who enroll in the program.

**No Abstract**

**Summary & Significance**

This will be a great resource for the occupational therapist in the program. This book discusses health care perceptions, understanding older patients, how to obtain medical history, how to encourage wellness, talking about sensitive subjects, supporting patients with chronic conditions, breaking bad news, working with diverse older patients, including families and caregivers, talking with patients about cognitive problems, and effective communication with older adults and families. The book also lists various publications and services at the end. This is a very valuable resource to guide the occupational therapist in delivering services. This is another reference that can be obtained for free on the Alzheimer’s Associations website!

**No Abstract**

**Summary & Significance**

This book is an excellent resource for the occupational therapy to implement with caregivers and the care recipients. It is an exercise program for older adults. The book covers how to get ready to exercise, getting started, various exercises, how to monitor your health, eating health and how to keep going. This book provides great pictures and easy to understand directions for exercises. There is also a dvd that demonstrates the exercises provided in the book. This book is another great resource that is free on the Alzheimer’s Associations website! This book will be used in the program for caregivers.

No Abstract

Summary & Significance

This book is great for all caregivers not just those caring for someone with Alzheimer’s disease. The book does a great job of describing what Alzheimer’s disease is and specific tips for caregivers. It also lists ways for caregivers to take care of himself or herself. The book also discusses how to cope with an illness of a loved one which is important for a caregiver to achieve. This is a great resource written clearly and provides many great pictures and tips. This book will be obtained for the program. Again, this is another wonderful is free book on the Alzheimer’s Associations website!

**Abstract**

OBJECTIVES: To identify positive aspects of caregiving and examine how they are associated with caregiver outcomes. METHOD: This study used a national sample of caregivers derived from the Canadian Study of Health and Aging (part 2). Two hundred and eighty-nine caregivers caring for seniors living in the community were questioned about their experience of caregiving. Caregivers were asked whether they could identify any positive aspects related to their role, the type of positive aspects and to rate their feelings about caring. Using a conceptual model developed by Noonan and Tennstedt (1997), a staged stepwise multiple regression approach was used factoring the background/contextual variables, stressor variables (3 MS score, ADL limitations), mediator variables (positive aspects of caregiving, number of services used) and outcome variables (depression, burden and self-assessed health measures) into the model.

RESULTS: Two hundred and eleven caregivers (73%) could identify at least one specific positive aspect of caregiving. An additional 20 (6.9%) could identify more than one positive aspect. Positive feelings about caring were associated with lower CES-D scores (p<0.001), lower burden scores (p<0.001) and better self-assessed health (p<0.001). CONCLUSION: Clinicians should inquire about the positive aspects of caregiving if they are to fully comprehend the caregiver experience and identify risk factors for negative caregiver outcomes.

**Summary & Significance**

This article provides many of the positive aspects of caregiving instead of focusing on the negative effects. Many caregivers in the study felt happy about caring and had positive feelings. Some caregivers felt that the caregiving experience was rewarding. Others enjoyed caring for
another because it provided companionship. Finally, some caregivers stated that they felt it was his or her duty or obligation to care for his or her loved one. It is important to understand both the positive and negative effects of caregiving. Occupational therapists need to understand the benefits that each caregiver reaps from caregiving. It is important to remind the caregiver of the benefits so burnout or depression does not occur. The information from this article is great in pointing out how to bring out the positives and not focus on the negatives during a caregiving experience.

**Abstract**

Recent literature emphasizes the burdens of caregiving, but there has been limited focus on benefits accrued by family members who care for older adults. This article describes phase three of a research study of employed caregivers in the workplace. Phase three of the study was a caregiver support group. Data from the support group meetings were content analyzed and interpreted using a lifespan perspective. Four themes relevant to caregiver benefits emerged: celebrating the small things, resolving past hurts and conflicts, developing personal strength and aging readiness, and experiencing the older person’s full life. The shift from perceived burden to perceived benefit occurred gradually among support group members. Routine and intentional assessment of caregiving benefits or rewards within a supportive milieu may mitigate burden among people who care for older family members.

**Summary & Significance**

This is another great article that discusses many of the benefits of informal caregiving. Some of the benefits listed in the article include; celebrating the small things, resolving past hurts and conflicts, developing strength and aging readiness, and finally experiencing the older person’s full life. These are all important benefits of caregiving. I really like the one benefit stated, developing strength and aging readiness. I agree that by providing care the caregiver begins to prepare more for aging and have a better outlook on aging then others who are not caregivers. This will be a great article to incorporate into a support group with caregivers to help each caregiver to think about the benefits of his or her own caregiving experiences!