

Effective Strategies Program Manual

A person-centered educational program to help individuals with memory loss maintain independence

A replication manual based on Virginia's Dementia Specialized Supportive Services Project

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Introduction

History

The **Effective Strategies Program** (ESP) is an 18 session program for people with mild cognitive impairment (MCI) or early dementia. The program was developed by Drs. Carol A. Manning and Scott A. Sperling at the University of Virginia's Memory and Aging Care Clinic. ESP was modeled after a successful program at the Fondation Sainte Marie in Paris, France. The overarching goals of the program are to provide people with early memory and cognitive deficits education about memory loss and dementia, emotional support, and evidence-based tools to sustain a high quality of life and functional independence. ESP was developed to be a flexible program that can be adapted to meet the needs of people living with memory impairments in diverse geographic, cultural, and socioeconomic settings.

Partner Organizations

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Structure and Format

The Effective Strategies Program (ESP) is an 18 session program, with sessions held twice weekly over nine consecutive weeks, for community dwelling people living with mild cognitive impairment (MCI) or early dementia. Although people with more severe memory deficits can participate in the program, successful implementation in people with moderate to advanced memory deficits requires careful planning and significant adaptations to the program goals, session objectives, content, and style of presentation.

Each session is facilitated by at least two group leaders. It is strongly recommended that one person, preferably a psychologist, social worker, or other clinician with experience and skills facilitating groups, attend and facilitate all 18 sessions. This allows for greater continuity across sessions. The second leader should possess expertise in the specific topic being discussed during that session (e.g., cognitive aging and dementia, physical exercise, speech and language impairments, etc.) The second leader may be different across sessions based on expertise required for that particular session.

Each session lasts for a total of 90 minutes. The first 60 minutes of each session consists of an interactive educational discussion, led by an expert in aging, dementia, and/or the specific topic being discussed. The leader of the session is responsible for disseminating information and facilitating a cohesive discussion in line with the objectives of that particular session. However, it is also understood that each group of participants will have different needs, goals, and characteristics, and as such, the leader should take a degree of discretion in allowing for productive group discussion to drive topic relevant learning.

Immediately following the interactive educational discussion, the leaders and participants share light snacks and drinks over a 30-minute period. This time is a critical component of the program, as it allows participants direct and more personable engagement with experts. This allows participants to ask questions that they may have

felt uncomfortable sharing with the larger group. It also provides leaders the opportunity to interact with participants in a more naturalistic setting and learn more about participants' lives. Importantly, this time is vital to strengthening group cohesion, which can have a positive impact for participants both within and outside the group setting.

Planning

It is imperative that program leaders conduct advance planning before attempting to deliver the program. Many pitfalls can be avoided if program leaders establish a solid working relationship with key stakeholders in the institution or community organization where they intend to run the program. A productive partnership will allow for designated space and time to run the program, identification and recruitment of participants, and assistance with assuring that participants maintain participation across all sessions.

It is important to identify topic experts and prospective session leaders before the program starts, and to confirm their commitment to leading a session(s) on specific dates and times. It is recommended that program leaders hold a planning session with all committed session leaders prior to the start of the program, thereby allowing for all parties to share information and develop a firm understanding of the program and their responsibilities.

Holding similar sessions at the mid-way point (after session 9) and again after the program is over is also recommended in order to facilitate communication about the unique strengths and challenges of each group. This is particularly important if program leaders intend on running additional programs with the same session leaders, as this allows shared experiences to be more effectively translated into improved program delivery.

Delivering the Effective Strategies Program

Facilitator Supply List

Items that the facilitator is in charge of:

Materials needed throughout the program:

- Master Binder containing handouts for each individual session
- Attendance list to track participants
- Contact info for both presenters and participants
- Contact info for the location where the program is being held
- Access to the facility (is a key needed? Or a code?)
- What is the parking like?

Materials needed for each session:

- Large easel pad or white board to write down participant responses during presentation
- Pens/Markers
- Name Tags
- Binders
- Snacks if available for social time

Other considerations

- Facilitators may need to regularly call and remind some participants about the session
- Do facilitators need to help participants coordinate transportation?
- Provide presenters with specific instructions (address of location, parking, key?)

Session By Session Guide

This section of the manual offers a guide for each session including presenter information, purpose of the session, materials needed, desired outcomes and session content. Handouts are presented with the session guide.

Participants are encouraged to provide feedback for each session; the form is in the *Materials* section.

Fidelity checklists for each session are also available in the *Materials* section.

The order of sessions is somewhat flexible. The table below has a recommended structure; sessions in italics can be moved around as needed. The guide will present the sessions as numbered below.

Session	Topic	Session	Topic
Session 1	Introduction and program description	Session 10	Speech Therapy I
Session 2	Introduction to Memory	Session 11	<i>Emotions and Memory</i>
Session 3	<i>Managing Health and Medications</i>	Session 12	Speech Therapy II
Session 4	Exercise and Cognitive Health I	Session 13	<i>Music and Memory</i>
Session 5	<i>Art and Memory</i>	Session 14	Speech Therapy III
Session 6	Exercise and Cognitive Health II	Session 15	<i>Future Planning</i>
Session 7	<i>Planning the Group Outing*</i>	Session 16	Exercise and Cognitive Health III
Session 8	<i>Sleep</i>	Session 17	<i>Keeping Safe Financially</i>
Session 9	<i>Group Outing*</i>	Session 18	Graduation

* *Planning the Group Outing* and *Group Outing* sessions should be a week apart.

Session 1

Introduction to the Effective Strategies Program

Presenter

The presenter should be whoever is responsible for the program, more specifically someone with experience in brain functioning and aging such as a neuropsychologist.

Purpose

The purpose this session is to orient participants to the program, establish a purpose for having the group and develop goals. A primary aim would be for participants to have an understanding of the structure and requirements of participation in the program. Another aim is to introduce the participants to each other, the presenters, and the facilitator.

Materials and Handouts

- Session Outline (*optional*)

Desired Outcomes

1. To understand the purpose and goals of participation in the program.
2. To understand the expectations of participation.
3. For participants to gain familiarity with each other.

Session Content

Icebreaker

Presenter asks the group to tell everyone one fun fact about themselves (presenter and facilitator also participate).

Session Outline

1. Presenter asks the group to share information about themselves
 - a. Name

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- b. A brief synopsis about who you are
 - c. Why you are participating
 - d. A fun fact about yourself
2. Review the expectations of group participation
 - a. Privacy and confidentiality
 - b. Maintaining a safe space for all participants
 3. Describe the origins of the program
 - a. The program was developed at the University of Virginia modelled after a program Dr. Carol Manning observed in France
 - b. The University of Virginia conducted this group in a variety of settings: continuum of care facilities, senior centers, and community affordable housing
 4. Describe the program
 - a. Give a general overview of upcoming sessions
 - b. Explain the purpose of the notebooks
 - c. Discuss the importance of participation in social time
 - i. It is an informal time for participants and presenters to spend together during which participants have time to ask questions of professionals they would not normally have time to ask
 - ii. Participants get to spend time with professionals in a one on one setting
 5. Ask the group to announce other people's fun facts from the beginning of the session – making sure everyone's fun facts are recalled

Lesson Learned

In our experience this material takes the full hour to get through if participants are engaged and open to sharing. However, if you do wind up with extra time before moving into the socialization period, the presenter may lead a brief discussion on memory and why it is important (this will be covered in later sessions so no need to go into much detail).

Social Time

Facilitator sets up snacks, and encourages and supports a 30 minute socialization period among the participants. This time allows the presenter the opportunity to interact more informally with the participants.

Session 2

Introduction to Memory

Presenter

This session should be led by a medical professional with knowledge of memory such as a neuropsychologist.

Purpose

The purpose of this session is to provide information on the basics of memory to the participants. The presenter will discuss the different types of memory, as well as the different stages of forming memories. Lastly, the presenter will facilitate a discussion with participants on the “friends of memory” as well as the “enemies of memory”.

Materials and Handouts

- Memory Handout

Desired Outcomes

1. Participants will have an understanding of the steps of making memories (encoding/storage/retrieval)
2. Participants will understand the different types of memory
3. Participants will be able to identify:
 - a. Friends of memory
 - b. Enemies of memory

Session Content

Icebreaker

Facilitator will prompt participants to share one “fun fact” that they recall about a fellow participant from the previous session.

Session Outline

1. Going to talk about memory - (use whiteboard throughout)
 - a. Why is Memory important?
 - i. Makes us who we are....
 - b. What kinds of memory are there?
 - i. Memory for events (episodic)
 - ii. Knowledge (e.g., words) (declarative)
 - iii. How to memory (procedural)
2. Different types of memory – how memory works;
 - a. Learning - Integrate information from the outside world.
 - b. Storing information – want to store it as long as possible
 - c. Recalling or retrieving information



3. What is normal memory with aging?
 - a. Some changes are normal – irritating but normal
 - b. Difficulty remembering names
 - c. Tip of the tongue phenomenon but the information comes back later
4. Talk about things that are easy to remember – participants list
 - a. Share Important events from childhood – isn't it easy to remember them
 - b. Tell us something that you do every day that you have no problem remembering to do
 - c. Name some other things that are easy to remember
5. Talk about things that are harder to remember
 - a. Where did I put my keys, park my car, appointments
 - b. Names, whether or not I already asked a question
 - c. Things that don't happen frequently or aren't important
 - d. Things that happen when too much is going on – under stress

6. Enemies of Memory
 - a. Stress
 - b. Selective attention
 - c. Depression
 - d. Lack of sleep
 - e. Poor nutrition
 - f. Some medications
 - g. Alcohol
 - h. Interruptions/ too much going on
 7. Friends of Memory
 - a. Good motivation
 - i. "I remember things I am interested in"
 - ii. I remember things that make sense to me or things that I understand
 - b. Ritual
 - i. Habits
 - ii. Familiarity
 - c. Repetition of information
 - d. Attention and concentration on one thing at a time
 - e. Using all of my senses (vision, hearing, touch, taste, smell)
 - f. Physical activity
 - g. Staying cognitively active
 - h. Using memory aides (notebooks, calendars)
 8. Dementia – umbrella term, not specific
 - a. Alzheimer's disease (AD)
 - i. Most common (60-80% of all dementia caused by AD)
 - ii. Symptoms – discuss warning signs
 - iii. Risk factors – age, apoe4 gene, family history, gender
 - b. Vascular dementia
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- i. Second most common
 - ii. Vascular risk factors – high blood pressure, high cholesterol, obesity, smoking, diabetes, history of stroke
9. What you can do about it.
 - a. Exercise
 - b. Healthy diet
 - c. Cognitive engagement
10. Wrap – up
 - a. Review main points

Social Time

Facilitator sets up snacks, and encourages and supports a 30 minute socialization period among the participants. This time allows the presenter the opportunity to interact more informally with the participants.

Session 3

Managing Health and Medications

Presenter

It is recommended that this session is led by a prescribing clinician or someone with experience with medication management in the geriatric population. For this session, a nurse practitioner from the neurology clinic was the presenter.

Purpose

The purpose of this session is to provide general information about cognitive health and the ways in which it can be impacted by medications and other comorbidities. A primary aim of this session is to encourage and empower participants to take a more active role in their care by reviewing their medications with their healthcare providers. Supporting the use of strategies to promote adherence to their prescribed treatment plans is important for optimizing overall health and preventing unnecessary hospitalizations and emergency room visits. Using a person-centered approach to educate participants on the importance of medication and healthcare management is crucial to maintaining their independence.

Materials and Handouts

- Memory medication handout
- Sample pillbox

Desired Outcomes

1. Educate participants about all currently approved memory medications
2. Participants able to identify strategies to optimize their medication adherence
3. Promote self-advocacy with their own healthcare providers

Session Content

Icebreaker

Facilitator begins session by asking participants to share one thing they recall and/or learned from previous session (no more than 5 minutes). Facilitator then introduces the session presenter, and continues taking notes on large easel pad throughout session.

Session Outline

1. Presenter describes their role/experience with regards to managing memory medications in the setting of multiple comorbidities

Remind participants that the content discussed during this session is for informational purposes only, and if they have any specific questions regarding their own medication regimen that these should be discussed with their health care team.

2. Ask the group what they know about treatments for memory and cognitive impairment.

Facilitator to record responses on large note pad or board so they are clearly visible to all participants

3. Provide group with handout that includes a list of approved memory medications, dosages, and potential side effects
4. Elaborate on when the available medications are indicated and common misconceptions regarding their use (i.e., taking Namenda is not indicated for mild dementia)
5. Presenter asks the group to share their knowledge of memory health supplements, and provides education on safety precautions regarding the use of over the counter supplement use. Explain to participants the importance of disclosing any supplement usage to providers, just as they would a prescription medication.
6. Discussion regarding medications that are potentially detrimental to memory or cognition.

7. Generate awareness that some sleep aids, such as medications that contain diphenhydramine (Benadryl, Tylenol PM), can contribute to memory dysfunction. Encourage participants to talk to their primary care physicians if sleep is a problem for them so they can be provided with the appropriate therapy.
8. Presenter asks group for feedback on how they manage their individual medications and how they remember to take them consistently. Facilitator takes note on participant responses.

Strategies for prompting discussion among participants include:

- Display sample pill box (to be passed around)
 - Establishing a routine for refilling pill box
 - Setting an alarm
 - Simplify medication schedule
 - Utilize a check list/calendar
 - Storing medications in a consistent & visible location
 - Asking the pharmacy or trusted family member/friend to fill a pill box for them
9. At this time participants are encouraged to ask questions about their medications *with the reminder that any specific questions or concerns need to be directed towards their health care team.*

Social Time

Facilitator sets up snacks, and encourages and supports a 30 minute socialization period among the participants. This time allows the presenter the opportunity to interact more informally with the participants.

Session 4

Exercise and Cognitive Health I

Presenter

This session should be led by a physical therapist, ideally someone with experience working with the geriatric population.

Purpose

The purpose of this session is to encourage participants to take a more active role in their physical health and to provide education on physical activities impact on healthy aging.

Materials and Handouts

- Exercise tracker sheet
- Any other reference materials

Desired Outcomes

1. Participants will know the difference between aerobic and anaerobic exercise.
2. Participants will know how to do exercises safely at home without the need for special equipment.
3. Participants will increase the frequency and intensity of their exercise regime (“Just do more.”)

Session Content

Icebreaker

Facilitator begins session by asking participants to share one thing they recall and/or learned from previous session (no more than 5 minutes). Facilitator then introduces the session presenter, and continues taking notes on easel pad throughout session.

Introduction

Presenter describes the role of a physical therapist in a healthcare team, and their experience working with the geriatric population.

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Session Outline

1. Presenter will go around the room and ask each participant to share what their experience with exercise is (are they regular exercisers? Former athletes? Daily walkers?).

Facilitator writes responses on whiteboard/easel pad while participants speak.

2. Presenter provides education on different types of exercise, as well as recommended intensity and frequency.
 - a. Ask participants what the difference is between aerobic and anaerobic exercise?
 - b. Explain how to know if you are physically exerting yourself enough: Participants should be able to talk during exercise, but not sing.
 - c. To receive full benefits of exercise, your heart rate should be increased for at least 30 minutes and you should be sweating
3. Presenter discusses the value of exercise
 - Improves cardiovascular health and functional reserve
 - Improve Strength
 - Improve Balance
 - Improve walking ability
 - Decrease depression
 - Reduce sleep difficulties
 - Improve memory cognition
 - Reduce risk and fear of falling
4. Presenter discusses primary components of an exercise program & facilitates exercise test for participants to determine individual baseline. Modifications for safety provided.
 - a. Muscle endurance

Presenter demonstrates daily stretches of heel cords and hamstrings
 - b. Muscle strength
 - i. Legs twice a week

- ii. Presenter demonstrates timed chair raise for 30 seconds
- c. Cardiovascular Endurance
 - i. Walking (3-4 days a week): Current recommendation is 5,000 steps per day, or 30 minutes of sustained physical activity per day.
 - ii. Track steps or time walking: Discussion of available strategies to track your exercise (i.e pedometers, charts, fitbits)
 - iii. Presenter provides participants with a **handout** to track their exercise

Social Time

Facilitator sets up snacks, and encourages and supports a 30 minute socialization period among the participants. This time allows the presenter the opportunity to interact more informally with the participants.

Session 5

Art and Memory

Presenter

It is recommended that this session is led by an Art Therapist or Activities Director with experience in exploring art and utilizing creative techniques with older adults. For this session, an Art Therapist was the presenter.

Purpose

The purpose of this session is to provide participants with knowledge about how creativity can increase with age and how experiencing art can impact cognition. A primary aim of this session is to encourage and empower participants to spend more time exploring creativity for overall cognitive health and mood improvement.

Materials and Handouts

Art supplies as indicated for the chosen art activity, possible suggestions include:

- Paint & brushes
- Canvas
- Adult coloring books and markers
- More tactile projects (ie glue, yarn, leaves/flowers)

Desired Outcomes

1. Educate participants about how the experience of art affects the brain and cognition.
2. Provide participants with an opportunity to delve into their own creativity and express themselves and their feelings via creating art regardless of their language abilities.

Session Content

Icebreaker

Facilitator begins the session by asking participants to share one thing they recall and/or learned from the previous session (no more than 5 minutes). Facilitator then introduces the session presenter, takes notes, and participates in art activities as necessary.

Introduction

Presenter describes their experience with leading art therapy sessions with older adults experiencing cognitive difficulties.

Session Outline

1. Ask the group about their personal experience with art (ie does anyone paint, draw, knit, etc.)
2. Presenter provides group with interesting facts about art and how it can affect the brain:
 - a. Looking at a piece of art lights up various parts of the brain
 - b. Viewing art can also have an impact on mood and emotional state
3. Inform the participants that creativity can increase with age as people have had more life experiences to draw from
4. Engage participants in an art activity chosen by the presenter. Remind them that there are no mistakes and to relax and enjoy the process, regardless of what the final product is.
5. Display and discuss participant creations.
 - a. Ask about what inspired their art?
 - b. Why they chose particular colors or textures?
 - c. What were they feeling or thinking about as they created their project?
6. Encourage participants to continue creating art on their own time

Social Time

Facilitator sets up snacks, and encourages and supports a 30 minute socialization period among the participants. This time allows the presenter the opportunity to interact more informally with the participants.

Session 6

Exercise and Cognitive Health II

Presenter

This session should be led by a physical therapist, ideally someone with experience working with the geriatric population.

Purpose

The purpose of this session is to help participants identify challenges they're experiencing in maintaining or beginning an exercise routine and to provide information on commercially available exercise devices that can ensure their success.

Materials and Handouts

- Sample pedometer

Desired Outcomes

1. Participants will recognize their own barriers to a consistent exercise routine and will be able to troubleshoot and problem-solve these challenges in order to reach their exercise goals.
2. Participants will know about available assistive exercise devices and trackers, such as pedometers and Fitbits, and will know how and where to buy them.
3. Participants will understand the potential value of these trackers and will develop a plan to integrate them into their exercise goals.

Session Content

Icebreaker

Facilitator begins session by asking participants to share one thing they recall and/or learned from previous session (no more than 5 minutes). Facilitator then re-introduces the session presenter, and continues taking notes on large easel pad throughout session.

Introduction

Presenter can reiterate the role of a physical therapist in their healthcare team.

Session Outline

1. Presenter should go around the room and ask each participant to share what their exercise routine has been since Exercise Session 1.
 - a. What have you changed about your exercise routine?
 - b. Have you increased the frequency and/or intensity of your exercise?
 - c. What are you using to track your exercise, if anything?
2. Ask the group for examples of barriers to exercising. Facilitator (or presenter) should write down all responses on the easel or note pad. For example:
 - a. Low energy
 - b. Pain (knee, back, foot, etc)
 - c. Lack of time
 - d. Lack of equipment or unsure how to use available equipment
3. Presenter should go through each item on the list with the group and encourage participants to brainstorm potential solutions to each barrier.

Examples:

- a. **Pain:** consider modified exercises or another form of exercise that is less taxing on joints, such as swimming or using an elliptical machine
 - b. **Lack of time:** schedule your exercise and treat it as an appointment that you can't miss, add exercise times to your calendar
 - c. **Lack of equipment:** encourage walks, chair sits, or other exercises you can do without equipment
4. Ask the group to share what their experience is with assistive exercise devices and trackers.
 - a. Does anyone use an exercise device or tracker, such as a pedometer, Fitbit, Apple watch?

- b. For those that use one, ask them to share their experience with that particular device. Does it help keep them motivated? Is it easy to use? Do they remember to use it?
 - c. Presenter can explain the use of a pedometer to track number of steps, while emphasizing that the current recommendation is to take 10,000 steps per day. If participants don't achieve this number, presenter should encourage them to just try to take more steps each day than they took the day before. The pedometer and a paper tracker can assist with this goal.
 5. Show the participants examples of trackers, either online or sample ones you brought.
 - a. Presenter should be particularly mindful of the socio-economic status of the group as a whole when having this discussion. For higher socio-economic groups, it may be appropriate to explain the Fitbit and Apple Watch, but for lower socio-economic groups it would be more appropriate to encourage the use of a simple pedometer or paper chart to track exercise.
 - b. If anyone is interested in purchasing one, presenter can assist with showing them where to buy it and approximate cost.

Social Time

Facilitator sets up snacks, and encourages and supports a 30 minute socialization period among the participants. This time allows the presenter the opportunity to interact more informally with the participants.

Session 7

Planning the Group Outing

Presenter

It is recommended that this session is led by a professional who has experience with identifying meaningful activities for a person who has cognitive impairment (such as an activities director). For this session, a Certified Therapeutic Recreation Specialist was the presenter.

Purpose

The purpose of this session is to discuss the importance of participation in activities as a means to decrease social isolation and depression. This session aims to identify activities of interest to each participant, and to problem-solve potential barriers to regular participation.

Materials and Handouts

- Activity Checklist
- What Activities Do You Do?

Desired Outcomes

1. Participants will feel empowered to pursue activities of interest to them in their free time.
2. Participants will understand the importance of participating in regular socialization as it relates to overall physical and cognitive health.
3. Participants will plan a community outing for a future session.

Session Content

Icebreaker

Facilitator begins session by asking participants to share one thing they recall and/or learned from previous session (no more than 5 minutes). Facilitator then introduces the session presenter.

Introduction

Presenter introduces self and describes their role and their experience identifying and implementing meaningful activities with older adults.

Session Outline

1. Presenter passes out copies of the activities checklist to participants
2. Presenter engages the participants in discussion of what activities they participate in while the facilitator takes notes on the note pad
 - a. Are there some that they used to do, but cannot do any longer?
 - b. Are there some that they can still participate in, but now need support or assistance such as a magnifying glass, better lighting, hearing aids?
3. Based upon noted barriers from 2a, presenter engages participants in conversation to identify strategies to continue engaging in their preferred activity/community.
4. Presenter and facilitator inform participants about an upcoming group outing (to be planned by participants)
 - a. Presenter asks participants about any community organizations or establishments that they have interest in visiting as a group (taking into account any limitations or barriers faced by individual group participants, i.e. mobility or visual deficits) – facilitator to take notes while participants brainstorm ideas
 - b. Presenter and facilitator initiate group vote to determine location of outing

- c. Participants are encouraged to take on the bulk of the planning (calling the location, making reservations, arranging group transportation, etc) – facilitator can offer to assist as indicated

Social Time

Facilitator sets up snacks, and encourages and supports a 30 minute socialization period among the participants. This time allows the presenter the opportunity to interact more informally with the participants.

Session 8

Sleep

Presenter

It is recommended that this session is led by a healthcare professional with experience providing education on the importance of sleep within the aging population. Over the course of several sessions, we used a variety of different specialists, including an occupational therapist and a neuropsychologist.

Purpose

The purpose of this session is to provide general information about the importance of getting enough sleep, and how adequate rest can have an impact on a person's cognitive health. The presenter will discuss barriers to adequate rest, and lead a discussion among participants about strategies that they can utilize.

Materials and Handouts

- Sleep Hygiene

Desired Outcomes

1. Participants will gain knowledge about why sleep is important
2. Participants will identify strategies to maximize their sleep routine

Session Content

Icebreaker

Facilitator begins session by asking participants to share one thing they recall and/or learned from previous session (no more than 5 minutes). Facilitator then introduces the session presenter.

Introduction

Presenter introduces self and describes their role and their experience of encouraging adequate rest and sleep in the geriatric population.

Session Outline

1. Presenter asks the participants about their sleep patterns, while facilitator records their responses on large note pad:
 - a. How many hours per night are you sleeping?
 - b. Are you waking during the night? How frequently?
2. Presenter initiates discussion with participants regarding the brain and how it is impacted by sleep. Presenter asks the following questions of the participants:
 - a. What happens to your brain during sleep?
 - i. Presenter explains REM versus Non-REM
 - b. Why is sleep important for your brain?
3. Presenter provides education on the lack of sleeps impact on the brain (i.e. sleep apnea)
4. Presenter asks the participants to identify strategies that they use to help them get adequate rest, while the facilitator records their responses.

If participants have difficulty identifying strategies, presenter can provide examples such as

- Importance of sticking to a schedule (going to bed and waking up at the same time every day).
- Avoid daytime naps.
- Avoid vigorous exercise or caffeine later in the day as they may over-stimulate you, and prevent you from falling asleep.
- Try to relax before going to bed (routine can include a bath, reading, meditating).

- Speaking with their healthcare team if they are unable to sleep to rule out any side effects or health conditions.
5. If time allows for it, presenter can facilitate a progressive relaxation exercise.

Social Time

Facilitator sets up snacks, and encourages and supports a 30 minute socialization period among the participants. This time allows the presenter the opportunity to interact more informally with the participants.

Session 9

Group Outing

Presenter

The presenter may change depending upon the setting, for example: our program's group outings took place in a museum (led by a docent), a supermarket, and an art gallery (led by artist).

Purpose

The purpose of the group outing is for the participants to organize a trip, overcome barriers to getting out of the house, socialize and enjoy a new experience.

Materials and Handouts

No materials needed, however; facilitator may bring along supplies if indicated (e.g., emergency contact info for participants, bus tickets, water, etc.).

Desired Outcomes

1. Participants will be able to overcome noted barriers to participating in community activities
2. Everyone gets there and back safely
3. Participants have fun and learn something new

Session Content

Content and timing of this session will depend on the destination. Typically this session will take a little longer than the usual 90 minutes as extra time will be needed for transportation to and from the destination.

Session 10

Speech Therapy I

Presenter

This session should be led by a Speech Therapist.

Purpose

The purpose of this session is to introduce participants to person-centered strategies that can help improve their ability to remember. A primary aim is to provide participants an opportunity to learn about practical strategies that can help support their highest level of functioning within their preferred living environment.

Materials and Handouts

- Memory strategies handout
- Other references as applicable

Desired Outcomes

1. Participants will be knowledgeable about practical strategies to help with functional memory
2. Participants will be able to identify at least one strategy that they want to try to use to help improve their ability to remember.

Session Content

Icebreaker

Facilitator begins session by asking participants to share one thing they recall and/or learned from previous session (no more than 5 minutes). Facilitator then introduces the session presenter, and continues taking notes on large easel pad throughout session.

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Introduction

Presenter describes their role/experience with regards to practicing speech therapy with the geriatric population.

Session Outline

1. Presenter gives each participant a copy of the memory strategies handout.
2. Presenter reads each strategy aloud, and asks the participants if they have any personal experience utilizing that particular strategy

Strategy numbers 1-10 are covered in this session.

3. Once all ten strategies are discussed, presenter will ask each participant to identify at least one strategy that they want to practice outside of this program until the next session

Presenter records each participant's goal, and informs that their experience of using the strategy will be discussed during the next speech therapy session.

Social Time

Facilitator sets up snacks, and encourages and supports a 30 minute socialization period among the participants. This time allows the presenter the opportunity to interact more informally with the participants.

Session 11

Emotions and Memory

Presenter

It is recommended that this session is led by a mental health professional with experience talking with people about their emotional state as it relates to memory and aging. For this session, our presenter was a clinical psychologist.

Lesson Learned

It is particularly important in this session that the presenter is in tune with the emotional states of the individual participants. Facilitator can provide this information prior to session beginning if needed. It is especially important for the setting of this session to feel safe and for it to foster a sense of community among the participants, so having people sitting in a circle or semi-circle (as opposed to an auditorium) is ideal.

Purpose

The purpose of this session is to help participants explore their feelings about memory loss (including any normal changes that occur due to aging, mild cognitive impairment or dementia). A primary aim of this session is to empower participants to understand their emotions and effectively express their feelings to others.

Materials and Handouts

- Memory and Emotions handout

Desired Outcomes:

1. Participants will have increased awareness of their feelings related to memory loss
2. Participants will have increased ability to share their feelings in an appropriate manner

Session Content

Icebreaker

Facilitator begins the session by asking participants to share one thing they recall and/or learned from the previous session (no more than 5 minutes). Facilitator then introduces the session presenter, takes notes, and participates as necessary.

Introduction

Presenter describes their experience with providing mental health support as it relates to memory health.

Session Outline

1. Presenter will hand out worksheet on Memory and Emotions to each participant
2. Participants will be asked to fill out their worksheet, facilitator offers to assist participants in this process if needed
3. Presenter initiates discussion of each individual question among the participants.
 - a. Presenter ensures that each participant is given the opportunity to voice their thoughts and emotions.
 - b. Presenter should be in tune with the emotions of the group during this discussion, and ensure that each question is answered (whether or not the discussion follows the handout sequentially).
4. Presenter ensures that the discussion on the worksheet ends on a positive and upbeat note, allowing for each individual to feel emotionally whole by the end of the session.

Social Time

Facilitator sets up snacks, and encourages and supports a 30 minute socialization period among the participants. This time allows the presenter the opportunity to interact more informally with the participants.

Session 12

Speech Therapy II

Presenter

It is recommended that this session is led by a Speech Therapist.

Purpose

The purpose of this session is to continue building up participants' awareness of person-centered memory strategies. A primary aim is to discuss and reinforce the participant's knowledge of available strategies from the previous speech therapy session, while also discussing new approaches that they may find beneficial.

Materials and Handouts

- Memory strategies handout (including list of previous session's goals where participants identified the strategy that they wanted to use)
- Other references as applicable

Desired Outcomes

1. Participants will be knowledgeable about practical strategies to help with functional memory.
2. Participants will be able to identify at least one strategy that they want to try to use to help improve their ability to remember.

Session Content

Icebreaker

Facilitator begins session by asking participants to share one thing they recall and/or learned from previous session (no more than 5 minutes). Facilitator then introduces the session presenter, and continues taking notes on large easel pad throughout session.

EFFECTIVE STRATEGIES PROGRAM

Introduction

Presenter describes their role/experience with regards to practicing speech therapy with the geriatric population.

Session Outline

1. Presenter ensures that each participant has a copy of the handout.
2. Presenter prompts the participants to share their experience of using their previously selected memory strategy (facilitator takes notes during this discussion)
 - a. What worked well/what didn't?
 - b. Presenter brainstorms solutions to any barriers that were encountered by participants
 - c. Presenter asks participants if they plan to continue utilizing that strategy
3. Presenter revisits the memory handout, and reads each remaining strategy aloud
 - a. Presenter asks the participants if they have any personal experience utilizing each particular
 - b. Strategy numbers 11-20 are covered in this session.
4. Once the remaining strategies are discussed, presenter will ask each participant to identify at least one strategy that they want to practice outside of this program (in addition to their previously selected strategy) until the next session
Presenter records each participant's goal, and informs that their experience of using the strategy will be discussed during the next speech therapy session.

Social Time

Facilitator sets up snacks, and encourages and supports a 30 minute socialization period among the participants. This time allows the presenter the opportunity to interact more informally with the participants.

Session 13

Music Therapy

Presenter

It is recommended that this session is led by a music therapist or other professional with demonstrated knowledge of the benefits of music as it relates to cognitive health. For this session, a board certified music therapist was the presenter.

Purpose

The purpose of this session is to discuss the benefits of music on cognition, and for the participants to feel motivated to listen to and enjoy music in a more proactive way. Another purpose of this session is to empower the participants to play music and write a song as a group, regardless of their skill level or previous experience with music.

Materials and Handouts

- Handout on music's impact on the brain
- Preferred instrument for presenter to play (our presenter played an acoustic guitar)
- Various musical instruments for music improvisation (xylophones in the C pentatonic scale, shakers, drums, cabasa, maracas, tambourine, and guiro).

Desired Outcomes

1. Participants will understand that multiple areas of the brain are engaged when we sing and play music.
2. Participants will be empowered to actively listen to, perform and/or play music regardless of their skill level.
3. Participants will be able to utilize music as a communication strategy for reminiscing and jogging memory.

Session Content

Icebreaker

Facilitator begins session by asking participants to share one thing they recall and/or learned from previous session (*no more than 5 minutes*). Facilitator then introduces the session presenter.

Introduction

Presenter introduces self and describes their role and their experience of playing music with the older adult population.

Session Outline

1. Presenter talks about the benefits of music as a brain booster and mood elevator (*5 minutes max*)
 - a. Participants will understand that listening to music releases endorphins which release natural feelings of euphoria.
 - b. Presenter talks about the connection between music and memory
2. Allow each participant to share their own experience with music and what it means to them. (*5 minutes max*)
3. Presenter discusses music improvisation and introduces the participants to a variety of instruments – facilitator assists participants in identifying which instrument they want to play (*15 minutes max*)
 - a. Presenter often plays the chord progression C-Am-F-G or Fmaj7-Cmaj7-Dmin7-G on guitar or xylophone, while the participants join in on their own instrument of choice
 - b. After establishing the beat and chord progressions, alternate dynamics so different instruments can be heard. Keep the rhythm steady and predictable.

Possibly take the improvisation into a song they know like “I Love You for Sentimental Reasons.”

- c. Do a second or third improvisation, allowing group members to try different instruments.
 - d. Presenter to ask participants the following:
 - i. How did it feel to play the instruments?
 - ii. Which instrument was their favorite and why?
 - iii. Which instrument could you hear the most clearly?
 - e. Presenter highlights the impact that playing, listening to, and enjoying the music has on cognition.
4. Presenter leads participants in a song-writing exercise: *(30 minutes max)*
- a. Assist the participants in identifying a topic that they want to write about (facilitator to take notes as they discuss ideas).
 - b. Presenter starts by having the group write 4-8 lines before bringing a tune to the song in. While writing, we look at the rhyme scheme that we have chosen and, if applicable, try to stick to that rhyme scheme.
 - c. Presenter provides two chord progressions to choose from and begin by saying the lyrics in a natural rhythm.
 - d. Presenter asks participants if any of them have thought of a tune to try. If they have thought of a tune, the presenter tries to play it and will add to it as needed.
 - e. Depending on the abilities of the group members, the presenter will try a simple verse chorus verse chorus. Facilitator to record lyrics on large note pad.
 - f. If more structure is needed for song-writing:
 - i. Presenter can use a traditional tune, but with original lyrics by the participants
 - ii. Or, presenter can use a traditional tune, but omit partial lyrics, and allow the participants to fill in the blanks.
 - g. Once song is completed, group performs the song 1-2 times (based upon how much time is left in the session).
-

EFFECTIVE STRATEGIES PROGRAM

- i. Facilitator will ensure that the lyrics are written down, and that each participant has a copy of the song so that it can be performed as a group for the program's graduation.
- ii. Facilitator will provide a copy of the lyrics to the participants in the next session.

Social Time

Facilitator sets up snacks, and encourages and supports a 30 minute socialization period among the participants. This time allows the presenter the opportunity to interact more informally with the participants.

Session 14

Speech Therapy III

Presenter

It is recommended that this session is led by a Speech Therapist.

Purpose

The purpose of this session is to continue building up participants' awareness of person-centered memory strategies as they relate to communication and socialization. A primary aim is to give participants a variety of strategies to help with word-finding difficulties, as well as with name recall, in hopes of increasing their confidence in social interactions.

Materials and Handouts

- Communication Strategies handout
- Other references as applicable

Desired Outcomes

1. Participants will be knowledgeable about strategies to help with remembering names
2. Participants will feel more confident in their ability to communicate with others in the context of mild memory impairment
3. Participants will be able to identify strategies when experiencing word-finding difficulties.

Session Content

Icebreaker

EFFECTIVE STRATEGIES PROGRAM

Facilitator begins session by asking participants to share one thing they recall and/or learned from previous session (no more than 5 minutes). Facilitator then introduces the session presenter, and continues taking notes on large easel pad throughout session.

Introduction

Presenter describes their role/experience with regards to practicing speech therapy with the geriatric population.

Session Outline

1. Presenter ensures that each participant has a copy of the communications strategies handout.
2. Presenter discusses ways to improve language skills through increased social engagement.
3. Presenter discusses strategies that participants can use for helping to remember names
4. Presenter discusses strategies to use when your intended word is not coming to mind.
5. Presenter discusses games that can be played to help improve your language skills.

Social Time

Facilitator sets up snacks, and encourages and supports a 30 minute socialization period among the participants. This time allows the presenter the opportunity to interact more informally with the participants.

Session 15

Future Planning

Presenter

It is recommended that this session is led by a Social Worker, Elder Law Attorney, or someone with experience in future planning with the geriatric population. For this session, a Social Worker from the neurology clinic was the presenter.

Purpose

The purpose of this session is to provide general information about the importance of creating a future plan for healthcare and financial decision making. Participants will be encouraged to take a more active role in planning for future care needs, and understanding how future planning allows someone to participate in making their own decisions regardless of any future cognitive changes.

Materials and Handouts

- Future planning handout detailing local and national resources available
- Blank documents as examples (i.e. AMD, DNRs, Will, etc).

Desired Outcomes

1. Participants to gain knowledge about the importance of completing legal documents including Advanced Medical directives, Power of Attorneys, Wills, DNRs, etc
2. Participants able to identify and utilize local resources and organizations related to health and aging
3. Participants are able to facilitate a discussion of their wishes in regards to future planning.

Session content

Icebreaker

Facilitator begins session by asking participants to share one thing they recall and/or learned from previous session (no more than 5 minutes). Facilitator then introduces the session presenter.

Introduction

Presenter introduces self and describes their role and their experience of future planning with the geriatric population.

Session Outline

1. Presenter asks participants to share what they think of when they hear the phrase “future planning” - Facilitator to take notes on large note pad.
2. Presenter provides working definition of future planning and how it relates specifically to cognitive functioning
3. Participants encouraged to identify their own wishes (e.g., “I want to age at home” or, “I do not want to burden my family and would prefer an assisted living”, et.c).
4. Presenter discusses importance of having personal wishes documented via Advanced Medical Directives, DNRs, Durable Power of Attorney, and Wills, etc, and how this relates to future planning.
5. Ask participants if anyone has completed any of the aforementioned documents, as well as what they know about how these documents.
6. Presenter discusses each of the aforementioned documents, and passes around examples for the participants to review. Several tips provided:
 - a. Presenter encourages participants to have these legal documents reviewed and/or updated regularly.
 - b. Important that these documents are easily accessed by healthcare team as well as surrogate decision makers (i.e. ensuring that a POA and/or DNR

form is kept in location that emergency medical personal could access, commonly kept on refrigerator or identification jewelry)

- c. Discussion of why having a backup surrogate decision maker is important (i.e., unanticipated illness or death of primary person named on document)

7. Provide participants with a list of relevant local resources with regards to aging

Social Time

Facilitator sets up snacks, and encourages and supports a 30 minute socialization period among the participants. This time allows the presenter the opportunity to interact more informally with the participants.

Session 16

Exercise and Cognitive Health III

Presenter

This session should be led by a physical therapist, ideally someone with experience working with the geriatric population.

Purpose

The purpose of this session is to provide participants with fall prevention strategies and educate the group on the importance of physical activity in minimizing fall risk and safely maintaining independence.

Materials and Handouts

- Chair to demonstrate getting up after a fall
- Sample life-alert device
- Basic exercise equipment, if feasible (treadmill, stationary bike, weight machine)

If access to exercise equipment is not possible, presenter should bring basic weights, yoga mats, resistance bands, or any other portable at-home equipment that would be appropriate for an elderly population

Desired Outcomes

1. Participants will understand their risk for falls and what they can do to prevent them.
2. Participants will know how to get up safely after a fall using what is around them and how to call for help.
3. Participants will know how to safely use basic exercise equipment such as a treadmill, stationary bike, weight machine.

Session Content

Icebreaker

Facilitator begins session by asking participants to share one thing they recall and/or learned from previous session (no more than 5 minutes). Facilitator then re-introduces the session presenter, and continues taking notes on large easel pad throughout session.

Introduction

Presenter reiterates the role of a physical therapist in the geriatric healthcare team.

Session Outline

1. Presenter begins session by asking participants for feedback regarding their exercise routine. This will generate a group discussion that should last no more than 15 minutes. Encourage participant input during this time. Facilitator and/or presenter can ask specific participants for input (based on notes taken during previous sessions regarding exercise/activity) if participants do not actively participate in discussion.
 - a. Have you increased the frequency or intensity with which you exercise since Physical Therapy Session 1?
 - b. Have you incorporated any new exercises that you learned in this program into an already existing exercise routine?
 - c. Did anyone purchase an activity tracker or device since the previous physical therapy session? If so, what has your experience been? Has it helped motivate you to be more active? Is it easy to use?
2. After feedback discussion, the presenter should segue in to a discussion about exercise equipment. Presenter should try to gauge the experience level of the group.
 - a. Ask group if anyone belongs to a gym or has access to exercise equipment. If so, what type of equipment?
 - b. If exercise equipment is available, demonstrate how to safely and properly use the available equipment. For facility settings (such as

independent living center, assisted living facility, etc.), encourage participants to ask their facility about private trainers or group classes, which would also help to get participants more socially involved.

- c. If exercise equipment is unavailable, the presenter should show the group some safe, easy, at-home exercises that the group can do using weights, yoga mats, etc.

- 3. Presenter then provides education on the risk of falls in the elderly population. Presenter should emphasize to the group that serious falls can occur at any age. Explain how exercise can help improve balance and minimize fall risk.

- a. Explain some of the main risk factors for falls:

- i. Age
- ii. Previous fall
- iii.** Muscle weakness
- iv. Poor vision
- v. Gait and balance problems
- vi. Home hazards such as loose rugs, slippery or uneven surfaces, poor stair design, lack of handrails, clutter

- b. Discuss ways to minimize fall risk:

- i. Stay physically active
- ii. Having your eyes and hearing tested and wearing glasses or contacts when you need them
- iii. Review medications with your primary care provider to identify which ones may put you at increased risk for falls
- iv. Use assistive devices if needed such as a cane or walker
- v. Limit alcohol intake

- 4. Presenter should then educate participants about what to do in the event of a fall.
 - a. Stay calm. Remain on the ground for a few moments to help yourself get over the shock of falling.

EFFECTIVE STRATEGIES PROGRAM

- b. Check for injury. Decide if you are hurt before getting up. Getting up too quickly or in the wrong way could make an injury worse.
 - c. If you can safely get up without help, roll over onto your side. Slowly get up on your hands and knees and crawl to a sturdy chair. Presenter should demonstrate this action for the group using a chair or couch cushion.
 - d. Put your hands on the chair seat and slide one foot forward so that it is flat on the floor. Keep the other leg bent so the knee is on the floor. From this kneeling position, slowly rise and turn your body to sit in the chair.
 - e. Ask someone for help or call 911. If you are alone, try to get into a comfortable position and wait for help to arrive.
5. Presenter should emphasize the importance of participants carrying a cell phone or keeping an emergency response system on them in case of emergency.

Presenter can show the group samples of emergency response systems or life alerts.

Social Time

Facilitator sets up snacks, and encourages and supports a 30 minute socialization period among the participants. This time allows the presenter the opportunity to interact more informally with the participants.

Session 17

Keeping Safe Financially

Presenter

It is recommended that this session is led by an OT or someone with expertise in scams and how to avoid them.

Purpose

The purpose of this session is to inform participants about the different types of scams targeting older adults. This session aims to help preserve participant's independence by providing strategies to avoid fraud and scams.

Materials and Handouts

- Pieces of scam: mail, phone scripts, and emails as examples
- Tape recording or laptop to play phone recordings (optional)

Desired Outcomes

1. Educate participants about fraud and scams.
2. Participants will be able to identify at least 3 traits of mail scams.
3. Participants will be able to identify at least 3 traits of phone scams.
4. Participants will be able to identify appropriate next steps if they suspect that they have been the target of a scam.

Session Content

Icebreaker

Facilitator begins session by asking participants to share one thing they can recall and/or learned from previous session (no more than 5 minutes). Facilitator then introduces the session presenter and continues taking notes on the large easel pad throughout the session.

EFFECTIVE STRATEGIES PROGRAM

Introduction

Presenter describes their/role experience with regards to helping seniors identify and mitigate fraud and scams.

Session Outline

1. What do you think of when you think of the word “scam”? Facilitator writes down responses.
2. Presenter defines the word scam:
 - a. Scam (noun): A dishonest scheme, fraud
 - b. (verb): to swindle, cheat, deceive, trick, dupe, hoodwink, double-cross, con, fleece, sting, bilk, rook, finagle, bamboozle, flimflam, put one over on, pull a fast one on, sucker, stiff, shake down, and hornswoggle
3. Explain the following to the group:
 - a. Mail to trick victims into paying for fake goods or services.
 - b. A scam is a term used to describe any fraudulent business or scheme that takes money or other goods from an unsuspecting person.
 - c. The U.S. Postal Inspection Service investigated roughly 3,000 mail fraud cases per year, resulting in some 1,300 arrests.
4. Discuss the dangers of a phone scam.
 - a. Loss of money
 - b. Stolen social security or credit card number
 - c. Harassment
5. Inform the group that they are going to discuss the most common types of scams that occur through mail, email, and phone.
6. Review handout (see attached).
7. Group participants into pairs, hand them scam pieces of mail, and ask them to work together to figure out what makes each piece of mail a scam. Ask each pair to present their findings.

8. Presenter leads a discussion regarding the common traits of phone scams and hits upon the bullet points on the handout.
9. Presenter asks the group if they have any personal experience with phone scams.
10. Ask the group to listen to phone recording messages and have the group identify if they feel it is a scam and why?
11. Briefly discuss scams using other phones of technology including email, social media, etc.
12. Discuss what to do if you experience a scam. (Refer back to handout with resource list).

Social Time

Facilitator sets up snacks, and encourages and supports a 30 minute socialization period among the participants. This time allows the presenter the opportunity to interact more informally with the participants.

Session 18

Graduation

Presenter

All program presenters are encouraged to attend this session in addition to the facilitator(s).

Purpose

The purpose of the graduation is to celebrate the completion of the program with the participants and all session presenters. This session should be a time to reflect on the program goals and participant achievements, as well as a time to gather feedback from participants about program content.

Materials and Handouts

- Printed song lyrics from Music Therapy session
- Preferred instrument for Music Therapist to play (ours played an acoustic guitar)
- Cake or cupcakes (we had a cake personalized for the group)
- Plates, napkins, forks, water bottles
- Effective Strategies Program completion certificates for each participant (see example in *Materials* section)
- Easel notes from each session can be displayed on the wall around the room
- Program Satisfaction Survey (1 copy for each participant)

Desired Outcomes

1. Participants will feel a sense of accomplishment from completion of the program.
2. Participants will provide feedback on the program via Satisfaction Surveys

Session Content

Icebreaker

No ice breaker is needed for this session.

Introduction

Facilitator will begin the graduation by asking the presenters to re-introduce themselves to the group.

Session Outline

1. Facilitator will thank all the presenters and participants for their participation in the program. He or she will hand out certificates of completion to each participant.
2. Facilitator will give each participant a copy of the printed song lyrics from the Music Therapy session.
3. Music therapist will do a practice version of the song to help the participants remember how it goes. Once the group feels ready, they will sing the song they wrote during the Music Therapy session. In our experience, the participants wanted to sing the song for all the presenters at least two times. The facilitator can audio record their performance and can email it out to the group after the graduation ceremony, if desired.
4. Once the song is over, the facilitator can cut and serve the cake/cupcakes for the participants and presenters.
5. While the group is eating the cake, there is an opportunity for social time, for the participants to ask questions, and to give feedback about the program. This can also be a time for the participants to walk around and look at the session notes that will be hanging on the walls.
6. Facilitator can thank the group again for their participation and the graduation will come to an end.

Materials

Session 2

Memory Handout (3 pages)

Session 3

Memory and Medication (2 pages)

Session 4

Exercise Tracker Sheet (1 page)

Session 7

Activity Checklist (2 pages)

What activities do you do? (1 page)

Session 8

Sleep Hygiene (1 page): Available from
<https://www.cci.health.wa.gov.au/~media/CCI/Mental%20Health%20Professionals/Sleep/Sleep%20-%20Information%20Sheets/Sleep%20Information%20Sheet%20-%202004%20-%20Sleep%20Hygiene.pdf>

Session 10

Memory Strategies (6 pages)

Session 11

Memory and Emotions Handout (1 page)

Session 13

Music and the Brain (1 page): Available from
<https://visualmeditationco.r.worldssl.net/wp-content/uploads/2014/10/brain-and-music.jpg>

Music and Emotions (2 pages)

EFFECTIVE STRATEGIES PROGRAM

Session 14

Communications Strategies (5 pages)

Session 15

Future Planning and Community Resources (9 pages)

Session 18

Graduation Certificate (1 page)

Other Materials

Session Feedback Form (18 pages, 1 for each session)

Participant Satisfaction Survey (3 pages)

Fidelity Checklists (23 pages, 1 checklist for each session)

Session 2

Memory

1. ICE BREAKER – Tell us something you remember about somebody in the group
2. Going to talk about memory - (use whiteboard throughout)
 - a. Why is Memory important?
 - i. Makes us who we are....
 - b. What kinds of memory are there?
 - i. Memory for events
 - ii. Knowledge (words)
 - iii. How to memory
3. Different types of memory – how memory works;
 - a. Learning - Integrate information from the outside world.
 - b. Storing information – want to store it as long as possible
 - c. Recalling or retrieving information

Learning/Encoding → Storage → Recall/Retrieval

4. Talk about things that are easy to remember – participants list
 - i. Share Important events from childhood – isn't it easy to remember them
 - ii. Tell us something that you do every day that you have no problem remembering to do
 - iii. Name some other things that are easy to remember
- b. Talk about things that are harder to remember
 - i. Where did I put my keys, park my car, appointments
 - ii. Names, whether or not I already asked a question
 - iii. Things that don't happen frequently or aren't important
 - iv. Things that happen when too much is going on – under stress

5. Enemies of Memory

- a. Stress
- b. Selective attention
- c. Depression
- d. Lack of sleep
- e. Poor nutrition
- f. Some medications
- g. Alcohol
- h. Interruptions/ too much going on

6. Friends of Memory

- a. Good motivation
 - i. "I remember things I am interested in"
 - ii. I remember things that make sense to me or things that I understand
- b. Ritual
 - i. Habits
 - ii. Familiarity
- c. Repetition of Information
- d. Attention and concentration on one thing at a time
- e. Using all of my senses (vision, hearing, touch, taste, smell)
- f. Physical activity
- g. Staying cognitively active
- h. Using memory aides (notebooks, calendars)

Dementia – umbrella term, not specific

- i. Alzheimer's
 - i. Most common
 - ii. Symptoms – discuss warning signs
 - iii. Risk factors – age, apoe4, family history
 - j. Vascular dementia
 - i. 2nd most common
 - ii. Vascular risk factors – high blood pressure, high cholesterol, obesity, smoking, diabetes, history of stroke
7. What you can do about it.
- a. Exercise
 - b. Healthy diet
 - c. Cognitive engagement
8. Wrap – up
- a. Review main points

MEMORY MEDICATION HANDOUT

Exercise

- Cardiovascular activities have the greatest evidence of benefit
- Walking, swimming or a stationary bike are a few recommendations.
Activities like yoga and tai chi would also be beneficial
- Engage in 30-45 minutes three or more times a week
- Choose an activity that is fun and enjoyable for you

Social Engagement

- Join a local community group, such as a senior center or support group, and attend at least 2x a week
- Meet with family and/or friends routinely for lunch or an outing
- Engage in enjoyable cognitive activities: card or chess game, reading, completing puzzles, etc.

Memory Medications

Goal is to increase important chemicals in the brain that are helpful for memory

Medication	Dose	Potential Side Effects
Donepezil (Aricept) is a cholinesterase inhibitor	10 mg daily	GI distress, dizziness, vivid nightmares
Rivastigmine (Exelon) is a cholinesterase inhibitor	13.3 mg 24 hour patch	GI distress, dizziness, vivid nightmares
Memantine (Namenda) is a NMDA receptor used for moderate to severe dementia	10 mg twice a day	body aches, headache, constipation

Over the counter medications

Herbs and supplements

- Use with caution as the content is not always well described nor is there consistent dosing across all bottles
- No scientific evidence to suggest that there is benefit in many of the “memory” supplements that are currently advertised
- Potential interaction with your medications. Always inform your health care provider when you are taking an over the counter supplement

Sleep Aids

Beware of medications that contain **diphenhydramine (Benadryl)** as this is a medication that can contribute to memory dysfunction

- Advil PM
- Tylenol PM
- Nyquil® some forms contain contain alcohol and doxylamine succinate, a medication similar to diphenhydramine
- Talk to your health care providers if sleep is a problem for you so that they can provide you with appropriate therapies to help
- Do not take any over the counter medications without first discussing with your care team

ACTIVITIES HANDOUT

Activities Checklist: Check in box if interested

Leisure Activity		Intellectual Activity	
Board games		Educational programs	
Gardening		Computer	
Hiking		Crosswords	
Listen to music		Word games	
Movies		Puzzles	
Organizing		Number games	
Parties		Sudoku	
Singing		Politics	
Sewing/Knitting		OTHER	
Going out to eat		Physical Activity	
Sports		Workout/exercise	
T.V.		Walks	
Going out to concerts		Golf	
Going for a drive		Fishing	
Art Museums		Hunting	
Going out for coffee		Pool	
OTHER		Tennis	
Spiritual/religious		Swimming	
Bible reading		Horse Riding	
Church/Synagogue		OTHER	
Meditation			

Spiritual/religious (continued)		Creative Expression	
Prayer		Art Projects	
Hymns		Ceramics	
OTHER		Dance	
Work Activity		Painting	
Dusting		Photography	
Laundry		Playing music	
Car care		Leather work	
Cooking		poetry	
Pet Care		Writing	
Sewing		woodwork	
		OTHER	

What Activities Do You Do?

Are you satisfied with your current engagement in activities?

Are there activities you would like to integrate into your life?

What do you do to relax?

Do you exercise?

MEMORY STRATEGIES HANDOUT

Actions you can take to improve your ability to remember:

1. Devote your full attention to the present moment.

- If you start thinking about other things or what you would like to do or say next, it makes it more difficult to pay attention and remember.
- When you think of something important while someone else is talking and you are afraid you might forget it, briefly state your idea, indicating that you would like to talk about it later.
- When you realize you have not been paying attention, ask the speaker to repeat.

2. Reduce distractions.

- Internal (e.g., thoughts, discomfort, hunger, restlessness, etc.)
- External (visual and auditory)
- Minimize noise (e.g., TV, radio, etc.) and visual distractions.
- Close the door or move to a location with fewer distractions.
- Keep your eyes on your conversational partner.

3. Do it now or write it down!

- If possible, take care of a task as soon as you think of it.
- If it is not possible to do it right away, do one of the following.
- Write the idea in a notebook that you keep with you in your pocket or purse.

MEMORY STRATEGIES HANDOUT

- Write a note on a piece of paper and put it in your pocket to refer to later.
- If you are out, call your home phone and leave a message.
- If you don't have access to paper or a phone, repeat the information in your mind or aloud and visualize yourself doing it until you have a chance to write it down.

4. Confirm that you have the correct information.

- "I'll see you at the coffee shop on Monday morning at 8 am, right?"

5. Don't try to multitask.

- Do and think about only one thing at a time. Complete the thought or task before moving on to the next. If interrupted, determine a way to remind yourself to return to it later.

6. Keep a calendar.

- Check it every evening and every morning.
- If you use both a wall and a pocket calendar, check both of them every evening to make sure they have the same information.

7. Use a to-do list.

- Draw a box or a circle next to each item on the list and check it off as you complete each task.
- Review your list every evening and write a plan for the next day.

MEMORY STRATEGIES HANDOUT

- Look at your list every morning and throughout the day.
- Plan and do important tasks when your mind is most alert.
- Don't forget to take breaks.

8. Establish routines, so you won't need to remember to do everything.

- For example, always take your morning and evening pills when you brush your teeth.

9. Keep items where they belong.

- If you need to set something down in a place other than where it belongs, put it in your pocket or in a central location. If neither is possible, say what you are doing aloud. For example, say, "I'm putting my glasses on the coffee table."

10. When you think of something that needs to be done in a different room, say it out loud until you complete it.**11. Use a timer with a loud ringer for cooking and other time sensitive tasks.****12. Post-it notes are great for one-time reminders.**

- Stick them on or next to your phone, computer, bathroom mirror, or front door.
- Throw away the note as soon as you complete the task.
- If you keep too many post-it notes around, you will probably stop noticing them.

MEMORY STRATEGIES HANDOUT

13. Plan to leave home 5 to 10 minutes early, so you won't be in a hurry and forget to take something you needed to remember to take with you.

14. Keep your keys with items that you need to remember to take with you when you leave.

- For example, put your keys with a bill that needs to be taken to the mailbox.

15. Get plenty of sleep. When you are tired, you do not store or retrieve memories well.

16. Plan ahead for medical or other important appointments.

- Prepare by writing notes ahead of time and refer to them during the appointment.
- Bring a friend or family member to take notes for you.
- Keep all notes and related information in a designated binder (e.g., medical, financial, etc.).

17. Keep a journal.

- Write down events and thoughts throughout or at the end of the day.
- If you review the previous day or two, it will help you remember those events and ideas.

MEMORY STRATEGIES HANDOUT**18. Become better organized.**

- Improved organization reduces the need for you to remember as much.
- Keep in mind that you don't need to take care of everything right away.
- Reduce clutter around your house.
- Every item needs a home (e.g., mail, wallet, purse, keys, glasses, phone, shoes, etc.).
- Consider making a central location with your wall calendar, a place to post things (bulletin board or refrigerator), and a place to write reminders (chalkboard or whiteboard).
- As you open your mail, make four piles (recycle, attend to now, attend to later, and file). Take the action needed for each pile right then.
- Keep phone messages in a notebook rather than on loose paper or sticky notes.
- Create and maintain an organized filing system.
- Some people like to structure their week (e.g., Monday: straighten up the house, Tuesday: organize the office, Wednesday: clean, etc.).

MEMORY STRATEGIES HANDOUT

19. Avoid spending too much of your time worrying, especially about things that are not under your control.

- If this occurs frequently, try jotting a quick note about your concern. Then try to avoid thinking about it until you have time to sit down and determine if this concern is something under your control. If it is, write down steps you can take to resolve the problem.

20. Focus on the positive. Don't sweat the small stuff.

- Continue to improve your use of memory strategies over time.
- Mistakes are opportunity to determine the problem and potential solutions.
- If you ask for and accept help from others, you will have more time to do the things you enjoy doing.

MEMORY AND EMOTIONS HANDOUT

1. Write down three emotions that come to mind when you think of memory loss?
2. What is your biggest fear about memory loss?
3. Have you told anyone about your memory? Who? How did it go?
4. What do you do to compensate for changes in your memory?
5. What is something positive about your memory?

Music and Emotions

Did you know that:

- Multiple areas of the brain are engaged when we sing and play music!
- Music stimulates the production of endorphins that produce natural feelings of euphoria. Music makes us happy!
- Music is both relaxing and energizing.
- Songs bring back memories and music can be a great memory tool.

I. What part has music played in your life?

Have you ever played an instrument?

Have you sung professionally or in a choir?

Did you sing a lot growing up?

Who were your favorite musicians? What were some of your favorite songs?

II. How do you use music now?

Do you enjoy listening to music? Are you able to listen to music in your home?

Do you go to musical performances?

Do you attend any music groups?

III. Singing

Do these songs bring back any memories?

How do they affect your mood?

IV. Instruments

Which instruments do you like playing the most and why?

Rhythm instruments: Drum, xylophone, maraca, shakers, bells, cabasa

Suzuki Tone Chimes

V. Songwriting

Have you ever written a song before today?

COMMUNICATION STRATEGIES HANDOUT

1. Improve your language skills through more social engagement.

- a. Communicating is mental exercise.
 - i. The more you practice, the stronger the language areas of your brain will become.
 - ii. Practicing now will help keep you in shape for the future.
- b. Research has shown that socialization helps maintain cognitive and language skills.
- c. The more time you spend with others, the more opportunities you will have to talk.
- d. In-depth conversation requires your brain to work harder and get stronger.
- e. Socialize with friends and family, make new friends, participate in groups, do activities that involve language, make a social phone call several times a week, and reconnect with family and old friends.
- f. Reminisce with family and friends.
 - i. Look at family photos.
 - ii. Discuss shared experiences.
 - iii. Discuss life experiences.
 - “When I was in teenager...”
 - “The most exciting vacation I’ve had was...”
 - “One of my favorite memories from childhood was going...”
 - iv. Create a journal of your favorite stories about your life.

COMMUNICATION STRATEGIES HANDOUT

- g. Determine one thing you can do to increase your social interaction and start doing it this week!

2. Strategies to help you remember names.

- a. Improvement will come with practice. Don't settle for thinking you are doomed to forget names.
- b. Repeat their name immediately and then once more soon after introduction.
- c. Ask for the spelling, if it's an unusual name or has two possible spellings.
- d. Use their name when ending the conversation or ask them for their name again
- e. After your meeting:
 - i. Repeat the name several times immediately after your conversation while visualizing the person.
 - ii. Associate the name with something or someone you know.
 - Carol: Christmas carol, Carol Channing
 - Scott: Scott from Scottsville, your friend Scott
 - iii. Keep a list of people you know organized by groups.
 - Write your new acquaintance on the appropriate list. Include an associated name and something you would like to remember about the person.
 - Review your lists periodically.
 - Prepare for your next meeting by putting a sticky note on your door with the names of the people in the group.

COMMUNICATION STRATEGIES HANDOUT

- Keep the note in your pocket to read immediately before your meeting.
- f. Use their name every time you meet or ask for their name again.
“It’s nice to see you again, Carol.” or “It’s nice to see you again.
Could you remind me of your name?”
- g. If you would rather not ask the person’s name again, please don’t let it stop you from engaging in conversation. Usually, the other person is not aware that you are unable to recall their name. The only time you really need to remember a name is when referring to someone who is not there.

3. Strategies to try when your intended word is not coming to mind.

- a. Remain calm and allow yourself extra time to think of the word or to think of a different way to explain your idea.
- i. Sometimes the harder you try to find the word, the more it escapes you. Your intended word might come to mind while you are trying to get across your idea in a different way.
 - ii. When you feel rushed, it becomes harder to think.
 - iii. Try not to let your emotions (frustration, embarrassment, etc.) distract you.
- b. You can often get across your idea in a different way.
- i. When a word is not coming to mind, keep talking about your idea.
 - Use alternative words.
 - Describe it.

COMMUNICATION STRATEGIES HANDOUT

- Function– What is it used for?
 - Location– Where would you find it?
 - Appearance– What does it look like? (Use your hands to show the size and shape.)
- c. Avoid distracting yourself by telling the other person that you cannot think of a word.
- d. If these strategies are not successful, ask the other person for help.
- e. If none of these strategies work, take a break and return to the topic later.
- f. When you lose your train of thought.
- i. Allow yourself time to remember.
 - ii. Repeat the last thing you remember saying.
 - iii. Ask the other person to tell you what you were saying.

4. Games you can play to help improve your language skills.

- a. Social games (20 questions, Charades, Hangman or Snowman, Scrabble, Scattergories, Pyramid, Taboo, Apples to Apples, Balderdash, Sniglets, Boggle, Bamboozle, Hands Down, Outburst, Upwords, Wheel of Fortune, Win, Lose or Draw, Word Burst, Password, Tri Bond, Say Anything).
- b. Crossword puzzles. Find your appropriate level of difficulty.
- c. Workbooks with a variety of word games (e.g. Puzzler's Giant Book of Word Games).

COMMUNICATION STRATEGIES HANDOUT

- d. Computer games (Google search: word games, words with friends, AARP staying sharp, easy crossword puzzles, anything from the list of social games).
- e. List items in a given category (e.g. fruitsor items that start with a certain letter.)

Play an alphabet game, such as, “My name is Alice and this is my friend Andy. We just got back from a trip to Alaska and we’re heading to the store to buy Apples.”

FUTURE PLANNING AND COMMUNITY RESOURCES

NOTE: Most of this information is available on the internet. If you don't know the website, use your internet search engine (i.e. Google) to find more information.

HEALTH CARE RESOURCES

1. Your primary care physician or family physician
2. Publicly-supported teaching hospital (i.e. University of Virginia Health System, Virginia Commonwealth University Health System), specialized programs and clinics
3. UVA Information 924-0211, www.med.virginia.edu
4. Public Health Departments
5. Acute Rehabilitation Hospitals (i.e. UVA HealthSouth)
6. Sub-acute rehabilitation hospitals (i.e. UVA Transitional Care Hospital)
7. Sub-acute rehabilitation programs in Medicare certified nursing homes
8. Medicare certified nursing homes (also known as 'health and rehabilitation or skilled nursing facilities or nursing & rehabilitation center, convalescent center, health care center, etc)
9. Medicaid certified nursing homes for Intermediate Care
10. Home health agencies (i.e. UVA Continuum Home Health Care)
11. Virginia Dental Association (for low cost dental services) (800) 552-3886

Note that your private insurance carrier, Medicare and Medicaid play an important role in determining what health and medical care you may receive and where.

12. Hospice home health services (i.e. Hospice of the Piedmont, The Center for Acute Hospice Care in conjunction with UVA Health System, Legacy Hospice)

HEALTH INSURANCE and SOCIAL SECURITY RESOURCES:

1. Medicare (over 65, or if receiving Social Security Disability Income), www.medicare.gov . 1-800-772-1213.
2. Medicaid (Virginia Medical Assistance Program) Contact your local social services department for Medicaid.
3. Maximizing your personal health care insurance (*contact your insurance agent, or call directly to your insurance company*)
4. Long-term care insurance (for in-home care, assisted living or nursing home)
5. Patient Advocate Foundation, 1-800-532-5274. help@patientadvocate.org
6. JABA (Jefferson Area Board for Aging) (*Your local Area Agency on Aging*), 434-817-5222

PRESCRIPTION AND MEDICATION RESOURCES:

1. Talk to your family physician/practitioner or specialist about “brand name” drugs versus “generic” drugs; generic drugs are generally cheaper, but discuss first.
2. Possible reduced prices at state-supported hospitals/health care systems (i.e. UVA or VCU) if prescribed by hospital health care practitioners
3. UVA Health System Drug Patient Assistance (Advocacy) Program (434) 924-8764 if prescribed by UVA physicians/practitioners

4. Pharmaceutical company prescription programs: contact these companies directly through their customer service numbers. The company name is listed on your prescription bottle. Or, contact the UVA Drug Patient Assistance Program as noted above.
5. Veteran's hospitals (prescribed through their physicians), and V.A. clinics
6. Samples from your primary care physician or specialist (*do not overlook this potentially important source*)
7. Medicare Part 'D' Drug/Prescription Benefit (you have to apply) call: 1-800-MEDICARE or 1-800-633-4227. Website: www.medicare.gov
8. Private health care insurance recommendations
9. Discuss cost and programs with your local pharmacist

FINANCIAL ASSISTANCE and ADVICE:

1. Social Security Administration (SSDI, SSI if eligible-inquire at your local Social Security Office)
2. Budget and credit counseling services (i.e. JABA)
3. Your local church, other church social ministries

LONG-TERM CARE RESOURCES:

1. Coordinating with families and friends for in-home care assistance
2. Home-health care (skilled services) that can include: nursing, physical, occupational or speech therapies, social work, certified nurse's aides (insurance reimbursable)
3. In-home personal care or sitters (through agencies or you contract with individuals yourself)
4. JABA (*Your local Area Agency on Aging*) for consultation and advice

5. Consult with your family practitioner or health care specialist
6. Medicaid CCC Plus Waiver
7. Program through Social Services (must be Medicaid-eligible)
8. Assisted Living or homes for adults (*these are NOT considered nursing homes for Medicare reimbursement*)
9. Nursing homes: skilled and intermediate care (*Medicare, Medicaid, private insurance, private pay*)
10. Hospice care: hospital-based, nursing home, in-home, hospice house

COPING WITH DISABILITIES AND ILLNESS:

1. Support groups in your area (contact a social worker for ideas), JABA, Alzheimer's Association (434973-6122) www.alz.org/cwva or annie.marrs@alz.org
2. State and local Community Services Boards (CSB, i.e. Region Ten for mental health services, 434972-1800)
3. Individual counseling services (i.e. licensed clinical social worker, psychologist, licensed practical counselor, pastor/clergy, family physician, psychiatrist)

VETERAN'S RESOURCES:

1. Nearest V.A. hospital for: outpatient services, emergency services, information and referral, inpatient services, pharmacy services (i.e. Hunter Holmes McGuire V.A. Medical Center, Richmond; Salem V.A. Medical Center, Salem)

2. Local Charlottesville Veterans Affairs Dept., 434-295-2782., National Veteran's Administration, 877222-VETS
If you are not already registered with a V.A. hospital or known to the V.A. system, you will usually need to produce your honorable or general discharge papers, DD214
3. Veteran's Service Organizations who advocate for veterans (i.e. Paralyzed Veterans of America Mid-Atlantic Chapter, 800-852-7639; Disabled American Veterans, Vietnam Veterans of America)

DURABLE MEDICAL EQUIPMENT:

1. Durable medical equipment companies, oxygen, local pharmacies
2. Loan closets through local private, non-profit charities and organizations
(i.e. VFW Post)
3. Church resources, JABA, Alzheimer's Association *(for advice on where to get loaner equipment)*
4. Charlottesville Independence Resource Center, 434-971-9629
5. Newspaper ads, Craig's List and other internet sites

NOTE: Before you decide to purchase medical equipment, especially if it is expensive, you should consult with your health care specialist and/or a physical and occupational therapist (i.e. ACAC; UVA HealthSouth Rehabilitation Hospital Outpatient Services, 434-244-2000)

LEGAL SERVICES:

1. Your personal attorney
2. Local Bar Association or Lawyer Referral Service 1-800-552-7977

3. www.probono.net/va
4. Virginia Poverty Law Center, Richmond, VA 1-804-782-9430
5. Virginia Center for Elder Rights, (800) 552-3402
6. You may need an attorney for: written power-of-attorney, legal guardianship, wills, estate planning
Many attorneys have legal specialties, just like physicians. Try to find one who will meet your legal needs. Many will give free, first-time consultations.
7. Elder Law Attorney (*for estate planning and advice on obtaining Medicaid eligibility for long-term care needs*) Most Elder Law Attorneys have informative web-sites, and offer free seminars.

MISCELLANEOUS RESOURCES:

1. Personal emergency response systems (PERS) for in-home safety
2. Local Department of Social Services (i.e. Charlottesville Department of Social Services, Albemarle County Department of Social Services) for Adult Protective Services who investigate suspected Adult and Elder abuse, neglect or exploitation, 24-hour toll-free: 888-832-3858
3. United Way for information and referrals
4. Charlottesville area Information and Referral Center
5. Virginia Dept. for the Aging: (800) 552-3402
6. Virginia Dept. of Health: (800) 955-1819
7. Virginia Health Quality Center (800) 545-3814 (receives complaints about medical care paid for by Medicare and Champus)

8. Long-Term Care Ombudsman Program (800) 552-3402 (serves as an advocate for older adults while investigating and helping to resolve quality of care issues related to long-term care facilities and long-term care community services. *Local Ombudsman is located at the Jefferson Area Board for Aging (JABA).*)
9. Virginia Dept. of Health Professions: (800) 533-1560 (investigates complaints against doctors, nurses, and other health care professionals)

DOMESTIC VIOLENCE:

1. Adult Protective Services (see legal services above)
2. Domestic violence programs, (i.e. Charlottesville SHE-Shelter For Help in Emergency, 434-293-8509) 3. Call 911
3. Crisis Counseling or local hotline (i.e. SHE)

If you are living in a potentially violent situation, or can anticipate a violent outburst, always think about your immediate safety and leave that situation right away.

SUBSTANCE AND ALCOHOL ABUSE:

1. Local Community Services Board (CSB)—Region Ten Community Services
434972-1800
2. Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Families Anonymous (FA); the only FA chapter in Virginia is in Charlottesville.
3. Private counselors and therapists, mental health professionals
4. Your PCP-family physician
5. United Way Information and Referral
6. Clergy and church social ministries

In the event of an emergency situation, call 911, or go to your local hospital emergency room.

MENTAL AND BEHAVIORAL HEALTH

1. Region Ten Community Services, 434-972-1800
2. Private counselors and therapists, licensed clinical social workers, licensed professional counselors, psychologists, psychiatrics (*note that not all counselors take Medicare or private insurances*)
3. UVA Health System Psychiatry, Adult (Outpatient Psychiatry), 434-243-3675
4. Virginia Department of Behavioral Health, Richmond, 804-786-3921
5. Partner for Mental Health, 434-977-4673
6. JABA, Alzheimer's Association
7. Consult with your family physician or practitioner
8. Church, clergy, church social ministries

In the event of an emergency, call 911 or go to your local hospital emergency room for assessment

DRIVING

1. Consult with your family physician, health care practitioner, and neurologist
2. JABA, Alzheimer's Association
3. Virginia Driver Safety Laboratory at UVA, 434-924-5314
4. The Virginia DMV and UVA Dept of Neurology have lists of private driver evaluators (*insurance does not cover this service*)
5. Discuss with your family

If you are unsure about your driving ability, stop driving and discuss with any of the above.

INTERNET RESOURCES

There are hundreds of millions of web-sites. There are some very good information sites, but you will need to use your own judgment on the information provided. Look at more than one web-site for information. If you do not have a computer, ask a family member, friend or public library to help.

Compiled by: Kenneth Cady, MSW, LSW (Social Worker), Effective Strategies Program at the University of Virginia Health System. 2016-18.

Certificate of Completion

This certifies that

has successfully completed

Effective Strategies Program

Presented this _____ day of _____,



Effective Strategies Program

Date: _____

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Comments:

Effective Strategies Program – Patient Satisfaction Survey

Name: _____

Date: _____

Please circle the answer that best describes how you feel.

1. Overall, ESP was beneficial	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
2. Overall, ESP met my needs	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
3. The speakers were knowledgeable and informative	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
4. My health is better because of my participation in ESP	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
5. ESP provided emotional support	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
6. ESP had a positive impact on my mood	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
7. I have less stress because of my participation in the ESP	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
8. I learned valuable new skills from my participation in the ESP	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
9. I am better prepared for the future because of the ESP	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree

Effective Strategies Program - Satisfaction Survey

10. I increased my participation in activities because of my participation in ESP	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
11. Having my Dementia Care Manager participate in the ESP was important	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
12. Having my family/friend participate in the ESP was important	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
13. My family/friends benefitted from my participation in the ESP	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
14. I learned valuable information about memory loss and dementia from the ESP	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
15. I learned valuable information about legal issues (Health insurance, Power of Attorney, Medical Directive, etc.) from my participation in the ESP	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
16. I changed my living environment in a positive way because of the ESP	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
17. Having a meal after each session was important	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
18. I benefitted from the activities in ESP	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
19. I would recommend the ESP to others	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree

Effective Strategies Program
Fidelity Assurance Assessment

Date of Session	
Session Time	
Name of Observer	
Session Site	
Name of Professional Leader(s)	
Session Number	1: Introduction to the Effective Strategies Program

Criteria	Yes	No	Partial	Comment
Class was taught by trained, professional leader(s).				
Session started on time.				
Everyone could hear instructions and discussions.				
Everyone could see teaching aids.				
Materials were in proper sequence.				
Rapport was established between the leader(s) and participants.				
Terminology was geared to groups' understanding.				
All scheduled activities were completed.				
Session ended within 1.5 hours.				
Participants were given a notebook for keeping their notes and materials from each session.				
Information about the goals and purpose of the Effective Strategies Program was provided.				
Expectations of the participants were explained.				
Participants were given an opportunity to get to know each other.				
Session was geared toward the knowledge of the participants.				

Additional Comments:

Effective Strategies Program
Fidelity Assurance Assessment

Date of Session	
Session Time	
Name of Observer	
Session Site	
Name of Professional Leader(s)	
Session Number	2: Introduction to Memory

Criteria	Yes	No	Partial	Comment
Class was taught by trained, professional leader(s).				
Session started on time.				
Everyone could hear instructions and discussions.				
Everyone could see teaching aids.				
Materials were in proper sequence.				
Rapport was established between the leader(s) and participants.				
Terminology was geared to groups' understanding.				
All scheduled activities were completed.				
Session ended within 1.5 hours.				
Overview of memory mechanics was given.				
Overview of the different types of memory was given.				
Information on what dementia is was provided.				
Information on the various types of dementia was provided.				
Information on protective factors was provided.				
Session was geared toward the knowledge of the participants.				

Additional Comments:

Effective Strategies Program
Fidelity Assurance Assessment

Date of Session	
Session Time	
Name of Observer	
Session Site	
Name of Professional Leader(s)	
Session Number	3: Managing Health and Medications

Criteria	Yes	No	Partial	Comment
Class was taught by trained, professional leader(s).				
Session started on time.				
Everyone could hear instructions and discussions.				
Everyone could see teaching aids.				
Materials were in proper sequence.				
Rapport was established between the leader(s) and participants.				
Terminology was geared to groups' understanding.				
All scheduled activities were completed.				
Session ended within 1.5 hours.				
Session covered medication management and preventative medicine.				
Overview of currently approved memory medications.				
Presenter discussed strategies for optimizing medication adherence.				
Discussion of sleep aids and other medications that can contribute to memory dysfunction.				
Session was geared toward the knowledge of the participants.				

Additional Comments:

Effective Strategies Program
Fidelity Assurance Assessment

Date of Session	
Session Time	
Name of Observer	
Session Site	
Name of Professional Leader(s)	
Session Number	4: Exercise and Cognitive Health Part One

Criteria	Yes	No	Partial	Comment
Class was taught by trained, professional leader(s).				
Session started on time.				
Everyone could hear instructions and discussions.				
Everyone could see teaching aids.				
Materials were in proper sequence.				
Rapport was established between the leader(s) and participants.				
Terminology was geared to groups' understanding.				
All scheduled activities were completed.				
Session ended within 1.5 hours.				
Leader asked participants for their exercise history.				
Value of exercise was discussed.				
Reasons to exercise were provided.				
Components of exercise programs were discussed.				
Participants were provided with activities that accommodate their abilities.				
Leader(s) distributed and explained the Activity Checklist.				
Session was geared toward the knowledge of the participants.				

Additional Comments:

Effective Strategies Program
Fidelity Assurance Assessment

Date of Session	
Session Time	
Name of Observer	
Session Site	
Name of Professional Leader(s)	
Session Number	5: Art and Memory

Criteria	Yes	No	Partial	Comment
Class was taught by trained, professional leader(s).				
Session started on time.				
Everyone could hear instructions and discussions.				
Everyone could see teaching aids.				
Materials were in proper sequence.				
Rapport was established between the leader(s) and participants.				
Terminology was geared to groups' understanding.				
All scheduled activities were completed.				
Session ended within 1.5 hours.				
Session included the opportunity for participants to express themselves through drawing or painting.				
Participants conversed about famous works of art that spark the imagination and bring back memories.				
Participants had time at the end to share their creations.				
Session was geared toward the knowledge of the participants.				

Additional Comments:

Effective Strategies Program
Fidelity Assurance Assessment

Date of Session	
Session Time	
Name of Observer	
Session Site	
Name of Professional Leader(s)	
Session Number	6: Exercise and Cognitive Health Part Two

Criteria	Yes	No	Partial	Comment
Class was taught by trained, professional leader(s).				
Session started on time.				
Everyone could hear instructions and discussions.				
Everyone could see teaching aids.				
Materials were in proper sequence.				
Rapport was established between the leader(s) and participants.				
Terminology was geared to groups' understanding.				
All scheduled activities were completed.				
Session ended within 1.5 hours.				
Leader(s) reviewed activity checklists with the participants.				
Leader(s) and participants discussed their activity since the previous exercise session.				
Leader(s) and participants discussed barriers to exercise.				
Participants were instructed to add walking, daily stretches, and bi-weekly strength exercises into their activity routines.				

Participants were informed that it is normal to feel mild muscle stiffness, burning or fatigue that decreases in 24 hours as well as a mild increase in heart rate with continued activity that returns to normal within 5 minutes.				
Participants were asked to set a goal to walk 30 – 40 minutes every day to help maintain strength, balance, and general health.				
Leader(s) guided participants through how their new walking goal can be achieved including a discussion of Fitbit/pedometers.				
Session was geared toward the knowledge of the participants.				

Additional Comments:

Effective Strategies Program
Fidelity Assurance Assessment

Date of Session	
Session Time	
Name of Observer	
Session Site	
Name of Professional Leader(s)	
Session Number	7: Activities and Planning for Outside Field Trip

Criteria	Yes	No	Partial	Comment
Class was taught by trained, professional leader(s).				
Session started on time.				
Everyone could hear instructions and discussions.				
Everyone could see teaching aids.				
Materials were in proper sequence.				
Rapport was established between the leader(s) and participants.				
Terminology was geared to groups' understanding.				
All scheduled activities were completed.				
Session ended within 1.5 hours.				
Session explored leisure interests and interests of the group				
Session provided connections to local cultural and community activities including memory cafes, art programs, music, and more.				
Participants were given the opportunity to plan their own outing and their interests were taken into account.				
Session was geared toward the knowledge and interests of the participants.				

Additional Comments:

Effective Strategies Program
Fidelity Assurance Assessment

Date of Session	
Session Time	
Name of Observer	
Session Site	
Name of Professional Leader(s)	
Session Number	8: Group Outing

Criteria	Yes	No	Partial	Comment
Class was taught by trained, professional leader(s).				
Session started on time.				
Everyone could hear instructions and discussions.				
Rapport was established between the leader(s) and participants.				
Terminology was geared to groups' understanding.				
All scheduled activities were completed.				
Session ended within 1.5 hours.				
Session included a field trip to investigate the participants' comfort and skill with operating in the community.				
All participants returned from the field trip safely.				
Session was geared toward the abilities of the participants.				

Additional Comments:

Effective Strategies Program
Fidelity Assurance Assessment

Date of Session	
Session Time	
Name of Observer	
Session Site	
Name of Professional Leader(s)	
Session Number	9: Sleep

Criteria	Yes	No	Partial	Comment
Class was taught by trained, professional leader(s).				
Session started on time.				
Everyone could hear instructions and discussions.				
Everyone could see teaching aids.				
Materials were in proper sequence.				
Rapport was established between the leader(s) and participants.				
Terminology was geared to groups' understanding.				
All scheduled activities were completed.				
Session ended within 1.5 hours.				
Overview of physiology of sleep was provided.				
Importance of sleep for cognitive health was explained.				
Sleep hygiene strategies were presented.				
Participants were given the opportunity to identify strategies to improve their own sleep routine.				
Session was geared toward the knowledge of the participants.				

Additional Comments:

Effective Strategies Program
Fidelity Assurance Assessment

Date of Session	
Session Time	
Name of Observer	
Session Site	
Name of Professional Leader(s)	
Session Number	10: Speech Therapy Part One

Criteria	Yes	No	Partial	Comment
Class was taught by trained, professional leader(s).				
Session started on time.				
Everyone could hear instructions and discussions.				
Everyone could see teaching aids.				
Materials were in proper sequence.				
Rapport was established between the leader(s) and participants.				
Terminology was geared to groups' understanding.				
All scheduled activities were completed.				
Session ended within 1.5 hours.				
Session focused on strategies to aid in memory, including: organization, mnemonics and creating associative memories.				
Leader(s) asked each of the participants for specific examples of memory difficulties and assisted in deriving strategies to help.				
Evidence based strategies were explained.				
Memory games and other assistive devices such as computer aids were discussed along with the limitations of these strategies.				

Participants chose a strategy to try before Session 12.				
Leader(s) helped participants explore electronic devices that may be helpful as memory aids.				
Session was geared toward the knowledge of the participants.				

Additional Comments:

Effective Strategies Program
Fidelity Assurance Assessment

Date of Session	
Session Time	
Name of Observer	
Session Site	
Name of Professional Leader(s)	
Session Number	11: Emotions and Memory

Criteria	Yes	No	Partial	Comment
Class was taught by trained, professional leader(s).				
Session started on time.				
Everyone could hear instructions and discussions.				
Everyone could see teaching aids.				
Materials were in proper sequence.				
Rapport was established between the leader(s) and participants.				
Terminology was geared to groups' understanding.				
All scheduled activities were completed.				
Session ended within 1.5 hours.				
Session focused on emotions associated with memory loss and how to effectively deal with them.				
Participants were encouraged to share their feelings surrounding memory loss.				
Leader(s) worked with participants to come up with strategies to elicit more positive emotions and thoughts regarding mild cognitive impairment and dementia.				
Session was geared toward the knowledge of the participants.				

Additional Comments:

Effective Strategies Program
Fidelity Assurance Assessment

Date of Session	
Session Time	
Name of Observer	
Session Site	
Name of Professional Leader(s)	
Session Number	12: Speech Therapy Part One

Criteria	Yes	No	Partial	Comment
Class was taught by trained, professional leader(s).				
Session started on time.				
Everyone could hear instructions and discussions.				
Everyone could see teaching aids.				
Materials were in proper sequence.				
Rapport was established between the leader(s) and participants.				
Terminology was geared to groups' understanding.				
All scheduled activities were completed.				
Session ended within 1.5 hours.				
Session focused on strategies to aid in memory, including: organization, mnemonics and creating associative memories.				
Leader(s) asked each of the participants for specific examples of memory difficulties and assisted in deriving strategies to help.				
Evidence based strategies were explained.				
Participants reported on their experience with the strategy they chose to try in Session 10.				

Leader(s) helped participants explore electronic devices that may be helpful as memory aids.				
Session was geared toward the knowledge of the participants.				

Additional Comments:

Effective Strategies Program
Fidelity Assurance Assessment

Date of Session	
Session Time	
Name of Observer	
Session Site	
Name of Professional Leader(s)	
Session Number	13: Music and Memory

Criteria	Yes	No	Partial	Comment
Class was taught by trained, professional leader(s).				
Session started on time.				
Everyone could hear instructions and discussions.				
Everyone could see teaching aids.				
Materials were in proper sequence.				
Rapport was established between the leader(s) and participants.				
Terminology was geared to groups' understanding.				
All scheduled activities were completed.				
Session ended within 1.5 hours.				
Session focused on the benefits of music and how music can release stress, lift participants' mood, evoke memories, and build connections with others.				
Participants were included in a brief discussion about how music is processed in multiple areas of the brain, how music evokes memories, how music can be relaxing or energizing, how music stimulates the production of endorphins, and what role music plays in the participants' life.				

Participants were involved in experiential music activities including singing, playing instruments, and creating a short group song.				
Session was geared toward the knowledge and abilities of the participants.				

Additional Comments:

Effective Strategies Program
Fidelity Assurance Assessment

Date of Session	
Session Time	
Name of Observer	
Session Site	
Name of Professional Leader(s)	
Session Number	14: Speech Therapy Part Three

Criteria	Yes	No	Partial	Comment
Class was taught by trained, professional leader(s).				
Session started on time.				
Everyone could hear instructions and discussions.				
Everyone could see teaching aids.				
Materials were in proper sequence.				
Rapport was established between the leader(s) and participants.				
Terminology was geared to groups' understanding.				
All scheduled activities were completed.				
Session ended within 1.5 hours.				
Session included an interactive discussion about communication challenges experienced by participants.				
Participants learned ways to improve their ability to express themselves and find out what others can do to assist them.				
Participants were provided activities to improve their language skills, which they can use to practice on their own.				
Session was geared toward the knowledge of the participants.				

Additional Comments:

Effective Strategies Program
Fidelity Assurance Assessment

Date of Session	
Session Time	
Name of Observer	
Session Site	
Name of Professional Leader(s)	
Session Number	15: Future Planning, Resources, Advance Directives

Criteria	Yes	No	Partial	Comment
Class was taught by trained, professional leader(s).				
Session started on time.				
Everyone could hear instructions and discussions.				
Everyone could see teaching aids.				
Materials were in proper sequence.				
Rapport was established between the leader(s) and participants.				
Terminology was geared to groups' understanding.				
All scheduled activities were completed.				
Session ended within 1.5 hours.				
Session covered planning for the future, including: legal plans, legal documents, long-term care (who and when to call), making sense of government programs, when caregivers are asked to "make promises."				
Session included identification of local resources and organizations related to health and aging.				
Session was geared toward the knowledge of the participants.				

Additional Comments:

Effective Strategies Program
Fidelity Assurance Assessment

Date of Session	
Session Time	
Name of Observer	
Session Site	
Name of Professional Leader(s)	
Session Number	16: Exercise and Cognition Part Three

Criteria	Yes	No	Partial	Comment
Class was taught by trained, professional leader(s).				
Session started on time.				
Everyone could hear instructions and discussions.				
Everyone could see teaching aids.				
Materials were in proper sequence.				
Rapport was established between the leader(s) and participants.				
Terminology was geared to groups' understanding.				
All scheduled activities were completed.				
Session ended within 1.5 hours.				
Leader(s) reviewed activity checklists with the participants.				
Leader(s) and participants discussed their activity since Session 6.				
Leader(s) and participants discussed barriers to exercise.				
Leader(s) were instructed about balance and discussed vision, the sensorimotor system, the vestibular system, and screening tests in regards to balance.				
Participants were led through balance training exercises.				

Leader(s) demonstrated to participants on how to recover from a fall.				
Leader(s) provided participants with suggestions for achieving the goal of walking 30 – 40 minutes every day.				
Session was geared toward the knowledge and abilities of the participants.				

Additional Comments:

Effective Strategies Program
Fidelity Assurance Assessment

Date of Session	
Session Time	
Name of Observer	
Session Site	
Name of Professional Leader(s)	
Session Number	17: Keeping Safe Financially

Criteria	Yes	No	Partial	Comment
Class was taught by trained, professional leader(s).				
Session started on time.				
Everyone could hear instructions and discussions.				
Everyone could see teaching aids.				
Materials were in proper sequence.				
Rapport was established between the leader(s) and participants.				
Terminology was geared to groups' understanding.				
All scheduled activities were completed.				
Session ended within 1.5 hours.				
Participants were educated about various frauds and scams.				
Session covered at least three different traits of postal scams.				
Session covered at least three different traits of phone scams.				
Participants had the opportunity to discuss the steps to take if they believe they have been scammed.				
Session was geared toward the knowledge and abilities of the participants.				

Additional Comments:

Effective Strategies Program

Fidelity Assurance Assessment

Date of Session	
Session Time	
Name of Observer	
Session Site	
Name of Professional Leader(s)	
Session Number	18: Review of Programs, Tool Going Forwards, Wrap-up (graduation celebration)

Criteria	Yes	No	Partial	Comment
Class was taught by trained, professional leader(s).				
Session started on time.				
Everyone could hear instructions and discussions.				
Everyone could see teaching aids.				
Materials were in proper sequence.				
Rapport was established between the leader(s) and participants.				
Terminology was geared to groups' understanding.				
All scheduled activities were completed.				
Session ended within 1.5 hours.				
Session provided a review of the program with reminders of key points and the use of tools going forward.				
Participants used notebooks containing their notes and materials from all of the sessions as a review tool.				
Participants all completed the Effective Strategies Program Satisfaction Survey.				
Participants all received a Certificate of Completion.				

Additional Comments: