

Making Sense of Memory Loss (MSML): This program is intended to help families and other caregivers understand and provide care for people in the early stages of memory loss. The program includes five 2.5-hour modules, a scripted class leader's guide, a participant's guide template, handouts, and PowerPoint slides that can be used as overhead transparencies. The MSML program was developed by the Mather LifeWays Institute on Aging and the Greater Illinois Alzheimer's Association Chapter. In 2004, it was tested by nine Alzheimer's Association Chapters.

An evaluation conducted with over 200 participants in the Chicago area revealed good outcomes for participants in MSML. A summary of the results was reported in *Research on Social Work Practice*. MSML had positive results for participants at post-course and 6 months later in terms of increasing their knowledge and improving skills in coping with their relative's memory problems (Kuhn & Mendes de Leon, 2001). Results published in *The Journal of Gerontological Social Work* showed similar positive outcomes, as well as higher pre-post levels of self-efficacy in another cohort of caregivers (Kuhn & Fulton, 2004).

For more information about the program contact Nicole Batsch at Mather LifeWays by email [nbatsch@matherlifeways.com](mailto:nbatsch@matherlifeways.com) or phone (520) 878-0358 or Melanie Chavin at the Greater Illinois Alzheimer's Association Chapter by email [melanie.chavin@alz.org](mailto:melanie.chavin@alz.org) or phone (847) 933-2413.

Publications:

- Kuhn D, Mendes de Leon, C. (2001). Evaluation of an educational intervention with relatives of persons in the early stage of Alzheimer's disease. *Research on Social Work Practice, 11*, 531-548.
- Kuhn D., Fulton BR. (2004). Efficacy of an educational program for relatives of persons in the early stages of Alzheimer's disease. *Journal of Gerontological Social Work, 42(3)*, 109-130.

Reducing Disability in Alzheimer's Disease (RDAD): This program provides exercise training for people with Alzheimer's disease who live at home and simultaneous training about management of behavioral symptoms for their family caregivers. It is intended to improve physical health and reduce depression and behavioral symptoms for people with Alzheimer's disease. A training manual is available.

RDAD integrates two interventions (Teri et al., 1997; Teri et al., 1998). In a randomized controlled trial of the combined RDAD program (Teri et al., 2003), people with moderate to severe Alzheimer's disease and family caregivers in the treatment group were seen in their homes for twelve 1-hour sessions over an 11-week period and three follow-up sessions over the following three months. The program was delivered by home health professionals. The exercise component of the program includes 30 minutes of aerobic and endurance activities, strength training, balance, and flexibility training. The behavior management component includes training for caregivers about dementia, its impact on patient behavior, and how to identify and modify behavioral symptoms, modulate their own responses to the symptoms, and identify pleasant activities for the care recipient. Results of study showed that compared to people with Alzheimer's disease in the control group, those in the treatment group had better physical functioning and less depression after the first 11 weeks. After two years, those in the treatment group continued to have better physical functioning, and they were less likely to be placed in a nursing home for behavioral problems.

For more information about MDAD and a training manual, contact Linda Teri, Ph.D., University of Washington, [lteri@u.washington.edu](mailto:lteri@u.washington.edu) or (206) 543-0715.

Teri L, Logsdon RG, Uomoto J, McCurry SM. (1997) Behavioral Treatment of Depression in Dementia Patients: a Controlled Clinical Trial. *Journals of Gerontology: Psychological Sciences and Social Sciences*, 52B(4), P159-P166.

Teri L, McCurry SM, Buchner D, et al. (1998) Exercise and Activity Level in Alzheimer's Disease: a Potential Treatment Focus. *Journal of Rehabilitation Research and Development*, 35, 411-419.

Teri L, Gibbons LE, McCurry SM, et al. (2003) Exercise Plus Behavioral Management in patients With Alzheimer's Disease: A Randomized Trail. *Journal of the American Medical Association*, 290(15), 2015-2022.

## Resources for Enhancing Alzheimer's Caregiver Health (REACH) II:

Built upon the findings of REACH I, REACH II was funded in 2001 to design and test a single multi-component intervention among family caregivers of persons with Alzheimer's Disease or related disorders. This intervention will be evaluated among a sample of geographically and racially/ethnically diverse caregiver populations. The study design is a multi-site, two-group randomized clinical trial. The same two conditions: an in-home multi-component intervention and a standardized information only control condition will be implemented at five sites. Recruitment of 600 caregiver-care recipient dyads will consist of equal numbers of African Americans, Hispanics, and Caucasians. This study promises to:

- Test a potent multi-component intervention.
- Assess the intervention's impact on ethnically diverse populations.
- Provide new measurements for assessing the quality of care provided by caregivers and tools for identifying caregivers at risk for adverse outcomes.
- Evaluate the cost-effectiveness and public health significance of the intervention.

Information obtained from <http://www.edc.gsph.pitt.edu/reach2/public/whatsnew.html>

Savvy Caregiver: This program is intended to train families and others for the unfamiliar role they face as caregiver for a relative or friend with Alzheimer's disease or another dementia. Savvy Caregiver is a 12-hour program that is usually delivered in six 2-hour weekly sessions. Materials for delivering the program include a detailed trainer's manual, a caregiver manual, a training videotape, and a CD-ROM. The program focuses specifically on helping caregivers appraise their situation objectively and providing them with the knowledge, skills, and attitudes they need to manage stress and effectively carry out the caregiving role.

An evaluation of Savvy Caregiver found statistically significant positive outcomes for caregivers who participated in the program vs. those in the control group with respect to the caregivers' beliefs about caregiving, their reactions to behavioral symptoms of their care recipient, and their feelings of stress and burden (Ostwald et al., 1999; Hepburn et al., 2001). This evaluation was conducted in an academic setting where the program was delivered by its developers. Since then, Savvy Caregiver has been transformed into a self-contained version that can be delivered in many settings without direct involvement of its developers. This self-contained version of Savvy Caregiver was field tested with 140 family caregivers in rural Minnesota, Denver, and Anchorage, Alaska, with positive responses from the caregivers and the professionals who offered the training (health educators, nurses, social workers, recreation therapists, and geriatricians) (Hepburn et al., 2003).

For more information about Savvy Caregiver, contact Kenneth Hepburn, PhD, University of MN. E-mail: [hepbu001@umn.edu](mailto:hepbu001@umn.edu) . Telephone: 612-625-1678.

Ostwald SK, Hepburn KW, Caron W, Burns T, and Mantell R. (1999) Reducing Caregiver Burden: A Randomized Psychoeducational Intervention for Caregivers of Persons With Dementia. *Gerontologist*, 39(3), 299-309.

Hepburn KW, Tornatore J, Center B, and Ostwald SW. (2001) Dementia Family Caregiver Training: Affecting Beliefs About Caregiving and Caregiver Outcomes. *Journal of the American Geriatrics Society*, 49(4), 450-457.

Hepburn KW, Lewis M, Sherman CW, and Tornatore J. The Savvy Caregiver Program: Developing and Testing a Transportable Dementia Family Caregiver Training Program. (2003) *Gerontologist* 43(6), 908-915.