

## APPENDIX B

# BASIC PSYCHOSOCIAL INTERVENTION IN DEMENTIA

*Delivered by:* A licensed clinician, such as a primary care or specialist physician, psychologist, nurse or social worker.

*Delivered to:* The primary caregiver of the person with dementia; it is intended to help both the patient with dementia and the caregiver.

*When:* After the initial diagnosis is confirmed and at regular intervals thereafter. Follow-ups twice a year are recommended.

This Psychosocial Intervention is targeted at the primary caregiver of a person with dementia and consists of *caregiver counseling, caregiver education, and 24-hour availability for crisis intervention*. It is anchored on in-person visits between the primary caregiver and the clinician. Every effort should be made to have the same person deliver the intervention with the same caregiver.

### PROCEDURE\*

#### First Visit (Up to about 30 Minutes)

1. *Explain the purpose of the intervention:*
  - To improve the day-to-day quality of life of Mr./Ms. X (the person with dementia).

*\*Comment:* It is recognized that not all caregivers need detailed counseling at every visit and that many refuse to be counseled at specific time points. Such refusals should be honored. All caregivers should be offered the educational materials and information about the clinical team's 24-hour availability. As well, follow up visits may be brief. This too is appropriate. It is left to the clinician to determine the exact length of each counseling session. If caregivers require more support or counseling than can be provided during these sessions, they should be referred to the appropriate resources in the area, as usual care would dictate.

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- To improve the caregiver's ability to care for the patient.
  - To help sustain the caregiver in her or his difficult task.
2. *Provide information in writing* on how to reach the care team on a 24-hour/7-day basis to deal with crises.
  3. *Provide and discuss caregiver educational materials*: for example, the book *The 36-hour Day* (Johns Hopkins Press: Baltimore) or the Dementia Care Guidelines for Families (Appendix A).
  4. *Review systematically* the Supportive Care Checklist (Appendix C) first for the patient and then for the caregiver. Record the elements of the plan on the checklist.
  5. *Document* the duration of the intervention and the topics covered, and place the completed checklists in the chart.

### Following Visits

1. At each session the clinician will review and update the supportive care plan using the Supportive Care Checklists, provide educational materials as needed, work on caregiving skills, and make any necessary referrals (e.g., P.T., support groups, home health care).
2. Discuss a special topic as follows: Choose a care problem (or issue) to focus on during this visit. Begin by asking: "What is the biggest care problem you are having right now?" You might also focus the discussion on one of the Dementia Care Guidelines for Families, parts of the Supportive Care Checklists, or the recent history that the caregiver provided. Discuss this topic in depth with the caregiver with an eye to teaching caregiving skills and problem-solving strategies. Tailor the discussion to the caregiver's level of sophistication.
3. Document as on a first visit.