Transforming Care Management

An Evidence-based approach for supporting Family Caregivers

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Helen Bader Professor in Applied Gerontology

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Goals for Morning

1. Overview of the larger UWM project and its current partners

2. Overview of Caregiver Identity Change Theory as the basis for evidence-based practice.

3. Implications for Service Delivery

4. Introduction to the Uniform Caregiver Assessment and REferral (UCARE) process.

5. Future directions and opportunities for Washington Partners.
Part I: Overview of Research and Development Activities
Research Team

Rhonda J.V. Montgomery (UWM)
Karl Kosloski (UNO)
Mary Brintnall-Peterson (UW-Extension)
Vicki Schmall, (Aging Concerns – Oregon)
Jeannine Rowe (UWM)
Dale Adler (Gerontology Programs Consultant)
& Team of hard-working graduate students
Practice Partners

State and local agencies in

- Florida
- Georgia
- Michigan
- Washington
- Wisconsin
Transforming Care management

- Family Caregiver Assessment Tool
- Evidenced-based Care Management protocol
- Coordinated training curriculums for
  - Family caregivers &
  - Care managers / Family Specialists
WHY?

• Family Caregivers are
  – Key partners in long term care
  – Key to quality elder care

• Programs that are looking for guidance:
  – National Family Caregiver Support Program (AoA)
  – Aging Network Services
  – ADRC (SPE)
  – Medicaid waiver programs
  – Chapter Network of Alzheimer’s Association
Our Vision

• Care managers and family caregivers will determine needs through
  – an assessment process and
  – match appropriate community services to meet the identified needs.
### How?

**Target services effectively**
- Identify caregivers’ needs
- Understand goals for intervention
- Match services with goals
- At the correct time (when caregivers can & will use service)
- Increase compliance

**Analogy to medicine**
- Right diagnosis (identify the needs)
- Goal- Cure or symptom?
- The right medicine (correct service)
  - The right dosage (sufficient quantity)
- At the right time (prevention not cure)
- Increase Compliance (take the medicine)
Common Stress Model as Rationale for Support

Care → Burden → Exhaustion, Abuse, Placement
Rationale for Support

- Care
- Support
- Burden

- Exhaustion
- Abuse
- Placement
Goal of our Work

• Maximize impact of support services for family caregivers
  – Serve More Clients
  – Provide better support

• Minimize costs
Must assess the client “family”

• The client is the family
  – Caregiver
  – Care recipient
  – Family Care context

• Current practice:
  – Look at care recipient as only client
  – View family as “visitor or servant”
Care Receivers’ Needs Don’t Predict Intention to Place

<table>
<thead>
<tr>
<th>Measures of Need</th>
<th>Intention to Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADL/IADL</td>
<td>.14</td>
</tr>
<tr>
<td>Problem behaviors</td>
<td>-.07</td>
</tr>
</tbody>
</table>
Caregiving Activities Don’t Predict Intention To Place

<table>
<thead>
<tr>
<th>Hours in past week spent doing</th>
<th>Intention to Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Care</td>
<td>-.11</td>
</tr>
<tr>
<td>Housework</td>
<td>-.16</td>
</tr>
<tr>
<td>Transportation</td>
<td>.01</td>
</tr>
<tr>
<td>Banking/Legal Matters</td>
<td>-.02</td>
</tr>
</tbody>
</table>
Need for Guiding Model

- Understand Source of Distress
- Helps identify characteristics that are appropriate to measure
- Points to strategies for intervention
Diversity Among Caregivers Affects Journey

- Relationship
- Gender
- Culture
- Caregiving Environment
  - Functional level of care recipient
  - Living arrangement
  - Formal Supports
  - Informal Supports
Diversity in Experience

- Comfort level with role
- Relationship between CG & CR
- Overload or interference with life
- Anxiety or stress
- Depression
- Positive feelings
Pathways Through Caregiving: the Caregiver Identity Model

1. Caregiving involves an identity change process.

2. Change often involves a lag time when there is a misfit between what a caregiver is doing and what the caregiver thinks she/he should be doing. Lag causes stress.

3. To fully support families we must use strategies to identify this source of stress and remove the “discrepancy” with appropriate interventions.
Basic Premises About Caregiving Journey

1. There is no single, generic caregiver role

- Caregiving role emerges from - *prior role relationships*

- Role influenced by the – *unique values, beliefs and circumstances*
Spouse/Partner as Caregiver

Emotional
Banking
Errands / Shop
House Tasks
Decision Making
Personal Care
Adult-Child as Caregiver

- Emotional
- Banking
- Errands / Shop
- House Tasks
- Decision Making
- Personal Care

Emotional
Basic Premises about Caregiving Journey

2. Caregiving is a dynamic process that unfolds over time.

3. The length of career varies
Caregiving Journey: Child
Comparing Journey

**CHILD**

**SPOUSE**

![Graph showing the comparison of journey hours for Child and Spouse over years. The graph includes categories such as Bank, Shop/Trans, Household, Other Tasks, and Personal. The data shows an increase in hours for all categories as time progresses.](chart)
The Caregiving Journey Is a Systematic Change Process

• Change in *activities*
• Change in *relationship* with care receiver
• Change in *role and identity* of caregiver
Landscape for Caregiver’s Journey

TIME

Level of Elder Need

TIME

Level of Elder Need

IADL  ADL  Vigilance
Identity in Phase I

Level of Elder Need

10 8 6 4 2 0

Years

A B C D E F

IADL  ADL  Vigilance

Caregiver

Spouse
Identity Phase III

Spouse

Caregiver

Time

Level of Elder Need

A B C D E F

0 1 2 3 4 5 6 7

0 2 4 6 8 10

IADL  ADL  Vigilance
Identity Phase IV

Level of Elder Need

Time

Spouse
Caregiver

IADL ADL Vigilance
Identity Phase V

Level of Elder Need

Time

IADL  ADL  Vigilance

Caregiver

Spouse
Pathways through the Caregiver Journey

Years

Level of Elder Need

IADL  ADL  Vigilance
Diversity of Relationships affects the “rules for being a caregiver”

- Who becomes caregiver
- How they perform
  - What they do
  - How they do it
- How the feel about it
  - Burdens
  - Uplifts
Basic Premise 4: About Caregiving Journey

The general social & cultural rules governing family relationships create *consistencies in the caregiving process.*

- But -

Unique experiences, family histories and cultural adaptations of rules create *unique adaptations to this caregiving process.*
Circles of influence

- Society
- Community
- Family

Caregiving Environment
- ✓ Functional level
- ✓ Living arrangement
- ✓ Formal Supports
- ✓ Informal Supports
Rules for Behavior
(Identity Standards)

We know how to act because we follow our internalized rules.
Rules for being a Wife

Rules for being a Caregiver

Rules for ME
Finding balance

Identity Rules

Behavior
Caregivers experience distress when – their appraisal tells them that there is incongruence between behavior & personal identity rules.
Finding balance: Change with “Big CHANGE” or “small change”

Identity Rules

Behavior
what (how) I am doing
Maintenance of Identity within a phase.

Spouse

Caregiver

Time

Level of Elder Need

IADL

ADL

Vigilance
Identity Maintenance Process

Role Identity
(in relation to care receiver)

Identity Rules

Self Appraisal

Behavior
Disturbance of the Identity Maintenance Process

Identity Rules

Self Appraisal

Caregiving Environment

Behavior
change as a adjustment (change with a small “c”).

[Graph showing the level of elder need over time with categories IADL, ADL, and Vigilance.

Legend:
- IADL
- ADL
- Vigilance]
Identity Rules

Disturbance of the Identity Maintenance Process

Self Appraisal → Behavior

Caregiving Environment → Self Appraisal

Identity Rules

Behavior → Caregiving Environment
Part III

Rethinking Support Services
Rethinking Support Services

• Identify the *goals* for intervention

• Identify most effective *strategies*

• *Ask:* Which services are *consistent* with strategies and will help meet these goals?
Implications for Selecting Services

Set the Goal for intervention
1. Maintain Identity
2. Increase Caregiver identity
3. Reduce Caregiver Identity
4. Reduce Depression (the Symptom)

Pick Strategies
1. Change Rules
2. Change behavior
3. Change Appraisal
4. Change the Reaction (reduce the symptom)
Intervention Strategies

Identity Rules

Strategy A: Change or adjust rules

1. Education about:
   - Disease Process
   - Caregiving Journey
   - Loss and Grief
   - Understanding Difficult behaviors

2. Counseling

3. Support Groups
Intervention Strategies

Identity Rules

1. Make less difficult
   • Teach CG Skills
   • Teach CR Skills
   • Assistive technologies
2. Introduce alternate sources
   • Adult Day care
   • In-home services
   • Informal Help
3. Alternate Care Setting
   • Assisted living
   • Nursing Homes

Strategy B: Reduce Workload
**Strategy C: Encourage positive appraisal**

1. **Counseling**
   - caregiver journey
   - family relationships & communication
   - Resolving guilt feelings

2. **Education**
   - caregiver journey
   - cognitive reframing

3. **Support groups**
Intervention Strategies

Identity Rules

Strategy A: Change or adjust rules

Strategy C: Encourage positive appraisal

Strategy B: Reduce Workload

Strategy D: Reduce Generalized Stress
Strategy D: Reduce Generalized Stress

1. Make less difficult
   Teach CG Skills
   Teach CR Skills
   Assistive technologies

2. Introduce alternate sources
   Adult Day care
   In-home services
   Informal Help

3. Alternate Care Setting
   Assisted living
   Nursing Homes
Support Strategies

- A: Change Rules
- B: Reduce Workload
- C: Support positive Appraisal
- D: Reduce stress

- Identity Standard
- Behavior
- Change Appraisal
- Reduce symptom
Typical Tool Box for Intervention

• Education Programs
  – Information
  – Skills
  – Emotional/ Psycho-educational

• Support Groups

• Counseling

• Respite

• Case Management
Targeting Interventions

- **What to target**
  - Identity Discrepancy?
  - Objective Burden
  - Relationship Burden
  - Stress Burden

- **What do we change?**
  - Behavior
  - Self-Appraisal
  - Rules

- **Choice of Support Service**
  - Education
  - Support Group
  - Counseling
  - Adult Day Care
  - In-home Support
  - Assistive Technologies
  - Informal Helpers
Education Programs

• Information to help change Rules
  – Disease Process
  – Caregiver journey/ identity change
  – Understanding loss an grief

• Education to reduce stress
  – Cognitive reframing
  – Coping skills
  – Stress management

• Teach or improve care skills
  – Direct care skills
  – Responding to difficult behaviors
Support Groups

- Change source of appraisal (new sources)
- Help re-interpret appraisal
  - Of other care receiver
  - Of other family members
- Teach about sources of help (to lower task demands)
- Help change the Identity Standard
  - (incorporate caregiver tasks into current identity)
- Reinforce transitions
  - (Give permission to change identities or reject role)
Counseling

- Changes identity standards
- Re-interpret appraisals
- Facilitates shift to New Identity
  - (new standards)
Respite: Positive

• Reduces work load
  – Substitute for caregiver
  – Change context

• Helps merge care role into primary identity (e.g. wife, daughter)

• Reduces Objective Burden
Respite: Negative When

- Negative appraisal from respite workers
- Negative appraisal from kin
- Creates work
Part III: UCARE

Uniform Caregiver Assessment & Referral
Evidence-based process that is:

- Grounded in the Caregiver Identity Theory
- Reflects current knowledge of research about caregiver interventions.
Characteristics of Good Assessment

1. Captures the full range of differences among family caregivers
2. Is sensitive to change
3. Easy to use
4. Understandable – to client & to care manager (transparent)
5. Instructive – Care manager knows how to use the information to guide practice
UCARE- an Assessment Process

• Core Assumption: Matching services to needs leads to:
  – Correct service at the correct time
  – Compliance with suggested care plan
  – Greater potential for positive impact

• Assumes transparency & Client Choice

• Provide insights about caregiver’s context
  – Identifies strengths & challenges
  – Types and Sources of Burden/Stress
  – Appropriate Goals
  – Strategies (not services)
  – Options

• A wide array of services are useful and available to support Caregivers

• Not all communities have all services.
How to implement the UCARE process?

Four steps for working with family caregivers

- Step 1: Assessment of Caregiver Needs
- Step 2: Interpretation of information to determine type and level of need
- Step 3: Identify goals, support strategies and services
- Step 4: Family consultation to develop a care plan
Tools for Implementation

1. Caregiver Screening Tool
2. Caregiver Assessment Form
3. Assessment Summary Sheet
4. Service Selection Maps (five maps)
5. Guide for Selecting Support Services
6. Care Plan Form
Benefits of UCARE

- **Uniform Assessment**
  - Guarantees equal opportunity for caregivers to obtain help
  - Not dependent on individual care managers’ knowledge

- **Informs Intervention & Care Plans**
  - Focus on prevention – not crisis
  - Focus on strategies not services

- **Provides Guidance for Planning**
  - Helps identify service gaps
  - Helps identify new resources
  - Guides allocation of resources
League of Experienced Family Caregivers (LEFC)

Seeking the Wisdom of Family Caregivers

www.familycaregivers.uwm.edu
Domains to be Measured

• Caregiver Status:
  – Length of Caregiving
  – Phase of Caregiving
  – Intention to Place

• Caregiver’s Obligations
  – Hours of Care
  – Number of Other Dependents
  – Employment Status
Domains (continued)

- Caregivers Emotional & Physical Status
  - 3 measures of stress and burden
  - Identity discrepancy measures
  - Depression
  - Caregiver Health
  - Caregiver Uplifts

- Caregiver Resources
  - Informal supports
  - Income
Domains (continued)

- Care receiver Status
  - Functional level (ADL/IADL)
  - Problem Behaviors
  - Diagnosis
  - Memory problems
For Example

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>A bit</th>
<th>Moderately</th>
<th>A lot</th>
<th>A great deal</th>
<th>R</th>
<th>O</th>
<th>S</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Increased attempts by your relative to manipulate you?</td>
<td></td>
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<td></td>
<td></td>
<td>5</td>
<td>2</td>
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<tr>
<td>(b) Decreased time you have to yourself?</td>
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<td>2</td>
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<tr>
<td>(c) Created a feeling of hopelessness?</td>
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<td>(d) Given your life more meaning?</td>
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<tr>
<td>(e) Increased the number of unreasonable requests made by your relative</td>
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<tr>
<td>(f) Kept you from recreational activities?</td>
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<td>(g) Made you nervous?</td>
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<th>R</th>
<th>O</th>
<th>S</th>
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</tr>
</thead>
<tbody>
<tr>
<td>(h) Made you more satisfied with your relationship?</td>
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<td>2</td>
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<tr>
<td>(i) Caused you to feel that your relative makes demands over and above what he/she needs?</td>
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<td>4</td>
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<tr>
<td>(j) Caused your social life to suffer?</td>
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<td>3</td>
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<td>(k) Depressed you?</td>
<td></td>
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<td>4</td>
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<tr>
<td>(l) Given you a sense of fulfillment?</td>
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<td>3</td>
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<tr>
<td>(m) Made you feel you were being taken advantage of by your relative?</td>
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<td>3</td>
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<tr>
<td>(n) Changed your routine?</td>
<td></td>
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<td></td>
<td></td>
<td>4</td>
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<tr>
<td>(o) Made you anxious?</td>
<td></td>
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<tr>
<td>(p) Left you feeling good?</td>
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<td>3</td>
<td></td>
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<th>O</th>
<th>S</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>(q) Caused conflicts with your relative?</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(r) Gives you little time for friends and relatives?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(s) Caused you to worry?</td>
<td></td>
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<td></td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(t) Made you enjoy being with your relative more?</td>
<td></td>
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<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(u) Left you with almost no time to relax?</td>
<td></td>
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<td></td>
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<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(v) Made you cherish your time with your relative?</td>
<td></td>
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<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total: 21 18 20 15
Easy to Interpret

- Transfer information to *Assessment Summary Sheet* to interpret score
**Section 1: Caregiver Status**

<table>
<thead>
<tr>
<th>Q</th>
<th>1-Phase</th>
<th>2-Phase II</th>
<th>3-Phase III</th>
<th>4,5-Phase IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver Phase</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intention to Place</td>
<td>16</td>
<td>Yes</td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

16 = probably would or definitely would or have already been placed
16 = definitely not or probably not

**Section 2: Caregiver Emotional Needs**

<table>
<thead>
<tr>
<th>Q</th>
<th>High</th>
<th>Med</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship Burden</td>
<td>19</td>
<td>11-25</td>
<td>6-10</td>
</tr>
<tr>
<td>Objective Burden</td>
<td>19</td>
<td>15-39</td>
<td>11-16</td>
</tr>
<tr>
<td>Stress Burden</td>
<td>19</td>
<td>14-29</td>
<td>9-15</td>
</tr>
<tr>
<td>Anxiety</td>
<td>19</td>
<td>17-30</td>
<td>10-16</td>
</tr>
<tr>
<td>Depression-CEQD</td>
<td>20</td>
<td>22-40</td>
<td>16-21</td>
</tr>
<tr>
<td>Discrepancy</td>
<td>15</td>
<td>18-36</td>
<td>12-18</td>
</tr>
</tbody>
</table>

**Section 3: Care Receiver Needs**

<table>
<thead>
<tr>
<th>Q</th>
<th>High</th>
<th>Med</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADL</td>
<td>28</td>
<td>14-24</td>
<td>8-15</td>
</tr>
<tr>
<td>IADL</td>
<td>28</td>
<td>32-49</td>
<td>26-31</td>
</tr>
<tr>
<td>Problem Behaviors</td>
<td>14</td>
<td>11-45</td>
<td>3-10</td>
</tr>
</tbody>
</table>

Memory: 1 = yes medically diagnosed
2 = probable, but not diagnosed
3 = memory or cognitive suspected

**Section 4: Caregiver Obligations**

<table>
<thead>
<tr>
<th>Q</th>
<th>High</th>
<th>Med</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Care Hours</td>
<td>12a</td>
<td>&gt;=26</td>
<td>10-25</td>
</tr>
<tr>
<td>Household Care Hours</td>
<td>12b</td>
<td>&gt;=30</td>
<td>10-25</td>
</tr>
<tr>
<td>Other Types assistance Hours</td>
<td>12c, 12d</td>
<td>&gt;=15</td>
<td>5-14</td>
</tr>
</tbody>
</table>

Employment: 9 = Full Time
8 = Part Time
7 = None

Total Dependents: 10

**Section 5: Other Useful Information**

Availability of family, friends, or neighbors

Format services currently in place

Special circumstances

Client ID #
Caregiver Name

Date

Initial / Follow-up
### Assessment Summary Sheet

#### Section 1: Caregiver Status

<table>
<thead>
<tr>
<th>Q</th>
<th>1=Phase I</th>
<th>2=Phase II</th>
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<td></td>
</tr>
</tbody>
</table>

- 16 = probably would or definitely would or have already been placed
- 16 = definitely not or probably not

#### Section 2: Caregiver Emotional Needs

<table>
<thead>
<tr>
<th>Q</th>
<th>High</th>
<th>Med</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship Burden</td>
<td>19</td>
<td>11-25</td>
<td>21</td>
</tr>
<tr>
<td>Objective Burden</td>
<td>19</td>
<td>19-30</td>
<td>18</td>
</tr>
<tr>
<td>Stress Burden</td>
<td>19</td>
<td>14-25</td>
<td>20</td>
</tr>
<tr>
<td>Uplifts</td>
<td>19</td>
<td>17-30</td>
<td>15</td>
</tr>
<tr>
<td>Depression-CESD</td>
<td>20</td>
<td>22-40</td>
<td>16-21</td>
</tr>
<tr>
<td>Discrepancy</td>
<td>15</td>
<td>19-36</td>
<td>12-18</td>
</tr>
</tbody>
</table>

#### Section 3: Care Receiver Needs

- Interpret Score to Determine Need
Guide for Choosing Service Selection Map

To select the correct service map, use the Caregiver Assessment Summary sheet to interpret the three caregiver burden scores and determine whether the caregiver intends to place the care recipient in an alternative care setting or leave the caregiving role in the near future.

<table>
<thead>
<tr>
<th>Burden Scores</th>
<th>Map</th>
</tr>
</thead>
<tbody>
<tr>
<td>All 3 Burden Scores Low</td>
<td>A</td>
</tr>
<tr>
<td>All 3 Burden Scores Medium or High with no intention to place</td>
<td>B</td>
</tr>
<tr>
<td>All 3 Burden Scores Medium or High Intend to place in near future</td>
<td>C</td>
</tr>
<tr>
<td>Relationship &amp; Stress Burden Medium or High</td>
<td>C</td>
</tr>
<tr>
<td>Objective Burden Medium or High &amp; Relationship Burden Low</td>
<td>D</td>
</tr>
<tr>
<td>Stress Burden ONLY Medium or High</td>
<td>E</td>
</tr>
</tbody>
</table>
Use for Clients when ALL Burden Scores are Low

Caregivers with low scores on all types of burden tend to be individuals in early phases of the process and are often seeking very specific information. It is unlikely that these caregivers will have high depression scores. It is important to connect with these caregivers to prevent crisis in the future. [Caregiver group: 1]
# Guide Heading

## Goal 1: Maintain Identity

<table>
<thead>
<tr>
<th>Type of Service Program</th>
<th>A. Strategies to change personal rules for care (Adjust rules)</th>
<th>B. Strategies to reduce or minimize work load</th>
<th>C. Strategies to support positive self-appraisal (Enhance or affirm current identity and behavior)</th>
<th>D. Strategies to reduce generalized stress</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B1. Reduce care needs of care receiver</td>
<td>B2. Reduce difficulty of care and tasks</td>
<td>B3. Introduce alternate source for care to provide respite</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>C1. Stop negative self-assessment of role</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>C2. Reinforce positive aspects of identity</td>
<td></td>
</tr>
</tbody>
</table>

**Guide for Selecting Support Services**

- A. Strategies to change personal rules for care (Adjust rules)
- B. Strategies to reduce or minimize work load
- C. Strategies to support positive self-appraisal (Enhance or affirm current identity and behavior)
- D. Strategies to reduce generalized stress
<table>
<thead>
<tr>
<th>Guide for Selecting Support Services</th>
<th>Goal 1: Maintain Identity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Service Program</strong></td>
<td><strong>A. Strategies to change personal rules for care (Adjust rules)</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Adult Day Service (Experience time away from care responsibilities and reduce workload)</td>
<td>a. Health model</td>
</tr>
<tr>
<td></td>
<td>b. Social model</td>
</tr>
<tr>
<td>(2) Assistive technologies (To promote functional abilities of care receiver and/or prevent injury)</td>
<td>a. Emergency response system</td>
</tr>
<tr>
<td></td>
<td>b. Home Modifications (e.g. ramps, walk in showers, grab bars)</td>
</tr>
<tr>
<td></td>
<td>c. Install safety features to home (e.g. locks for cabinets or doors, lighting)</td>
</tr>
<tr>
<td></td>
<td>d. Obtain care aids (e.g. braces, wheelchair, commode, adaptive or protective garments)</td>
</tr>
<tr>
<td>(3) Counseling (Develop new perspective and practice skills with feedback)</td>
<td>a. Alternative ways to express anger and frustration</td>
</tr>
<tr>
<td></td>
<td>b. Build sense of mastery and confidence</td>
</tr>
<tr>
<td></td>
<td>c. Caregiver journey/identity change</td>
</tr>
<tr>
<td></td>
<td>d. Cognitive reframing</td>
</tr>
<tr>
<td></td>
<td>e. Family communication and relationships</td>
</tr>
<tr>
<td></td>
<td>f. Resolve feelings of guilt</td>
</tr>
<tr>
<td></td>
<td>g. Self care techniques</td>
</tr>
<tr>
<td></td>
<td>h. Stress management techniques</td>
</tr>
<tr>
<td></td>
<td>i. Understanding loss and grief</td>
</tr>
<tr>
<td>(4.1) Education for caregiver to obtain information about services and assist with planning for the future</td>
<td>a. Available support services and how to obtain them</td>
</tr>
<tr>
<td></td>
<td>b. Disease and disease processes (provide basis for accurate assessment of care needs)</td>
</tr>
<tr>
<td></td>
<td>c. End-of-life care and decisions</td>
</tr>
<tr>
<td></td>
<td>d. Legal, financial and/or health care planning</td>
</tr>
<tr>
<td></td>
<td>e. Safe-guarding your family member and home (monitor caregiving, personal/home safety tips)</td>
</tr>
<tr>
<td></td>
<td>f. Select suitable living environment</td>
</tr>
</tbody>
</table>
NEXT STEPS

• Using and Testing Full UCARE Process
• Grant Applications
Seeking Partner Organizations

– Commitment at all levels of organization
– 4 to 6 care managers
– Commitment to training 2 to 3 care managers
  • 2-day intensive
  • 1 follow-up
  • Technical assistance consultations
– Use with 3 to 4 caregivers
– Share assessments & care plans for one year