

Grantee-Implemented Evidence-Based and Evidence- Informed Dementia Interventions



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CONTENTS

Section	Page
Grantee-Implemented Evidence-Based and Evidence-Informed Interventions	1
Purpose of the Evidence-Based and Evidence-Informed Intervention List.....	1
How the Table is Organized	1

Grantee-Implemented Evidence-Based and Evidence-Informed Interventions

Purpose of the Evidence-Based and Evidence-Informed Interventions List

This table is a resource for the Administration for Community Living (ACL) applicants and grantees that support state and community efforts to increase the availability of dementia-capable services and supports to persons with Alzheimer's and related dementias and their caregivers. The intent of this document is to assist applicants and grantees to identify evidence-based and evidence-informed interventions that meet the ACL requirements for inclusion in these grants.

For consideration as evidence-based, an intervention must have been tested through a randomized controlled trial and (1) be effective at improving, maintaining, or slowing the decline in the health or functional status of older people or family caregivers; (2) be suitable for deployment through community-based human services organizations and involve nonclinical workers or volunteers in the delivery of the intervention; (3) have results published in a peer-reviewed scientific journal; and (4) be translated into practice and ready for distribution through community-based human services organizations.

For consideration as evidence-informed, an intervention must have substantial research evidence that demonstrates an ability to improve, maintain, or slow the decline in the health and functional status of older people or family caregivers. Evidence-informed interventions (1) have been tested by at least one quasi-experimental design with a comparison group, with at least 50 participants; OR (2) have been adapted from evidence-based interventions.

Grantees are not required to choose an intervention from this table. This table can provide guidance to interventions that have already been implemented in the community by grantees that have similar goals to support people living with dementia and their caregivers.

How the Table is Organized

The table consists of a list of evidence-based and evidence-informed interventions that meet the ACL criteria and have been implemented by Alzheimer's Disease Supportive Services Program (ADSSP), Alzheimer's Disease Initiative Specialized Supportive Services (ADI-SSS), and Alzheimer's Disease Program Initiative (ADPI) grantees between 2007-2018. For each intervention, we provide a brief description, the targeted population, peer-reviewed publications of the original studies that examine the model's effectiveness, publications from grant projects, and the current and previous grantees that are planning to implement, are implementing, or have implemented the intervention as of August 2019. Please refer to the contact information to learn more about the intervention and how to access intervention materials.

Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Based Interventions						
Adult Day Services (ADS) Plus	Caregivers	Model consists of five key components: care management, referral/linkage, education about dementia, situational counseling/emotional support/stress reduction techniques, and skills to manage behavioral symptoms (e.g., rejection of care, agitation, aggression). Based on care challenges identified by family caregivers, an “ADS Plus Prescription” and a written document detailing easy-to-use strategies to address specified care challenges is provided and caregivers are trained in their use.	<u>Original Study:</u> Gitlin, L., Reeve, K., Dennis, M. P., Mathieu, E., & Hauck, W. W. (2006). Enhancing quality of life of families who use adult day services: Short- and long-term effects of the adult day services plus program. <i>The Gerontologist</i> , 46(5), 630-639.	Laura N. Gitlin, PhD Dean and Distinguished University Professor College of Nursing and Health Professions Drexel University E-mail: lng45@drexel.edu 		Southern Maine Agency on Aging

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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Based Interventions (continued)						
BRI Care Consultation™	People living with dementia and caregivers	A telephone-based intervention aimed at assisting people with dementia and their family caregivers. Trained care consultants follow a telephone contact protocol to perform an ongoing assessment aimed at collaboratively identifying specific concerns for the person with dementia or the family caregiver. Action steps are then developed to achieve certain goals with periodic progress evaluation. The care consultant initiates phone contacts to evaluate progress at regular intervals with a minimum of 10 contacts in the first year. Partners in Dementia Care is a variation of this intervention.	<p><u>Original Study:</u> Bass, D. M., Clark, P. A., Looman, W.J., McCarthy, C.A., & Eckert, S. (2003). The Cleveland Alzheimer’s Managed Care Demonstration: Outcomes after 12 months of implementation. <i>The Gerontologist</i>, 43(1), 73-85.</p> <p><u>Grant Project Publication:</u> Bass, D., Easom, L., Primetica, B., & Holloway, C. (Winter 2015-2016). Reflections on implementing the evidence- based BRI Care Consultation with RCI in Georgia. <i>Generations</i>, 39(4), 49-56.</p>	<p>https://www.benrose.org/-/for-older-people-and-families/bri-care-consultation</p>	Nevada Aging and Disability Service Division; Texas Health and Human Services Commission; The Rector and Visitors of the University of Virginia (UVA); Amazing Place in Texas; Ohio Department of Aging; Alzheimer’s and Dementia Care Services of Northwestern Ohio; The Riverside Center for Excellence in Aging and Geriatric Health in Virginia	Georgia Department of Human Services, Division of Aging; Rosalynn Carter Institute for Caregiving in Georgia; Tennessee Commission on Aging and Disability; BakerRipley in Texas

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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Based Interventions (continued)						
Bridge Model of Transitional Care	People living with dementia and caregivers	Person-centered, social work-led, interdisciplinary model of transitional care that helps older adults safely transition from the hospital back to their homes and communities. The Bridge Model combines care coordination, case management, and patient engagement to improve the overall quality of transitional care for older adults, including reducing hospital readmissions.	Original Study: Altfeld, S.J., Shier, G.E., Rooney, M., Johnson, T.J., Golden, R.L., Karavolos, K., Avery, E., Nandi, V., Perry, A.J. (2013). Effects of an enhanced discharge planning intervention for hospitalized older adults: A randomized trial. <i>Gerontologist</i> , 53(3), 430-440.	http://www.transitionalcare.org/	Nevada Senior Services, Inc. (NSS)	Nevada Aging and Disability Service Division

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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Based Interventions (continued)						
Care Transitions Intervention® (“Coleman Model”)	People living with dementia and caregivers	Model focuses on goal-setting and is defined by four pillars: medication review and self-management; use of a dynamic patient-centered record; preparing for and attending follow-up medical appointments (primary care and specialist); and identifying and knowing how to respond to signs of illness or condition exacerbation, or “red flags.” The 30-day program consists of one hospital visit before discharge, one home visit, and two therapeutic phone calls.	<u>Original Study:</u> Coleman, E., Parry, C., Chalmers, S., & Min, S. (2006). The Care Transitions Intervention: Results of a randomized controlled trial. <i>Archives of Internal Medicine</i> , 166(17), 1822-1828.	https://caretransitions.org/ Dementia-Specific Supplemental Materials: http://www.alzglia.org/professionals/hospital-home-transitions/	Idaho Commission on Aging (ICOA)	

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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Based Interventions (continued)						
Care of Persons with Dementia in Their Environments (COPE)	People living with dementia and caregivers	Dyads receive assessments (patient deficits and capabilities, medical testing, home environment, caregiver communication, and caregiver-identified concerns); caregiver education (patient capabilities, potential effects of medications, pain, constipation, dehydration); and caregiver training to address caregiver-identified concerns and help them reduce stress. The program includes 1 face-to-face session and up to 10 sessions over 4 months with occupational therapists, and 1 telephone session with an advance practice nurse.	Original Study: Gitlin, L. N., Winter, L., Dennis, M. P., Hodgson, N., & Hauck, W. W. (2010). A biobehavioral home-based intervention and the well-being of patients with dementia and their caregivers: The COPE randomized trial. <i>JAMA</i> , 304(9), 983–991.	Laura N. Gitlin, PhD Dean and Distinguished University Professor College of Nursing and Health Professions Drexel University E-mail: lng45@drexel.edu	Memory Care Home Solutions in Missouri; LiveWell Alliance, Inc. in Connecticut; WellMed Charitable Foundation Texas	Orange County, NC, Department on Aging

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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Based Interventions (continued)						
Coping with Caregiving	Caregivers	Program focuses on improving caregiver well-being by teaching strategies to use when caregiving responsibilities become stressful and how to manage the difficult behaviors associated with their relative’s memory problems. The course is made up of 10 group sessions over five modules, including (1) an introduction, learning about dementia, caregiver stress and understanding behaviors; (2) skills for caregivers to manage problem behaviors associated with their relative’s memory problems; (3) skills for caregivers to take better care of themselves; (4) caregiver planning for the	Original Study: Gallagher-Thompson, D., Coon, D., Solano, N., Ambler, C., Rabinowitz, Y., & Thompson, L. (2003). Change in indices of distress among Latino and Anglo female caregivers of elderly relatives with dementia: Site-specific results from the REACH National Collaborative Study. Gerontologist, 43(4), 580-591.	Dolores Gallagher-Thompson, PhD, ABPP Professor of Psychiatry and Behavioral Science Stanford University School of Medicine E-mail: dolorest@stanford.edu		Arizona Department of Economic Security; Nevada Aging and Disability Services Division

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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Based Interventions (continued)						
Coping with Caregiving (continued)		future needs of their loved one; and (5) helpful hints for maintaining skills over time.	-			
New Ways for Better Days: Tailoring Activities for Persons with Dementia and Caregivers (previously called Tailored Activities Program or TAP)	People living with dementia and caregivers	Program is delivered or supervised by occupational therapists and involves three phases of up to eight 1-hour sessions. Phase I involves assessments to identify preserved capabilities and previous/current interests of persons with dementia and caregiver’s “readiness”; Phase II includes three “activity prescriptions”; and in Phase III, caregivers learn to modify/simplify activities for future cognitive declines.	Original Study: Gitlin, L. N., Winter, L., Burke, J., Chernett, N., Dennis, M. P., & Hauck, W. W. (2008). Tailored activities to manage neuropsychiatric behaviors in persons with dementia and reduce caregiver burden: A randomized pilot study. <i>The American Journal of Geriatric Psychiatry</i> , 16(3), 229–239.	Laura N. Gitlin, PhD Dean and Distinguished University Professor College of Nursing and Health Professions Drexel University E-mail: lng45@drexel.edu https://learn.nursing.jhu.edu/face-to-face/institutes/NewWay-TAP/index.html 		Kentucky Department for Aging and Independent Living; Orange County, NC, Department on Aging


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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Based Interventions (continued)						
New York University Caregiver Intervention (NYUCI)	Caregivers and other family members	Six counseling sessions occur over a period of 4–6 months and address specific challenges that a primary caregiver or family is encountering. The program consists of four components: individual counseling sessions with the primary caregiver, family counseling sessions, encouragement to attend weekly support group sessions, and ongoing ad hoc contact with the counselor to provide additional information and support.	<p><u>Original Study:</u> Mittelman, M. S., Haley, W. E., Clay, O. J., & Roth, D. L. (2006). Improving caregiver wellbeing delays nursing home placement of patients with Alzheimer disease. <i>Neurology</i>, 67(9), 1592–1599.</p> <p><u>Grant Project Publications:</u> Mittelman, M.S. & Bartels, S.J. (2014). Translating research into practice. <i>Health Affairs</i>, 33(4), 587-595.</p> <p>Paone, D. (2014). Using RE-AIM to evaluate implementation of an Walberg, D. Mittelman, M. Paone, D., & Lee, N. (2017). New York</p>	Mary Mittelman, DrPH Research Professor, Department of Psychiatry & Department of Rehabilitation Medicine NYU Langone Health E-mail: mary.mittelman@med.nyu.edu 	California Department of Aging; Florida Department of Elder Affairs; Georgia Department of Aging Services; Minnesota Board on Aging; Utah Department of Human Services, Division of Aging and Adult Services; Wisconsin Department of Health Services (2);	
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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Based Interventions (continued)						
New York University Caregiver Intervention (NYUCI) (continued)			evidence-based program. <i>Journal of Gerontological Social Work</i> , 57(6-7), 602-625.			Jewish Family & Children's Service of the Suncoast, Inc. in Florida; Virginia Department for Aging and Rehabilitative Services
			Walberg, D. Mittelman, M. Paone, D., & Lee, N. (2017). New York			
			University Caregiver Intervention decreases depression and distress. <i>Generations</i> , ACL Supplement, 100-106.			
			Fauth, E.B., Jackson, M.A., Walberg, D., Lee, N.E., Easom, L.R., Alston, G., Ramos, A., Felten, K., LaRue, A., & Mittelman, M. (2017). External validity of the New York University			

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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	Previous Grants
Evidence-Based Interventions (continued)						
New York University Caregiver Intervention (NYUCI) (continued)			Caregiver Intervention: Key caregiver outcomes across multiple demonstration projects. <i>Journal of Applied Gerontology</i> , 38(9), 1253-1281.			
Powerful Tools for Caregivers	Caregivers	A self-care education program for family caregivers to improve self-care behaviors, management of emotions, self-efficacy, and use of community resources. The community-based group program includes six consecutive weekly classes for 90 minutes or 2.5 hours per week with 10-15 participants. The scripted curriculum provides tools that can be individualized to meet the challenges of caregiving in a supportive and	Original Study: Boise, L., Congleton, L., & Shannon, K. (2005). Empowering family caregivers: The Powerful Tools for Caregiving Program. <i>Educational Gerontology</i> , 31, 573-586.	https://www.powerfultoolsforcaregivers.org/ 	Alzheimer's and Dementia Alliance of Wisconsin; Volunteers of America Minnesota/ Wisconsin; Idaho Commission on Aging; Oregon Department of Human Services – Aging and People with Disabilities;	Georgia Department of Human Services, Division on Aging

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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Based Interventions (continued)						
Powerful Tools for Caregivers (continued)		interactive environment. Class participants also receive a copy of the Caregiver Handbook, developed specifically for the program.	-		Rhode Island Division of Elderly Affairs	
Reducing Disability in Alzheimer’s Disease (RDAD)	People living with dementia and caregivers	Training takes place in the home over 12 one-hour sessions and includes the person with dementia and the caregiver as active participants. The person with dementia is guided through a series of exercises while the caregiver observes. The caregiver is also provided with dementia education and instructed in behavior management through problem-solving.	<u>Original Study:</u> Teri, L., Gibbons, L., McCurry, S., Logsdon, R., Buchner, D., & Barlow, W. (2003). Exercise plus behavioral management in patients with Alzheimer disease. <i>JAMA</i> , 290(15), 2015-2022. <u>Grant Project Publications:</u> Teri, L., McKenzie, G., Logsdon, R. (2012). Translation of two evidence-based programs for training	Linda Teri, PhD, Professor, University of Washington School of Nursing E-mail: lteri@uw.edu 	University of Kansas Medical Center Research Institute	Ohio Department of Aging (2)

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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Based Interventions (continued)						
Reducing Disability in Alzheimer's Disease (RDAD) (continued)			families to improve care of persons with dementia. <i>Gerontologist</i> , 52(4), 452-459. Menne, H., Bass, D., Johnson, J., Primetica, B., Kearney, K., & Bollin, S. (2014). Statewide implementation of "reducing disability in Alzheimer's disease": Impact on family caregiver outcomes. <i>Journal of Gerontological Social Work</i> , 57(6-7), 626-639.			

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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Based Interventions (continued)						
Reducing Disability in Alzheimer’s Disease (RDAD) (continued)			Primetica, B., Menne, H.L., Bollin, S., Teri, L., & Molea, M. (2015). Evidence-based program replication: Translational activities, experiences, and challenges. <i>Journal of Applied Gerontology</i> , 34(5), 652-670.			
			Menne, H. L., Bass, D. M., Johnson, J. D., Kearney, K. R., Bollin, S., & Teri, L. (2017). Program components and outcomes of individuals with dementia: Results from the replication of an evidence-based program. <i>Journal of Applied Gerontology</i> , 36(5), 537-552.			

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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Based Interventions (continued)						
REACH II	Caregivers	Caregiver training and counseling are provided over a 6-month period in nine 1.5-hour sessions in the person’s home, three half-hour telephone calls, and five telephone support group sessions. The intervention focuses on five areas linked to caregiver stress: safety, self-care, social support, emotional well-being, and problem behaviors. A risk appraisal is used to determine the areas that need the most attention. Adaptation of the intervention includes RCI REACH.	<u>Original Study:</u> Belle, S. H., et al. (2006). Enhancing the quality of life of dementia caregivers from different ethnic or racial groups: A randomized control trial. <i>Annals of Internal Medicine</i> , 145(10), 727-738. <u>Grant Project Publications:</u> Altpeter, M., Gwyther, L., Kennedy, S., Patterson, T., & Derence, K. (2015). From evidence to practice: Using the RE-AIM framework to adapt REACH II	REACH II https://www12.edc.gsph.pitt.edu/reach2/ RCI REACH http://www.rosalynncarter.org/rci_reach/	Greenville Health System in South Carolina; United Way of Tarrant County, TX; Texas Health and Human Services Commission; Universidad Central del Caribe in Puerto Rico; Nevada Senior Services, Inc. (NSS); Catholic Charities Hawaii	Florida Department of Elder Affairs; Georgia Southwestern State University; North Carolina Division of Aging and Adult Services

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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Based Interventions (continued)						

REACH II
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caregiver intervention to the community.
Dementia, 14(1), 104-113.

Easom, L., Alston, G., & Latini, N. (2017). Implementing evidence-based interventions: The development of RCI REACH. *Generations*. ACL Supplement, 96-99.

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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Based Interventions (continued)						
Savvy Caregiver Program TM	Caregivers	Group workshops are provided to family caregivers at weekly 2-hour sessions over 6 weeks. Session content is designed to train family caregivers in the basic knowledge, skills, and attitudes needed to handle the challenges of caring for a family member with dementia and to be an effective caregiver.	<p><u>Original Study:</u> Hepburn, K., Lewis, M., Tornatore, J., Sherman, C. W., & Bremer, K. L. (2007). The Savvy Caregiver program: The demonstrated effectiveness of a transportable dementia caregiver psychoeducation program. <i>Journal of Gerontological Nursing</i>, 33(3), 30–36.</p> <p><u>Grant Project Publications:</u> Samia, L., Hepburn, K., & Nichols, L. (2012). Flying by the seat of our pants: What dementia family caregivers want in an advanced caregiver training program. <i>Research in Nursing and Health</i>, 35(6), 598-609.</p>	<p>Kenneth W. Hepburn, PhD Office of the Dean, Nell Hodgson Woodruff School of Nursing Emory University E-mail: khepbur@emory.edu </p> <p>Carey Wexler Sherman, PhD Assistant Research Scientist, Survey Research Center University of Michigan Email: careyws@umich.edu </p>	<p>San Francisco Department on Aging; Delaware Department of Health and Social Services; University of Hawaii; Illinois Department on Aging; Lehigh Valley Hospital in Pennsylvania; West Virginia Bureau of Senior Services; Amazing Place in Texas; District of Columbia Department of Aging and Community Living;</p>	<p>California Department of Aging; Maine Office of Aging & Disability Services; Michigan Office of Services to the Aging; Massachusetts Executive Office of Elder Affairs</p>


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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	Previous Grants
Evidence-Based Interventions (continued)						
Savvy Caregiver Program (continued)			Samia, L., Aboueissa, A., Halloran, J., & Hepburn, K. (2014). The Maine Savvy Caregiver project: Translating an evidence-based dementia family caregiver program within the RE-AIM framework. <i>Journal of Gerontological Social Work</i> , 57(6-7), 640-661.		Hawaii Department of Health; Illinois Department on Aging; Ventura County Area Agency on Aging in California; WISE & Healthy Aging in California; ONEgeneration in California;	
			Kally, Z., Cote, S., Gonzalez, J., Villarruel, M., Cherry, D., & Howland, S. (2014). The Savvy Caregiver program: Impact of an evidence-based intervention on the well-being of ethnically diverse caregivers.		The Latino Alzheimer’s and Memory Disorders Alliance in Illinois; Easterseals New Hampshire;	


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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Based Interventions (continued)						
Savvy Caregiver Program (continued)			<i>Journal of Gerontological Social Work</i> , 57(6-7), 681-693.			Jewish Family Service Association of Cleveland; Oregon Department of Human Services – Aging and People with Disabilities
			Sherman, C., Steiner, S. (2016). Implementing sustainable evidence-based interventions in the community: A fidelity-focused training framework for the Savvy Caregiver Program. <i>Journal of Applied Gerontology</i> , 37(12), 1450-1471.			
			Steiner, S., & Sherman, C. (2017). The Savvy Caregiver Program: Effective implementation through Michigan’s aging network. <i>Generations</i> , ACL Supplement, 107-112.			

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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Based Interventions (continued)						
Support Health Activities Resources Education (SHARE)	People living with early-stage dementia and caregivers	Five-session psychoeducational program designed to help families in the early stages of dementia discuss and plan for the later stages of the illness.	<u>Original Study:</u> Whitlatch, C.J., Heid, A.R., Femia, E.E., Orsulic-Jeras, S., Szabo, S., & Zarit, S.H. (2019). The Support, Health, Activities, Resources, and Education program for early stage dementia: Results from a randomized controlled trial. <i>Dementia</i> , 18(6), 2122-2139. <u>Grant Project Publication:</u> Orsulic-Jeras, S., Whitlatch, C.J., Szabo, S.M., Shelton, E.G., & Johnson, J. (2019). The SHARE program for dementia:	https://www.benrose.org/-/share 	Nevada Aging and Disability Services Division; Easterseals New Hampshire; University of Wyoming	Arizona Department of Economic Security

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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Based Interventions (continued)						
Support Health Activities Resources Education (SHARE) (continued)			Implementation of an early-stage dyadic care-planning intervention. <i>Dementia</i> , 18(1): 360-370.			
Skills2Care®	Caregivers	A home-based environmental intervention designed to help family caregivers of persons with dementia modify their living space to be a more supportive environment. There are two versions of this training: one includes up to eight in-home sessions over a period of 4 months; the other consists of five 90-minute in-home sessions and one 30-minute phone session over a period of 6 months. Based on assessments and	<u>Original Study:</u> Gitlin, L. N., Winter, L., Corcoran, M., Dennis, M., Schinfeld, S., & Hauck, W. (2003). Effects of the Home Environmental Skill-Building Program on the caregiver-care recipient dyad: 6-month outcomes from the Philadelphia REACH Initiative. <i>Gerontologist</i> , 43(4), 532–546.	Catherine Piersol, PhD, OTR/L, FAOTA Director, Jefferson Elder Care & Associate Professor, Department of Occupational Therapy Thomas Jefferson University Email: catherine.v.piersol@jefferson.edu 	Nevada Senior Services, Inc. (NSS); LiveWell Alliance, Inc. in Connecticut	New Jersey Department of Health and Senior Services


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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Based Interventions (continued)						
Skills2Care® (continued)		prioritization of caregiver-identified concerns, occupational therapists tailor disease education, instruction in problem solving, and implementation of strategies.	-	https://www.jefferson.edu/university/rehabilitation-sciences/jefferson-elder-care/professional-training.html		
STAR-Caregivers (STAR-C)	Caregivers	A behavioral intervention delivered over a 6-month period. Community clinicians meet with family caregivers in the home once a week for 8 weeks for about an hour. After the in-home meetings, the consultant follows up with the caregiver through 4 monthly telephone calls.	<u>Original Study:</u> Teri, L., McCurry, S., Logsdon, R., & Gibbons, L. (2005). Training community consultants to help family members improve dementia care: A randomized controlled trial. <i>The Gerontologist</i> , 45(6), 802-811.	Linda Teri, PhD, Professor, University of Washington School of Nursing E-mail: lteri@uw.edu	Full Life Care in Washington; Oregon Department of Human Services – Aging and People with Disabilities	Oregon State Unit on Aging; Washington Department of Social and Health Services


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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Based Interventions (continued)						
STAR-Caregivers (STAR-C) (continued)		Treatment components include general education about Alzheimer’s disease, practice using the Antecedent-Behavior-Consequence model to reduce behavior problems in dementia, communication skills, relationship between mood and pleasant events, and caregiver support.	<u>Grant Project Publication:</u> Teri, L., McKenzie, G., Logsdon, R., McCurry, S., Bollin, S., Mead, J., & Menne, H. (2012). Translation of two evidence-based programs for training families to improve care of persons with dementia. <i>The Gerontologist</i> , 52(4), 452–459.			

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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	Previous Grants
						Current Grants
Evidence-Based Interventions (continued)						
Stress-busting Program for Caregivers™	Caregivers	Program provides caregivers with education, stress management, problem solving and support, including strategies on how to care for themselves while caring for a loved one with dementia. The program consists of 90-minute sessions that occur once a week for 9 weeks. The program is conducted in a small group setting with two group facilitators. Participants are provided a handbook covering class material, a meditation CD, and a relaxation strategies DVD.	Original Study: Lewis, S. L., Miner-Williams, D., & Novian, A. (2009). A stress-busting program for family caregivers. <i>Rehabilitation Nursing</i> , 34(4), 151-159.	http://www.caregiverstressbusters.org/ 	United Way of Tarrant County, TX; Texas Health and Human Services Commission; Illinois Department on Aging	

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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Based Interventions (continued)						
Tailored Caregiver Assessment and Referral (TCARE)™	Caregivers	A care management protocol that is designed to support family members who are providing care to adults, of any age, with chronic or acute health conditions. The care manager uses a 6-step process to assess the needs of family caregivers, provide referrals to services, and create a care plan for families. A computer-assisted version of the protocol is available for care managers to use.	Original Study: Montgomery, R., Kwak, J., Kosloski, K., & O’Connell Valuch, K. (2011). Effects of the TCARE intervention on caregiver burden and depressive symptoms: Preliminary findings from a randomized controlled study. <i>Journals of Gerontology, Series B: Psychological Sciences and Social Sciences</i> , 66(5), 640–647.	https://www.tailoredcare.com/product/ 	University of Wyoming; Alaska Department of Health and Social Services	Georgia Division of Aging Services; Washington Aging and Disability Services Administration
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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	Previous Grants
Current Grants						
Evidence-Informed Interventions						
Care Ecosystem	People living with dementia and caregivers	Proactive, phone-based model that emphasizes coordinated, continuous, and personalized care and aims to improve health and satisfaction for people with dementia and their caregivers. The Care Team Navigator is an unlicensed, trained dementia care guide who serves as the patient and caregiver’s primary point of contact. Contact frequency is scaled based on each patient and caregiver’s needs and preferences but is typically monthly.	Original Study: Possin, K.L., Merrilees, J., Bonasera, S.J., et al. (2017). Development of an adaptive, personalized, and scalable dementia care program: Early findings from the Care Ecosystem. <i>PLoS Med</i> , 14(3), e1002260.	https://memory.ucsf.edu/research/trials/professional/care-ecosystem	University of California, San Francisco; Southeast Tennessee Development District/Area Agency on Aging and Disability	



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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Informed Interventions (continued)						
Care Partners Reaching Out (CarePRO)	Caregivers	Based on the Coping with Caregiving intervention, the CarePRO program combines a series of 5 group sessions with alternating weeks of 5 individual coach calls to each group participant. The program draws on cognitive behavioral intervention strategies and self-care techniques to help reduce negative affect, increase positive mood, enhance coping, and empower family caregivers.	<u>Grant Project Publication:</u> Coon, D.W., Besst, D.A., Doucet, J.S., Chavez, A., et al. (2016). CarePRO: Embedding an evidence-based intervention for caregiver empowerment. <i>Arizona Geriatrics Society</i> , 22(2), 9-13.	David Coon, PhD Associate Dean of Research Initiatives College of Nursing and Health Innovation Arizona State University Email: David.W.Coon@asu.edu 	Arizona State University; University of Wyoming	

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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Informed Interventions (continued)						
Cuidando con Respeto	Caregivers	Culturally relevant and reproducible psychoeducational program for Spanish-speaking caregivers of family members with dementia. Training components include bilingual video vignettes, learning games, small group discussions, and simulated exercises. The goals of Cuidando are to (1) teach caregivers to understand the disease and its stages; (2) equip them with practical skills and strategies for managing difficult behaviors; (3) help family members learn to take care of themselves and their loved one; and (4) allow caregivers to share	Original Study: Oakes, S., Hepburn, K., Ross, J., Talamantes, M., & Espino, D. (2007). Reaching the heart of the caregiver. <i>Clinical Gerontologist</i> , 30(2), 37-49.		California Department of Aging; United Community Center, Inc. in Wisconsin	


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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Informed Interventions (continued)						
Cuidando con Respeto (continued)		their personal stories, affirm their experiences, offer support, and provide dementia-related resources.				
Dealing with Dementia	Family and professional caregivers	The program focuses on the behavioral component of the REACH II program. Using a train-the-trainer approach, family and professional caregivers attend a 4-hour workshop where they learn strategies and best practices for effectively managing problem behaviors and handling caregiver stress and burnout. Participants also receive a Dealing with Dementia guide that contains over 300 pages of information and solutions to problems caregivers face every day.		http://www.rosalynncarter.org/programs/dealing-with-dementia/  Gayle Alston Director: RCI Training Center for Excellence Dealing with Dementia Program Manager Rosalynn Carter Institute for Caregiving Email: Gayle.Alston@gsu.edu 	Rosalynn Carter Institute for Caregiving in Georgia	


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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Informed Interventions (continued)						
Early-stage Partners in Care (EPIC)	People living with dementia and caregivers	Group dyadic intervention supports persons with early-stage dementia and their family care partners by providing education and training workshops aimed at reducing stress, enhancing well-being, and helping manage challenges. Dyads meet with other care dyads as a group and with their peers separately. There is also one in-home session for each dyad that is conducted by one of the EPIC group leaders.		David Coon, PhD Associate Dean & Professor, College of Nursing and Health Innovation, Arizona State University Email: david.w.coon@asu.edu 	Arizona State University	Arizona Department of Economic Security


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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Informed Interventions (continued)						
IDEA!	Caregivers	A simple three-step strategy designed to assist caregivers with understanding a specific behavior with individualized approaches for addressing it. Includes (1) identifying the challenging behavior; (2) understanding the cause of the behavior; and (3) adjusting and trying different things to address the cause of the behavior.		Debra Cherry, PhD Executive Vice President, Alzheimer's Greater Los Angeles 323.930.6225 E-mail: dcherry@alzla.org 	Alzheimer's Orange County in California; WISE & Healthy Aging in California	Alzheimer's Greater Los Angeles; Alzheimer's San Diego

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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Informed Interventions (continued)						
Music and Memory®	People living with dementia	Using instructions, the caregiver prepares a playlist of the person with dementia’s favorite music. Sample questions help the caregiver prompt the person with dementia to recall favorite music; if the person with dementia is not able to assist, other friends or family may help identify preferred music. The instructions include specific steps in downloading tunes (including copyright cautions), costs involved, and creating playlists using iPods. The protocol includes playing music up to several times each day, and weekly at a minimum, indefinitely.	<u>Original Study:</u> Williams, A., Peckham, A., Rudoler, D., Tam, T., & Watkins, J. (2014). <i>Evaluation of the Alzheimer Society of Toronto iPod project: Final report</i> . Balance of Care (BoC) Research & Evaluation Group.	https://musicandmemory.org/ 	Jewish Family Service of San Diego; Illinois Department on Aging; MaineHealth	Ohio Department on Aging; Wisconsin Department of Health Services; Seven Hills Rhode Island, Inc.

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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Informed Interventions (continued)						
Opening Minds through Arts	People living with dementia	Intergenerational art program for persons with dementia where they are paired to work one on one to create art with the support of trained volunteers. Includes 1-hour weekly art-making sessions for approximately 12 weeks.	Original Study: Sauer, P.E., Fopma-Loy, J., Kinney, J.M., & Lokon, E. (2016). “It makes me feel like myself”: Person-centered versus traditional visual arts activities for people with dementia. <i>Dementia</i> , 15(5), 895-912.	https://www.scrippsoma.org/ 	Illinois Department on Aging	


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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	Previous Grants
Current Grants						
Evidence-Informed Interventions (continued)						
REACH Community (also available as REACH VA for individuals receiving care through the Veterans Administration)	Caregivers	REACH Community/REACH VA, a translation of REACH II, helps caregivers of persons with dementia manage patient behavioral concerns and their own stress. The intervention has four core sessions over 2 to 3 months, with the option for additional sessions. It is targeted through a Risk Priority Assessment to meet the needs of the caregiving dyad with practical personalized strategies from a Caregiver Notebook with 30 behavioral management topics and 18 caregiver	Original Study: Nichols, L., Martindale-Adams, J., Burns, R., Zuber, J., Graney, M.J. (2016). REACH VA: Moving from translation to system implementation. Gerontologist, 56(1), 135-144.	Jennifer Martindale-Adams, EdD Associate Professor Co-Director, UTHSC Caregiver Center Email: jmartindale@uthsc.edu Linda Olivia Nichols, PhD Co-Director, Caregiver Center Veterans Affairs Medical Center	Volunteers of America Minnesota/ Wisconsin (VOAMN/WI)	Minnesota Board on Aging

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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Informed Interventions (continued)						
REACH Community (also available as REACH VA for individuals receiving care through the Veterans Administration) (continued)		stress and coping topics, written at a fifth-grade level. A Program Coach manual includes protocols, scripts, and talking points.	-	Professor and Department of Preventive Medicine University of Tennessee Health Science Center E-mail: linda.nichols@va.gov https://www.uthsc.edu/preventive-medicine/mcc.php 		


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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Informed Interventions (continued)						
Savvy Caregiver Advanced	Caregivers	Program designed for previously trained caregivers to refine their problem-solving and planning skills and enhance their sense of self-efficacy as dementia progresses for the care recipient. The program is delivered in four 2-hour weekly sessions. Caregivers must have completed Savvy Caregiver prior to the start of this program.	<u>Original Study:</u> Samia, L., O’Sullivan, A., Fallon, K.C., Aboueissa, A., & Hepburn, K. (2018). Building on self-efficacy for experienced family caregivers: The Savvy Advanced Program. <i>Gerontologist</i> , doi: 10.1093/geront/gny016.	Ann O’Sullivan, OTR/L, LSW, FAOTA Independent Consultant/ Lead Trainer Scarborough, ME Email: annotr@yahoo.com 	Capital Region Geriatric Center, Eddy Alzheimer’s Services in New York	Southern Maine Agency on Aging


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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Informed Interventions (continued)						
Savvy Caregiver Express	Caregivers	A condensed version of the original Savvy Caregiver Program, the Savvy Caregiver Express focuses on training family caregivers about the basic knowledge, skills, and attitudes needed to handle the challenges of caring for a family member with Alzheimer’s disease and to be an effective caregiver. Group workshops are held weekly over a 3-week period.		Debra Cherry, PhD Executive Vice President, Alzheimer’s Greater Los Angeles 323.930.6225 E-mail: dcherry@alzla.org	WISE & Healthy Aging in California	California Department of Aging

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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Informed Interventions (continued)						
Tele-Savvy	Caregivers	The intervention is based on Savvy Caregiver. It is an intervention that uses telehealth methods (tablet and computer technology and online conferencing) to provide daily self-learning modules and weekly group meetings with program facilitators.		Kenneth W. Hepburn, PhD Office of the Dean, Nell Hodgson Woodruff School of Nursing Emory University E-mail: khepbur@emory.edu 	Easterseals New Hampshire	

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Evidence-Based or Evidence-Informed Intervention	Target Population	Description of Intervention	Background Publications	Contact Information to Access Intervention Materials	ADSSP, ADI-SSS, and ADPI Grants Implementing the Intervention	
					Current Grants	Previous Grants
Evidence-Informed Interventions (continued)						
TimeSlips™	People living with dementia	Structured weekly group meetings for 10 weeks, led by trained facilitators, to encourage persons with dementia to use creativity and imagination to create a story that can be shared with fellow participants and family members.	<u>Original Study:</u> Fritsch, T., Kwak, J., Grant, S., Lang, J., Montgomery, R., & Basting, A. (2009). Impact of TimeSlips, a creative expression intervention program, on nursing home residents with dementia and their caregivers. <i>Gerontologist</i> , 49(1), 117-127	http://www.timeslips.org/ 	Massachusetts Councils on Aging; ONEgeneration in California	