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Reducing Risk of Falls
Medication Management
Emergency and Disaster Planning and Preparedness
My Action Plan
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General Instructions

1. Introduction to Your Role as a Care Coach
2. Before You Go
3. Home Visit Protocols
4. Arriving at the Home
5. Preparing to Leave the Home
6. After Each Visit
7. Final Session

Key
Blue text = Care Coach notes
Black text = Caregiver Workbook

1. Introduction to Your Role as a Care Coach:
   a. You will need to be:
      o a good listener
      o comfortable expressing empathy and understanding
      o skilled at motivational interviewing
      o culturally aware and sensitive
   b. Know when to scale back and let the caregiver drive the intervention
   c. Ensure comfort
   d. Encourage open communication and participation
2. **Before You Go:**

   **What to bring:**
   - The Caregiver Workbook
   - The Caregiver Toolkit, in case the caregiver misplaced their copy
   - The AARP booklet, in case the caregiver misplaced their copy
   - A hard copy of a signed or unsigned consent form
   - Your phone, fully-charged with the “Genius Scan” app installed
   - The post-visitation form to complete after the session

   a. Review the caregiver’s “My Survey” information with the team:
      - Identify strengths from the survey findings and plan to begin with these in the first intervention session
      - Identify areas that you could assist with and develop examples about how to introduce them
      - Set a tentative priority list for what you want to emphasize during goal setting

3. **Home Visit Protocols:**

   a. Call 2 days prior to your appointment to confirm
      - Provide your phone number in case the caregiver needs to reschedule
   b. Be aware that this is the person’s home
   c. Be calm and respectful
   d. Listen for concerns and boundaries (i.e. identify when the caregiver is becoming frustrated or uncomfortable)
   e. Adhere to values of being person-centered and family-centered
   f. Use active listening
g. Work with the caregiver on goal setting, establishing solutions, developing a timeframe, and planning realistic activities to be done each week

4. Arriving at the Home:
   a. Greet the caregiver
   b. Check in with them on how their week has been
   c. Ask if there was anything good, bad, difficult, or fun that they would like to discuss
   d. Briefly summarize the agenda and explain that all topics will be explained in greater detail once you reach that part of the session

5. Preparing to Leave the Home:
   a. Summarize what was accomplished, what new action plan was identified, and what the caregiver is planning to accomplish during the coming week
   b. Encourage the caregiver to put their list of goals and action plan somewhere they can constantly see it (i.e. refrigerator)

6. After Each Visit:
   a. Complete the post-visitation form
   b. Keep records of:
      o How much time was spent in preparation for the visit
      o How much time was spent during the visit
      o How much time was spent in each activity
o If there were any changes to the agenda as a result of the
caregiver’s needs
o What action plan is set each week
o How the caregiver assessed the feasibility of the action plan

7. **Final Session:**
   a. The last session is critical for the intervention. It should be used
to re-visit subjects and topics covered during the intervention
and empower the caregiver to continue implementing learned
information and behavior following the conclusion of coaching
visits.
b. This may occur as early as week 3 or late as week 12
depending on what the caregiver wants
c. Know when your last session with the caregiver will be. It is
your responsibility to prepare for the last session depending on
the progress made and needs of the caregiver.
d. Provide a Kaiser Permanente contact name in case the
caregiver wants continuation
e. Complete long-term goal setting
f. Congratulate the caregiver on their achievements by calling
attention to specific targeted areas
g. Thank the caregiver for letting you into their home and
acknowledge that it is hard to say goodbye
h. Note that it has been a privilege sharing the caregiver’s hard
work and accomplishments.
1. **Introduction**: Tell them your name, compliment the home, ask how they are, etc.
   
   a. The care coach is from Kaiser Permanente and USC Comprehensive Older Adult and Caregiver Help (COACH) Support Program.
   
   b. The purpose of this program is to **educate, support, and connect** caregivers and care recipients with services through a home visitation program provided by a care coach. **Tell the caregiver that they can keep all resources that are provided during sessions.**
   
   c. Caregiving is extremely important, and the majority of caregiving is done by friends and families. No matter how much we care about the person receiving care and how much they mean to us, caregiving is still incredibly challenging for almost everyone. A lot of work has gone into figuring out ways to help make it manageable so caregivers can **take care of themselves and stay healthy.**
d. The care coach will guide you through tools and resources that have helped caregivers do their important work. These resources are compiled in *The Caregiver Toolkit*.

2. **Program overview and structure:**
   
a. The program intervention will involve a minimum of **3 home visits and up to a maximum of 12 home visits**.

b. The first session will last for 90 minutes. The care coach will give you *The Caregiver Workbook* and *The Caregiver Toolkit*. Then, the care coach will lead you through initial activities expected to help you provide better self-care and learn about additional support resources. **Note that the caregiver can ask you questions at any time.**

c. Each following session should last approximately one hour.

d. If you agree to additional sessions, those sessions (4-12 interventions) will proceed based on your preferences, “My Survey” results, and the content of *The Caregiver Toolkit*.

After going over the program structure, review “Table of Contents – The Caregiver Workbook” with the caregiver. Address what will be covered in the three sessions to provide a picture of what to look forward to. Explain that if the caregiver wants to talk about something else, they can.
3. Review “My Survey,” Resource Checklist, and Goal Setting:

First, let's discuss the following questions:

• What are your biggest challenges in providing care? What have you tried to do to address these challenges?
• How has that worked?
• How can we help you overcome these challenges?

Next, let's review the “My Survey” you just completed. Explain the survey results. You and the caregiver will use the survey results to decide which areas are the most important to focus on. Allow the caregiver to take the lead on these exercises.

List your top strengths identified in “My Survey” and how these strengths are currently helping you cope:

1)  
2)  
3)  
4)  
5)  

List areas or opportunities for improvement in your caregiving situation based on the “My Survey” results:

1)  
2)  
3)  
4)  
5)  

Upon completion of this activity, ask the caregiver if these strengths and opportunities sound right. If not, make any adjustments that the caregiver desires.
RESOURCE CHECKLIST AND GOAL SETTING ACTIVITY

Explain that this resource list will help you understand their specific needs so you can both work on creating short- and long-term goals and review resources that are the most beneficial for the caregiver.

**Resource Checklist:** Below is a list of services that you may have used or need in caring for your family member or friend. Please check those that you have used in the past (to the best of your knowledge).

<table>
<thead>
<tr>
<th>Service</th>
<th>Have you used this service in the past year?</th>
<th>Is this service available in your community?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Legal Services</strong> (i.e. benefits, proxies, eviction, involuntary discharge, mediation, etc.)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>Proxy Decision-Making Assistance</strong> (i.e. POA, guardianship/conservatorship, etc.)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>Financial Services</strong> (i.e. help managing finances, etc.)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>Benefits Programs</strong> (i.e. utilities, Medicare, Medical, Veterans, SNAP, insurance, etc.)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>Physical &amp; Mental Health Services</strong> (i.e. tele-health, rehab, end-of-life, oral, etc.)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>In-Home Support</strong> (i.e. aide, home health, housekeeping, PT)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Service</td>
<td>Have you used this service in the past year?</td>
<td>Is this service available in your community?</td>
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<td>---------------------------------------------</td>
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<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Transportation (i.e. Dial-a-Ride, public transit, etc.)</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Housing &amp; Living Arrangements (i.e. care facility placement, nursing home, etc.)</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Employment Support (i.e. help getting work accommodations so you can provide care at home, etc.)</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Food/Home Delivered Meals (i.e. CalFresh, Meals on Wheels, food banks, etc.)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Social Activities &amp; Programs (i.e. senior center, adult day care, etc.)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Religious/Faith-Based Programs (i.e. faith-based support groups, church-sponsored meals, etc.)</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Help from other family, friends, and neighbors</td>
<td>☐</td>
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<tr>
<td>Home Safety/Modifications/Assistive Devices (i.e. grab bars, stair lift, etc.)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Individual Counseling/Support Groups</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Have you used this service in the past year? | Is this service available in your community?
--- | --- | --- | --- | --- | ---
| Service | Yes | No | Yes | No | Don’t Know |
| Respite care or other caregiver support services (i.e. Caregiver Resource Center, Veterans Affairs Caregiver Support, etc.) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Conflict Management (i.e. mediation, counseling, separation, etc.) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Social Connectivity (i.e. support groups, social activities, senior center, etc.) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Hospice/Palliative Care | ☐ | ☐ | ☐ | ☐ | ☐ |
| Case Management (i.e. an agency to arrange services for the care recipient) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Education on the care recipient’s medical condition | ☐ | ☐ | ☐ | ☐ | ☐ |
| Education on how to manage difficult behavior | ☐ | ☐ | ☐ | ☐ | ☐ |
| Education on medication management | ☐ | ☐ | ☐ | ☐ | ☐ |
| Education on stress management | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other kinds of social supports or services | ☐ | ☐ | ☐ | ☐ | ☐ |
## GOAL SETTING

What are your needs and desired results/outcomes you would like from these meetings?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Specify the TOP 3-5 goals you would like to achieve by the end of this program (as identified in “My Survey” and/or the desired results/outcomes listed above):

1)

2)

3)

4)

5)

What are the benefits of achieving these goals?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
After completing the Resource Checklist and Goal Setting activities, take a picture of the documents and upload it using the “Genius Scan” app on your phone so you can email it back to yourself and the team as a PDF. Let the caregiver know that you are taking a picture of these forms so you can bring back additional information for them during the next session.

Explain that the first three intervention sessions are more structured and focused on specific topics, and the other visits can be adapted to fit the caregiver’s needs and achievement of goals. Ask the caregiver to start thinking about the amount of visits they would like to start with, and note that you can arrange additional sessions later on.

Now, you will begin exploring the first topic.
4. **Adjusting to Changing Care Needs:**

Explain that there are many challenges caregivers experience, and people have different ways of trying to overcome these challenges and resolve problems before they escalate. Thus, elder abuse prevention is important for family caregivers to be aware of. Elder abuse prevention includes taking steps to reduce the risk of abuse by families, friends, acquaintances, and strangers.

In normal circumstances, the person you are providing care for will not be as vulnerable to possible elder mistreatment. However, given their current medical condition, they are now more vulnerable to being victimized because they have to rely on others to sometimes help with daily needs. We want you to be aware that certain people may potentially abuse the person you are caring for.

a. **Key Takeaways:**

   - Identify preventative steps that can be taken to avoid mistreatment
   - Discuss types of elder mistreatment
   - Know what steps to take to report cases of elder abuse
   - If you have concerns that the care recipient is being mistreated, consult with the USC team

- After reviewing this topic with the caregiver, ask if they have any questions on this topic or if they would like to share any experiences they or their loved one may need help with.

- Along with the following factsheet, mention that there is a factsheet about scams in The Caregiver Toolkit.
Recognizing and Preventing Mistreatment

Caregiving is hard work. Completing physically demanding tasks while driving to appointments, managing finances, organizing care, and leaving little time for yourself may result in feelings of frustration, resentment, isolation, and stress. These feelings are normal, but if ignored could result in harm to you and your loved one.¹

It can happen subtly and escalate over time. One outburst can lead to multiple outbursts. Older adults with dementia are particularly vulnerable to abuse, especially those who are verbally or physically aggressive. Even a caregiver with the best intentions may lose their temper when overwhelmed and cause harm they later regret.²

As a caregiver, you can prevent abuse by caring for yourself, and watching for signs of abuse in the older adult you are helping. Elder abuse is acts of harm or intentional neglect of an older adult.³ This includes physical violence, emotional abuse, sexual assault, financial exploitation, or neglect of care.⁴

Elder mistreatment has lasting physical and psychological effects such as worsened health, anxiety, and loneliness.

To protect and advocate for your loved one, consider the following:⁵
- Take care of yourself by taking breaks, talking to a relative or friend, or joining a support group
- Ask family members, friends, and professionals for help
- Ask a professional about appropriate responses to difficult behavior
- Identify what aspects of caregiving that are especially stressful
- Inform your family about elder abuse
- Know the signs of abuse and where to report suspicions

If you or someone you know is suffering from mistreatment, immediately report it to the relevant services.⁶ You can make an anonymous report 24 hours a day, 7 days a week. You do not need evidence of mistreatment; report any suspicions.
- To report mistreatment at home, call Adult Protective Services: (877) 477-3646
- To report mistreatment at a nursing home, assisted living facility, or other long-term care home, call the Long-Term Care Ombudsman: daytime number (800) 334-9473, after-hours hotline (800) 231-4024
- To report scams, review “Recognizing and Avoiding Scams” in The Caregiver Toolkit.

³ You are Their Advocate. (2018).
⁴ Ibid.
⁵ Ibid.
5. **Pleasant Events Activity:** Identify which activities you find pleasant or gratifying and discover ways to increase the amount of time you engage in these activities

- Explain that this activity includes a worksheet that the caregiver will fill out with your guidance. The purpose of this activity is to help the caregiver take time out from their caregiving role to care for their own needs and do what they enjoy.

- Note that this is referring to what the caregiver likes to do, not what they feel they have to do or what they are currently doing. These activities can include listening to music, reading a book, or taking a walk. The caregiver can also write things that they do less often or might like to do but currently cannot because of their responsibilities, such as taking a trip.

  a. **Key Takeaways:**

    o Understand and appreciate the importance of emotional and social self-care activities
    
    o Identify healthy and positive activities which you personally find pleasant or gratifying
    
    o Create a specific, realistic, and achievable action plan for increasing the amount of time spent engaging in these activities

After completing the activity, take a picture of the documents and upload it using the “Genius Scan” app on your phone so you can email it back to yourself and the team as a PDF.
Instruct the caregiver to only fill out the first column. **Ask them if they are comfortable writing this down or if they prefer to tell you** and you will fill in the form. Then, complete the rest of the activity. In the last column, have them choose 1 or 2 priorities.

<table>
<thead>
<tr>
<th>List of things and activities you like to do</th>
<th>How many times have you done this in the last 30 days?</th>
<th>How much did you enjoy the activity? (Scale: 1 – 10, 10 being most enjoyable)</th>
<th>Which of these activities would you like to try to introduce into your day or week starting right away?</th>
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</tbody>
</table>
6. **Understanding the Disease & Adjusting to Changes:**

- Explain that **as people age, their care needs may change**. They may need help walking, using the bathroom, and dressing.

- **Everyone’s care needs are different.** Some people may not be able to walk at all, while others may only need gentle guidance when brushing their hair. Part of being a caregiver may include helping their loved one with these activities.

  a. **Personal Care Needs:** Enhance your ability to respond to the care recipient’s sometimes rapidly changing personal care needs, including bathing, toileting, incontinence, ambulation, and mobility

     - **Key Takeaways:**

       1. Acknowledge potential difficulties which can emerge because of changing personal care needs
       2. Recognize how physical changes and care needs can initiate changes in relationship role and quality
       3. Identify and apply healthy techniques and useful tools for coping with change
       4. Discuss best practices for supporting the care recipient with bathing; toileting and responding to incontinence; and ambulation and mobility issues

  

  b. **Disease-Specific Resources:** Increase your access to disease-specific support services

     - **Key Takeaway:**

       1. Know which organizations to contact regarding disease-specific questions or problems
Personal Care Needs

Caregiving includes helping the care recipient adapt to their changing care needs. When experiencing age-related physical or cognitive change, older adults often need assistance with everyday activities such as using the toilet, bathing, and walking. Although the care recipient needs help with these activities, they may not want help. Having a conversation about their wants and needs can make the care recipient feel more comfortable, in-control, independent, and willing to receive help.

Tips for Helping the Care Recipient

<table>
<thead>
<tr>
<th>Toileting¹</th>
<th>Bathing²</th>
<th>Walking³</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Make the toilet safe and easy to use by installing a raised toilet seat or grab bar, if needed</td>
<td>1. Place a shower chair, grab bars, and a suctioned bath mat in the shower to prevent slips, trips, and falls</td>
<td>1. If necessary, consult a physical therapist for specific techniques for daily movement and walking</td>
</tr>
<tr>
<td>2. Wear clothing that is easy to fasten and unfasten (i.e. elastic waistband)</td>
<td>2. Run the water and test the temperature before the care recipient enters the shower</td>
<td>2. Put on a gait belt, if needed</td>
</tr>
<tr>
<td>3. *Recognize the care recipient’s routine toilet schedule, and try to set a regular schedule for toilet use</td>
<td>3. Avoid sudden movements that may result in a slip, trip, or fall</td>
<td>3. Assist to the standing position, then count to 10 before proceeding</td>
</tr>
<tr>
<td>4. *Keep the bathroom visible by placing a picture of a toilet on the door</td>
<td>4. Check the care recipient’s physical mobility so you know exactly what to assist with</td>
<td>4. Stand by the care recipient’s weaker side and position yourself slightly behind them in case of slips or falls</td>
</tr>
<tr>
<td>5. *Identify when accidents occur and plan for them. If an accident occurs every three hours, make sure the care recipient uses the bathroom before then</td>
<td>5. *Speak slowly and provide reminders of what’s next (i.e. “First, I am going to scrub your back”)</td>
<td>5. Do not rush</td>
</tr>
<tr>
<td>6. Help wipe and flush as needed</td>
<td>6. *Set aside enough time for a bath, as rushing can cause anxiety</td>
<td>6. If the care recipient grows tired, rest for a moment before continuing</td>
</tr>
</tbody>
</table>

*Refers to care for someone with a cognitive impairment

For more information on personal care needs, ask a healthcare provider and perform additional online research.

Disease-Specific Resources

- **Arthritis**
  - To better understand and learn how to adapt to arthritis, visit the Arthritis Foundation at [https://www.arthritis.org/](https://www.arthritis.org/) or call 1-844-571-4357

- **Cancer**
  - To better understand cancer or get help, visit the American Cancer Society at [https://www.cancer.org/](https://www.cancer.org/) or call 1-800-227-2345

- **Chronic Obstructive Pulmonary Disease (COPD)**
  - To learn more about COPD, visit the COPD Foundation’s website at [https://www.coPFDFoundation.org/](https://www.coPFDFoundation.org/) or call 1-866-731-2673

- **Dementia**
  - To better understand dementia – which is a group of symptoms that inhibit daily functioning, including memory loss – and learn how to get help, visit the Alzheimer’s Association at [https://www.alz.org/alzheimers-dementia/what-is-dementia](https://www.alz.org/alzheimers-dementia/what-is-dementia) or call 1-800-272-3900

- **Diabetes**
  - To better understand diabetes and learn how to adapt to the disease, visit the American Diabetes Association at [http://www.diabetes.org/](http://www.diabetes.org/) or call 1-800-342-2383

- **Heart Disease**
  - To learn more about heart disease, how to prevent it, or how to live with a heart condition, visit the American Heart Association at [http://www.heart.org/en/health-topics/consumer-healthcare/what-is-cardiovascular-disease](http://www.heart.org/en/health-topics/consumer-healthcare/what-is-cardiovascular-disease) or call 1-800-242-8721

- **High Blood Pressure**
  - To learn more about high blood pressure, visit the American Heart Association at [http://www.heart.org/en/health-topics/high-blood-pressure](http://www.heart.org/en/health-topics/high-blood-pressure) or call 1-800-242-8721

- **High Cholesterol**
  - To learn more about high cholesterol and how to treat it, visit the American Heart Association at [http://www.heart.org/en/health-topics/cholesterol](http://www.heart.org/en/health-topics/cholesterol) or call 1-800-242-8721

- **Pneumonia**

- **Sensory Impairment (hearing loss; vision loss)**

- **Stroke**
  - To learn more about strokes – a condition that may cause paralysis or trouble moving – visit the National Stroke Association at [http://www.stroke.org/understand-stroke/what-stroke](http://www.stroke.org/understand-stroke/what-stroke) or call 1-800-242-8721
7. **My Action Plan:**

Creating your action plan will depend on what was achieved last week and what was discussed today. Make an action plan that helps you achieve your goals. You will note how much time is left in the session, then begin the activity. **Reinforce the importance of linking the action plan to today’s discussion and overall goals.**

**MY ACTION PLAN**

When writing an action plan, be sure it includes:

1. What you are going to do.
2. How much you are going to do.
3. When you are going to do it (i.e., what time of day).
4. How often you are going to do it.

Example: This week I will read my favorite book (*what*) for a half hour (*how much*) at bedtime (*when*) on Monday, Wednesday, and Friday (*how often*).

This week I will ___________________________________________ [*what*]
_________________________________________________________ [*how much*]
_________________________________________________________ [*when*]
_________________________________________________________ [*how often*]

How confident are you that you will complete your entire action plan during the week?

*(Circle)* 0 1 2 3 4 5 6 7 8 9 10

*not at all confident*  *totally confident*
<table>
<thead>
<tr>
<th>Day</th>
<th>Accomplishment</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>__________</td>
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<td>Tuesday</td>
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<tr>
<td>Sunday</td>
<td>__________</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

8. **Confirm next session date and time**
   - Summarize what was accomplished during this session, what goals were identified, and what the caregiver is planning to accomplish in the next week. Encourage the caregiver to put their goals and action plan in a place that they can constantly see (i.e. refrigerator).
   - Complete the post-visitation form after you leave the caregiver’s home.
Session 2 – Enhancing Your Wellness

1. Greeting and Check-In
   - The care coach will check in with you on how your week has been.
   - Allow up to 10 minutes for the caregiver to talk about their week.
   - Ask if there was anything good, bad, difficult, or fun that they would like to discuss.
   - Actively listen to the content of the week (i.e. “wow that sounds like a lot to manage” or “I’m glad things went so well for you this week”).

2. Review Goal Setting Activity:
   - Review the goals set last week and make any desired changes using the chart on the next page.
   - Now that the caregiver has had the time to reflect on their experiences and digest information from last week’s session, ask the caregiver if their goals have changed at all since the original goal setting exercise. Have the caregiver note any changes in the following chart titled “Review Goal Setting.”
REVIEW GOAL SETTING

Now that you have had time to reflect on your experiences and what you have learned, are your goals still the same or is there anything you would like to change?

YES / NO

If yes, please specify what changes you would like to make:

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Specify the revised 3-5 goals you would like to achieve by the end of this program:

1) 
2) 
3) 
4) 
5) 

If there are changes, take a picture of the documents and upload it using the “Genius Scan” app on your phone so you can email it back to yourself and the team as a PDF.
3. **Revisit prior week’s discussion:**

Review the information discussed and action plan created last week, **challenges faced** when trying to complete your action plan, and **why you did or did not complete the action plan**.

- Summarize information discussed last week
  - Remind the caregiver that in last week’s session they completed activities to discover their specific needs, the activities they enjoy, and the services that they already know about. They also set goals for what they want to accomplish over the course of this program, and created an action plan to work toward those goals.
  - Along with completing activities, the caregiver learned how to:
    - Manage challenges that occur during their caregiving role
    - Learned more about the care recipient's specific condition
    - Helped the care recipient with basic care needs, including using the bathroom and walking
  - Review what your action plan was
    - You should **read what the action plan was** from last week

- Were you able to complete your action plan?
- Discuss barriers and challenges faced when trying to complete your plan
- Did your action plan help you work toward your goals or overcome barriers?
- Did this exercise help improve your week?
4. **Self-Care: Physical Wellness and Mindfulness:**

- Explain the importance of self-care. If the caregiver does not take care of themselves, they **may experience both physical and emotional strain**. This stress can **negatively impact overall health and/or their ability to care for their loved one**.

- So, self-care, both physically and emotionally, allows the caregiver to live a healthy lifestyle while still being able to care for their loved one.

  a. **Key Takeaways:**

     o Understand and appreciate the importance of maintaining physical and mental wellness – such as exercise, sleep, nutrition, and mindfulness – for the benefit of both you and the care recipient

     o Identify healthy behaviors you currently engage in on a regular basis

     o Create a specific, realistic, and achievable action plan for incorporating healthy behaviors into your everyday life
b. **Physical Wellness:** Increase your ability to engage in healthy habits that promote physical wellness and help better manage stress and difficult emotions

   - **Key Takeaways:**
     1. Understand the benefits and necessity of healthy habits including regular exercise, proper sleep, and a nutritious diet
     2. Identify your current habits and how they can be improved upon
     3. Create a specific, realistic, and achievable action plan for improving habits that affect your physical health

c. **Mindfulness:** Increase your knowledge about and participation in activities that promote mindfulness to better manage stress and difficult emotions

   - **Key Takeaways:**
     1. Understand that stressful circumstances and difficult emotions are a part of life, but some resources can help you manage those feelings
     2. Identify personal physical or emotional reactions or signs which may indicate you are experiencing stress
     3. Participate in at least one mindfulness exercise
     4. Create a specific, realistic, and achievable action plan for incorporating mindfulness exercises into everyday life
Physical Wellness

Taking care of yourself physically is one of the most important things you need to do as a caregiver. Healthy habits – including regular exercise, proper sleep, and nutrition – are very important for your overall physical health and emotional wellbeing.

Physical wellness can provide the following benefits:¹
- Increased energy level
- Reduced feelings of depression and stress
- Improved physical strength
- Prevention of chronic conditions and diseases

### Tips to Promote Physical Wellness

<table>
<thead>
<tr>
<th>Exercise²</th>
<th>Sleep³</th>
<th>Nutrition⁴</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Take short exercise breaks throughout the day. This can be 3 10-minute exercises instead of one longer 30-minute session</td>
<td>1. Wake up and go to bed at the same time each day</td>
<td>1. Drink plenty of liquids, but stay away from whole milk and beverages with added sugars and salt</td>
</tr>
<tr>
<td>2. Set aside specific times and days of the week for exercise or physical activity</td>
<td>2. Avoid caffeine and alcohol 4-6 hours before bedtime</td>
<td>2. Eat with others by inviting a friend to lunch, participating in a potluck, or attending a meal at a community center or place of worship</td>
</tr>
<tr>
<td>3. Exercise with a friend</td>
<td>3. Use comfortable bedding and eliminate as much light as possible</td>
<td>3. Control your portion size by planning your meals for the week ahead of time</td>
</tr>
<tr>
<td>4. If possible, find ways to be active with the care recipient</td>
<td>4. Do not use electronics before bedtime</td>
<td>4. Include a variety of vegetables in your diet. If needed, eat softer fruits and vegetables to protect your teeth and gums</td>
</tr>
<tr>
<td></td>
<td>5. Use relaxation techniques, such as journaling or meditation, so you do not take your worries to bed</td>
<td>5. Read the Nutrition Facts label</td>
</tr>
<tr>
<td></td>
<td>6. Eat a light snack, such as a glass of warm milk or a banana, before bedtime</td>
<td>6. Ask your doctor about vitamins or supplements</td>
</tr>
</tbody>
</table>

For more information on physical wellness, consult a doctor or visit https://www.nia.nih.gov/health.

² Ibid.
Mindfulness

While busy with work, caregiving duties, maintaining relationships, and more, we often forget to focus on ourselves. We stray from the present moment, obsessively thinking about what will happen in the future or what just happened in the past, continuously growing more and more anxious and depressed. Mindfulness is a way to calm the mind and reduce this anxiety.

Mindfulness is a process of bringing your attention to the present moment, so you are completely focused on what is currently happening and what you are currently doing. Mindfulness can be obtained through the practice of meditation, deep breathing, and other training. The following exercises may help you begin your journey to reduce anxiety and reach a mindful state.

**Examples of Mindfulness Exercises**

<table>
<thead>
<tr>
<th>Sitting Meditation¹</th>
<th>Deep Breathing²</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Take a comfortable posture, either on the floor or in a chair</td>
<td>1. Sit in a comfortable position or lie flat</td>
</tr>
<tr>
<td>2. Close your eyes and bring a full, present attention to whatever you feel within and around you</td>
<td>2. Place one hand on your belly just below your ribs and the other hand on your chest</td>
</tr>
<tr>
<td>3. Feel the sensations of your body</td>
<td>3. Take a deep breath through your nose, and let your belly push your hand out. Your chest should not move</td>
</tr>
<tr>
<td>4. Notice sounds, feelings, thoughts, and expectations that are present. Allow these to come and go, rising and falling like waves of the ocean</td>
<td>4. Breathe out through slightly purse lips. Feel your hand on your belly go in and out</td>
</tr>
<tr>
<td>5. Bring your attention to the in-and-out breathing wherever you notice it</td>
<td>5. Repeat this breathing 3 to 10 times</td>
</tr>
<tr>
<td>6. Relax and softly rest your attention on each breath</td>
<td></td>
</tr>
<tr>
<td>7. Your attention may be carried away by the waves of thoughts, sensations, or sounds. When you notice this, let it pass and gently return to the breath</td>
<td></td>
</tr>
<tr>
<td>8. After you have sat for ten to twenty minutes, open your eyes and look around you before getting up</td>
<td></td>
</tr>
<tr>
<td>9. Remember this spirit of awareness as you go through your daily activities</td>
<td></td>
</tr>
</tbody>
</table>

For more information on mindfulness, search for additional resources online.

5. **Your Human Needs Inventory**: Identify and prioritize the activities that are meaningful to you. Consider how the program can help you complete these activities. [Please specify hours or percentage spent per day.]

- **Explain that the purpose of this exercise is to ensure that all of the caregiver’s needs are attended to during the day.** This is a guide to help balance the caregiver’s responsibilities, self-care, and enjoyable activities.

<table>
<thead>
<tr>
<th>Elements of Being Human</th>
<th>Where do you spend your time now?</th>
<th>Where do you wish you could spend more time?</th>
<th>What would help you achieve this?</th>
<th>Biggest Challenge (i.e. not enough time, too expensive, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical &amp; Mental Health</td>
<td>Hours/Percentage</td>
<td>Description</td>
<td>Hours/Percentage</td>
<td>Description</td>
</tr>
<tr>
<td>(exercising regularly, participating in meditation, developing effective coping strategies, stress reduction, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elements of Being Human</td>
<td>Where do you spend your time now?</td>
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<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>Hours/Percentage</td>
<td>Description</td>
<td>Hours/Percentage</td>
<td>Description</td>
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<tr>
<td>Financial Management &amp; Security (maintaining savings, managing retirement funds, budgeting, etc.)</td>
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<tr>
<td>Autonomy &amp; Privacy (having options &amp; choices, setting boundaries, making one’s own space in a shared home, doing activities on one’s own, etc.)</td>
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</tr>
<tr>
<td>Elements of Being Human</td>
<td>Where do you spend your time now?</td>
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<tr>
<td>Belonging &amp; Support (social connection, maintaining contact with friends, doing activities with friends, etc.)</td>
<td>Hours/Percentage</td>
<td>Description</td>
<td>Hours/Percentage</td>
<td>Description</td>
</tr>
<tr>
<td>Purpose Activities &amp; Self-Esteem (volunteering, hobbies, exploring talents, etc.)</td>
<td>Hours/Percentage</td>
<td>Description</td>
<td>Hours/Percentage</td>
<td>Description</td>
</tr>
<tr>
<td>Spiritual/ Creative Search for Meaning (going to church, a retreat, quiet room, walking in the woods, painting, etc.)</td>
<td>Hours/Percentage</td>
<td>Description</td>
<td>Hours/Percentage</td>
<td>Description</td>
</tr>
</tbody>
</table>
6. **Care Map Exercise:** A Care Map is a way to visually represent the people and services involved in your family caregiving situation.

- Explain that the purpose of this activity is to **identify what support is available to you** and to what extent you are using your support system. After completing this activity, the caregiver should be able to better understand **who they can go to for support and how they can better utilize their support system.** Walk the caregiver through each step of the Care Map exercise.

   a. **Step 1 – Gather tools**
      - You will need a pencil and eraser
      - Two blank sheets of paper are provided
   b. **Step 2 – Choose your symbols**
      - Different symbols represent different people and relationships. Decide which symbols you would like to use for different relationships in your life. For example:
        1. **Stick men and stick women:** male and female family/friends
        2. **Circles:** professional caregivers
        3. **Small animals:** pets
        4. **Box:** groups, such as a support group
c. **Step 3 – Create connections**
   - Use different styled lines to illustrate the frequency of care, and use arrowheads to show who cares for whom. For example:
     1. **Thick line**: provide care multiple times a day
     2. **Normal line**: provide care once a day
     3. **Dotted line**: provide care occasionally

d. **Step 4 – Identify people**
   - Who lives in your home?
   - Who do you care for?
   - Who else cares for them?
   - Who cares for you?

e. **Step 5 – Draw**
   - First, draw yourself in the middle of the paper. Then, add other people. Use distance on the paper to indicate geographical distance (i.e. if someone lives far away, draw them on the edge of the paper).
   - Draw enclosing areas to group together people who are:
     1. In your home
     2. Nearby
     3. Middle-distance
     4. Far away
   - Draw connections
   - After drawing, add your name and date on the paper as caregiving situations change over time
f. **Example of Care Map**

Show the caregiver this example of what a Care Map looks like. Point out the different forms of support and how they are illustrated.

(Instructions and image from: https://atlasofcaregiving.com/put-your-family-caregiving-on-the-map/)
7. **My Action Plan:**

Creating your action plan will depend on what was achieved last week and what was discussed today. Make an action plan that helps you achieve your goals. You will note how much time is left in the session, then begin the activity. **Reinforce the importance of linking the action plan to today’s discussion and overall goals.**

**MY ACTION PLAN**

When writing an action plan, be sure it includes:

1. What you are going to do.
2. How much you are going to do.
3. When you are going to do it (i.e., what time of day).
4. How often you are going to do it.

Example: This week I will read my favorite book (*what*) for a half hour (*how much*) at bedtime (*when*) on Monday, Wednesday, and Friday (*how often*).

This week I will ___________________________________ [what]

_____________________________________________________ [how much]

_____________________________________________________ [when]

_____________________________________________________ [how often]

How confident are you that you will complete your entire action plan during the week?

(Circle) 0 1 2 3 4 5 6 7 8 9 10

not at all confident totally confident
### Check off each day you accomplish your plan

<table>
<thead>
<tr>
<th>Day</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
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<td>Saturday</td>
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<tr>
<td>Sunday</td>
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</tbody>
</table>

8. **Confirm next session date and time**

- Summarize what was accomplished during this session, what action plan was identified, and what the caregiver is planning to accomplish in the next week. Encourage the caregiver to put their goals and action plan in a place that they can constantly see (i.e. refrigerator).
- Complete the post-visitation form after you leave the caregiver’s home.
Session 3 – Rallying Social Support

1. Greeting and Check-In
   - The care coach will check in with you on how your week has been.
   - Allow up to 10 minutes for the caregiver to talk about their week.
   - Ask if there was anything good, bad, difficult, or fun that they would like to discuss.
   - Actively listen to the content of the week (i.e. “wow that sounds like a lot to manage” or “I'm glad things went so well for you this week”).

2. Revisit prior week’s discussion
3. Review Care Map Exercise
4. Building a Social Support System
5. Maintaining Healthy Relationships
6. My Action Plan
7. Confirm next session date and time
2. **Revisit prior week’s discussion:**

Review the information discussed and action plan created last week, **challenges faced** when trying to complete your action plan, and **why** you did or did not complete the action plan.

- **Summarize information discussed last week**

  - Remind the caregiver that in last week’s session they revised their goals, completed their Human Needs Inventory activity, and drew a Care Map. They also created an action plan to work toward their goals.

  - Along with completing activities, the caregiver learned how to:
    - Increase their ability to engage in healthy habits
    - Increase their ability and participation in activities that promote mindfulness

- **Review what your action plan was**

  - You should **read what the action plan was** from last week

  - Were you able to complete your action plan?

  - Discuss barriers and challenges faced when trying to complete your plan.

  - Did your action plan help you work toward your goals or overcome barriers?

  - Did this exercise help improve your week?

**Note everything discussed for future reference.**
3. Review Care Map Exercise:
   - Explain that you will now be reviewing the Care Map exercise that was completed last week. You will help the caregiver look at and identify different parts of their support system. The caregiver may have thought they had little to no support when they actually have a large network or haven’t tapped into a support that may be available to them.
   a. Did you get a chance to review your Care Map?
   b. Would you like to make any changes to your Care Map?
   c. How has this support network helped you?
      o Who provides care support to whom?
      o What are the different types of support provided?
      o Who is very involved and who is not? Why?
   d. Are there ways you can better utilize your support network?

   Encourage the caregiver to post their Care Map on their refrigerator and share with others.
4. **Building a Social Support System:** Enhance your ability to seek assistance from care providers and coordinate care from multiple sources

- **Explain that informal care** refers to family members, friends, church members, etc., and **formal care** refers to paid caregivers, respite care, etc.

- Building and using a support system can **reduce feelings of burden and stress** for the caregiver. No one should have to do this alone.

a. **Key Takeaways:**

- Recognize that caregiving is difficult to accomplish alone; support from others can give you strength and alleviate some of your responsibilities.

- Identify and discuss the potential benefits of using support services. **Note that this includes both informal and formal sources.**

- Discuss ways to seek out and use different types of support.
Building a Social Support System

Caring for a relative or friend is an incredibly important role. Whether driving your loved one to doctor’s appointments or helping them bathe, you may find yourself taking more time off from work, managing finances, and performing other chores.\(^1\)

Because caregiving is time consuming, you may spend less time chatting with friends or doing the things that you enjoy. To make caregiving a bit easier, consider building a support system of people and resources that can help you overcome any obstacle.

To build your support network, begin with these steps:\(^2\)

1. **Start the conversation:** Talk about you and your loved one’s values and preferences for healthcare, and also discuss financial management.

2. **Make a plan:** Form a family caregiving plan to help you respond quickly and effectively when needed. This includes figuring out who will help you perform the caregiving duties. If helpful, include a social worker in the discussion.

3. **Find support:** Have a list of contact information for organizations and professionals with experience in helping family caregivers. Also, have a list of friends and family members who you can talk to when you need emotional support or a break, and consider joining a support group.

4. **Care for yourself:** Make plans with friends and relatives when you need time away from caregiving duties. Utilize your support network by asking others for help when you need time for yourself. Reach out to a respite agency to get a break from caregiving responsibilities or allow a friend or relative to help.

For more information about building a support network, refer to AARP’s *Prepare to Care: A Planning Guide for Families* or perform your own research.

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\(^2\) Ibid.
5. **Maintaining Healthy Relationships:**

- Explain that **spending so much time with one person can strain the relationship**. The caregiver and care recipient may get frustrated with each other, argue more often, or talk differently to each other because of their new roles.

- **Preserving the relationships** between the caregiver and care recipient can make caregiving a more rewarding and smooth experience.

a. **Communication:** Strengthen your and the care recipient’s relationship by improving listening and communication skills

  o **Key Takeaways:**
    1. Discuss the importance of open and honest communication within your relationship
    2. Identify practical approaches to improve communication
    3. Discuss the importance of listening and valuing each other’s perspectives

b. **Empathy:** Improve your and the care recipients’ empathy for one another and the challenges you both face

  o **Key Takeaway:**
    1. Better discuss and empathize with personal challenges and circumstances that you and the care recipient face
c. **Loving Touch:** Enhance your and the care recipient’s emotional and physical wellbeing through physical touch

  - **Key Takeaway:**
    1. Understand the importance of physical touch in relationships and personal wellbeing
Communication

As a caregiver, you have to communicate with multiple different people including the care recipient, relatives, friends, co-workers, healthcare providers, insurance companies, and more. Communication is key to caring for both your loved one and yourself. In general, try to separate your emotions from conversation and stay on subject for each person you speak with.

<table>
<thead>
<tr>
<th>Communication Tips</th>
<th>Family</th>
<th>The Care Recipient</th>
<th>Healthcare Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Be open about fears, worries, and needs</td>
<td>1. You both may be time time to realize that your roles may have changed</td>
<td>1. Express concerns, ask questions, and get facts</td>
<td></td>
</tr>
<tr>
<td>2. Remember that everyone is feeling pressure and insecurity</td>
<td>2. Be honest, patient, and kind</td>
<td>2. Clarify what you hear to ensure you understand the information and instructions</td>
<td></td>
</tr>
<tr>
<td>3. Be patient</td>
<td>3. Use ‘I’ messages instead of ‘you’ messages (i.e. “I feel angry” instead of “You make me angry”)</td>
<td>3. Write down your questions before doctor’s visits and phone calls</td>
<td></td>
</tr>
<tr>
<td>4. Give everyone time to adjust in their own way</td>
<td>4. If the care recipient is unable to understand or express speech, ask a healthcare provider about the best way to communicate</td>
<td>4. Keep records of all that occurs with the care recipient</td>
<td></td>
</tr>
</tbody>
</table>

For more information on communication, perform additional online research.

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2 Ibid.
3 Ibid.
Empathy

Caring for someone requires understanding, compassion, and – most importantly – empathy. Empathy is the practice of putting yourself in someone else’s shoes to understand what they are feeling.¹ This includes the ability to sense other people’s emotions along with the ability to imagine what someone might be thinking or feeling – an important skill for caregivers to develop.²

There are two types of empathy: cognitive and affective.³ Cognitive empathy is the ability to identify another person’s feelings. For example, if someone is happy after achieving a goal, you are able to understand why they are happy. Affective empathy is the ability to feel how another person is feeling. Based on the previous example, you are able to feel the same happiness that they feel about their accomplishment as if you were the one to achieve the goal.

Empathy is a skill that does not often develop easily; it requires attention and practice, just like learning any other skill.

**To improve empathy, consider the following techniques:**⁴

- Maintain eye-contact
- Listen
- Pay close attention to the other person’s facial expressions and body language
- Be mindful of your body language
- Tell the other person that you understand how they feel

By focusing on these techniques, you can help the care recipient feel more calm and understood. However, taking on another person’s feelings is not an easy task. You may experience difficulty when trying to put yourself in their shoes and process the situation. Remember to take steps to promote your own emotional wellness by talking about your feelings with your support system, contacting healthcare providers, taking breaks from caregiving duties, and making time for activities you enjoy.

_For more information on empathy, search for additional resources online or contact a professional._

---

² Ibid.
³ Ibid.
⁴ Ibid.
A Loving Touch

Loving touch – whether it be a gentle caress, holding hands, or a warm embrace – has numerous positive effects leading to healthy brain development in younger years and mental and emotional well-being throughout life. Touch gives a sense of body ownership, safety, and comfort.

Experiencing physical touch on a regular basis increases levels of the hormone oxytocin¹ which:

- Lowers stress levels
- Decreases blood pressure
- Improves mood
- Increases pain tolerance
- Alleviates headaches
- Enhances sleep quality
- Boosts self-esteem

Overall, affectionate physical touch makes us feel less alone and more connected.

<table>
<thead>
<tr>
<th>Techniques to Provide a Loving Touch</th>
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<tbody>
<tr>
<td><strong>Friends and Family</strong></td>
</tr>
<tr>
<td>1. Hug when saying hello or goodbye</td>
</tr>
<tr>
<td>2. High five or fist bump</td>
</tr>
<tr>
<td>3. Massage their neck, back, hands, or feet</td>
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<tr>
<td>4. Brush their hair</td>
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<tr>
<td>5. Kiss their cheek or forehead</td>
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</tbody>
</table>

Before trying these techniques, get permission from the care recipient to ensure that they are comfortable and consult their doctor to confirm that there are no health conflicts.

6. **My Action Plan:**

Creating your action plan will depend on what was achieved last week and what was discussed today. Make an action plan that helps you achieve your goals. You will note how much time is left in the session, then begin the activity. **Reinforce the importance of linking the action plan to today’s discussion and overall goals.**

**MY ACTION PLAN**

When writing an action plan, be sure it includes:

1. What you are going to do.
2. How much you are going to do.
3. When you are going to do it (i.e., what time of day).
4. How often you are going to do it.

Example: This week I will read my favorite book (*what*) for a half hour (*how much*) at bedtime (*when*) on Monday, Wednesday, and Friday (*how often*).

This week I will ___________________________________ [what]

____________________________________________________ [how much]

____________________________________________________ [when]

____________________________________________________ [how often]

How confident are you that you will complete your entire action plan during the week?

(Circle) 0 1 2 3 4 5 6 7 8 9 10

*not at all confident*  *totally confident*
Check off each day you accomplish your plan

<table>
<thead>
<tr>
<th>Day</th>
<th>Comments:</th>
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<tbody>
<tr>
<td>Monday</td>
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</table>

7. **Confirm next session date and time**
   - Summarize what was accomplished during this session, what action plan was identified, and what the caregiver is planning to accomplish in the next week. Encourage the caregiver to put their goals and action plan in a place that they can constantly see (i.e. refrigerator).
   - Complete the post-visitation form after you leave the caregiver’s home.
## Sessions 4-12 – General Template

1. Greeting and Check-In
   - The care coach will check in with you on how your week has been.
   - Allow up to 10 minutes for the caregiver to talk about their week.
   - Ask if there was anything good, bad, difficult, or fun that they would like to discuss.
   - Actively listen to the content of the week (i.e. “wow that sounds like a lot to manage” or “I’m glad things went so well for you this week”).

2. Revisit prior week’s discussion

3. Learning Focus #1

4. Learning Focus #2

5. Learning Focus #3

6. My Action Plan

7. Confirm next session date and time
2. **Revisit prior week’s discussion:**

Review the information discussed and action plan created last week, **challenges faced** when trying to complete your action plan, and **why** you did or did not complete the action plan.

- Summarize information discussed last week
- Review what your action plan was
  - You should **read what the action plan was** from last week
- Were you able to complete your action plan?
- Discuss barriers and challenges faced when trying to complete your plan.
- Did your action plan help you work toward your goals or overcome barriers?
- Did this exercise help improve your week?

**Note everything discussed for future reference.**
Customize the next intervention sessions based on caregiver's needs. If caregiver has a hard time thinking of topics, refer the caregiver to The Caregiver Toolkit for suggestions. Allow the caregiver to choose 1-3 topics to focus on during these additional sessions.

3. **Learning Focus #1:** Enhance your knowledge and skill in a preferred topic by using The Caregiver Toolkit as a guide
   a. **Key Takeaways:**
      - Develop skills and identify needs in this specific focus

4. **Learning Focus #2:** Enhance your knowledge and skill in a preferred topic by using The Caregiver Toolkit as a guide
   a. **Key Takeaways:**
      - Develop skills and identify needs in this specific focus

5. **Learning Focus #3:** Enhance your knowledge and skill in a preferred topic by using The Caregiver Toolkit as a guide
   a. **Key Takeaways:**
      - Develop skills and identify needs in this specific focus
6. **My Action Plan:**

Creating your action plan will depend on what was achieved last week and what was discussed today. Make an action plan that helps you achieve your goals. **You will note how much time is left in the session, then begin the activity.** Reinforce the importance of linking action **steps to today’s discussion and overall goals.**

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**MY ACTION PLAN**

When writing an action plan, be sure it includes:

1. What you are going to do.
2. How much you are going to do.
3. When you are going to do it (i.e., what time of day).
4. How often you are going to do it.

Example: This week I will read my favorite book (**what**) for a half hour (**how much**) at bedtime (**when**) on Monday, Wednesday, and Friday (**how often**).

This week I will __________________________________________ [what]

________________________________________________________ [how much]

________________________________________________________ [when]

________________________________________________________ [how often]

How confident are you that you will complete your entire action plan during the week?

(Circle) 0 1 2 3 4 5 6 7 8 9 10

not at all confident  totally confident
### Check off each day you accomplish your plan

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**7. Confirm next session date and time**

- Summarize what was accomplished during this session, what action plan was identified, and what the caregiver is planning to accomplish in the next week. Encourage the caregiver to put their goals and action plan in a place that they can constantly see (i.e. refrigerator).

- Complete the post-visitation form after you leave the caregiver’s home.
1. **Greeting and Check-In:**
The care coach will check in with you on how your week has been.

2. **Revisit prior week’s discussion:**
Review the information discussed and action plan created last week, **challenges faced** when trying to complete your action plan, and **why you did or did not complete the action plan**.
   - Summarize information discussed last week
   - Review what your action plan was
   - Were you able to complete your action plan?
   - Discuss barriers and challenges faced when trying to complete your plan
   - Did your action plan help you work toward your goals or overcome barriers?
   - Did this exercise help improve your week?
3. **Planning for Future Financial Decision-Making:** Prepare for future financial decision-making and management if the care recipient is no longer able to make their own personal financial decisions

   a. **Key Takeaways:**
      
      o Discuss the importance of planning in advance for future inability to manage personal finances
      o Discuss decisional incapacity and signs capacity may be impaired
      o Describe tools to plan for future incapacity
      o Discuss the values and priorities that currently guide the care recipient’s money management decisions and share how those values might be maintained if their capacity is compromised
      o Complete a financial power of attorney or set-up a representative payee for benefits

4. **Financial Resources:** Increase your access to helpful financial resources

   a. **Key Takeaways:**
      
      o Identify financial resources and programs that you may benefit from
      o Apply to receive resources and benefits from programs offering services or benefits
      o Follow-up with service and resource providers to ensure they receive, or continue to receive, resources and benefits
Planning for Future Financial Decision Making

Managing finances for both you and the care recipient is complicated. Discussing finances sooner rather than later is key to making this process a little bit simpler.

If the care recipient is able to discuss finances, have them designate a person who they would like to handle their finances in the future. They should teach the designated person about their investments, accounts, insurances, and other financial information.

If you are the designated person, make sure you know where the following documents are located:\(^1\)

- Durable power of attorney (for the caregiver)
- Living will
- Will
- Trust documents
- Investments (i.e. stock and bond certificates)
- Retirement benefits (i.e. Social Security)
- Loan agreements
- Health insurance policies
- Automobile insurance policies and titles
- Homeowner’s insurance, deed, and mortgage papers
- Recent billing statements (i.e. utilities, credit card)
- Medical bills
- Tax records and forms

If you need assistance with taking over the care recipient’s finances:\(^2\)

- Visit an advisor at their financial institution
- Bank online
- Consolidate credit cards
- Speak with a financial planner

For more information about planning for future financial decision making, contact a financial professional.

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\(^2\) Ibid.
Financial Resources

- **BenefitsCheckUp (for those who are 65 years old and older)**
  - To discover which government programs, supplements, and services you may qualify for, visit: https://www.benefitscheckup.org/

- **Benefit Finder**
  - To discover which government programs, supplements, and services you may qualify for, visit: https://www.benefits.gov/

- **Long-Term Care Insurance**
  - To find out more about this support service, visit: https://longtermcare.acl.gov/

- **Medicaid**
  - To learn more about qualifying and applying for coverage, visit the Medicaid website: https://www.medicaid.gov/

- **Medicare**
  - To get more information about this coverage program, visit the Medicare website: https://www.medicare.gov/

- **State Welfare Programs**
  - To learn more about available state welfare programs, visit the Department of Health and Human Services website: https://www.welfareinfo.org/welfare-department/

- **Supplemental Security Income (SSI)**
  - To learn more about qualifying for and receiving assistance, visit the Social Security Administration website: https://www.ssa.gov/ssi/

- **Tax Incentives**
  - To see if you qualify for a tax break because you care for your loved one, view IRS Publication 502: https://www.irs.gov/pub/irs-PDF/p502.PDF

- **The Family Medical Leave Act**
  - To take unpaid, job-protected leave to care for the care recipient, understand your rights and qualifications: https://www.dol.gov/whd/fmla/

- **Veteran-Directed Home and Community-Based Services Program**
  - To learn about qualifying for assistance, visit the Disabled American Veterans website: https://www.dav.org/caregiver/veteran-home-service-program/
5. **Advance Care Planning:** Enhance your ability to plan with the care recipient for future care needs, if the time comes when the care recipient can no longer advocate their own care or personal care needs

a. **Key Takeaways:**
   - Identify potential care needs which may arise during the care recipient’s lifetime
   - Describe the care recipient’s personal life values and preferences for care
   - Identify boundaries in caregiving roles and critical decision points
   - Create a life care plan outlining potential sources of care that may be available if a need for care arises
   - Work with the care recipient to appoint a surrogate decision-maker and complete paperwork to be a health care power of attorney
   - Provide clear and effective direction to health care professionals to ensure the best care for the care recipient when/if they become incapacitated
   - Access and complete an advance directive and/or a living will with the care recipient
Advance Care Planning

Advance care planning, also known as life care planning, is the process of thinking about what you would want to happen in a situation where you cannot speak for yourself. This process includes two important decisions:¹

- Who will speak for you if you cannot speak for yourself?
- What would you want that person to say?

If the care recipient is still able to speak for themselves, you may sit down and start a conversation with them as soon as possible. The care recipient can let you know and state in writing who would make decisions on their behalf, what they value most in life, and how they would want to be treated in specific health or medical circumstances.²

These wishes can be recorded by completing an Advance Health Care Directive (AHCD), which is a legal document that allows you to:

- Choose who will speak for your healthcare decisions
- Detail your wishes for medical care
- Express your priorities and values

As people age, their goals, priorities, and wishes for advance care planning may change. Major events – such as entering a new decade, experiencing a decline in health, or losing a close friend or family member – are good opportunities to take another look at your AHCD.³ You can change your AHCD at any time, and it is important to keep this as up to date as possible.

Overall, there is no better time to start planning for you and the care recipient's future than now so you and the care recipient can get the care wanted.

For more information about advance care planning, visit Kaiser Permanente’s website at https://m.kp.org/southern-california/health-wellness/life-care-plan or conduct your own research.

² Ibid.
³ Ibid.
6. **Record Keeping:** Improve your ability to keep track of health care documents and information

   a. **Key Takeaways:**
      
      o Identify the benefits of maintaining and organizing health records and information
      o Identify existing approaches to organization which you may currently use
      o Apply specific organizational techniques that work for you as an individual
Record Keeping

Arranging a system of care for you and the care recipient is complex. There is a lot of information to keep track of, from doctor’s appointments to medication management to transportation. Organizing records can help make the caregiving process a bit less stressful.

Consider the following tips for staying organized:¹

- Set up a notebook, computer folder, or caregiver app to keep all records in the same place
- Take notes each time you contact a healthcare provider or other professional, including date, name of the person you talked to, and what you discussed
- Make a weekly calendar of appointments, family and friend visits, and other activities
- Keep a detailed list of medications and bring this to each doctor’s appointment
- Arrange for regular delivery of needed supplies

For an example of how to keep organized records, use Next step in Care’s A Family Caregiver’s Planner for Care at Home at https://nextstepincare.org/uploads/File/Care_Planner.PDF or conduct your own research.

7. **My Action Plan:**

Creating your action plan will depend on what was achieved last week and what was discussed today. Make an action plan that helps you achieve your goals.

**MY ACTION PLAN**

When writing an action plan, be sure it includes:

1. What you are going to do.
2. How much you are going to do.
3. When you are going to do it (i.e., what time of day).
4. How often you are going to do it.

Example: This week I will read my favorite book (what) for a half hour (how much) at bedtime (when) on Monday, Wednesday, and Friday (how often).

This week I will _____________________________ [what]
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How confident are you that you will complete your entire action plan during the week?

(Circle) 0 1 2 3 4 5 6 7 8 9 10

**not at all confident**

**totally confident**
Check off each day you accomplish your plan

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</table>

8. **Confirm next session date and time**
Suggested Topic 2 – Improving Safety

1. Greeting and Check-In
   The care coach will check in with you on how your week has been.

2. Revisit prior week’s discussion:
   Review the information discussed and action plan created last week, challenges faced when trying to complete your action plan, and why you did or did not complete the action plan.
   - Summarize information discussed last week
   - Review what your action plan was
   - Were you able to complete your action plan?
   - Discuss barriers and challenges faced when trying to complete your plan
   - Did your action plan help you work toward your goals or overcome barriers?
   - Did this exercise help improve your week?
3. **Reducing Risk of Falls:** Increase your knowledge of fall risks in the home and community and reduce risk of falls in your environment
   
a. **Key Takeaways:**
   
   o Identify potential fall risks in your home or community which pose a hazard to you and the care recipient
   
   o Discuss best practices for creating environments which reduce fall risk (i.e. appropriate lighting, avoidance of slip rugs, use of universal design concepts, etc.)
   
   o Identify organizations which may be able to provide assistance with home modifications (i.e. Area Agency on Aging, Handyworker Program, etc.)
Reducing Risk of Falls

One in four people 65 years old and older falls each year. Falls can result in physical injury and a loss of independence.

Falls, however, are not something that come with age. With proper attention and techniques, they can be prevented.

<table>
<thead>
<tr>
<th><strong>Tips to Prevent Falls</strong></th>
<th>Speak Up</th>
<th>Keep Moving</th>
<th>Have Annual Checks</th>
<th>Make Home Safe</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Discuss fall risks and prevention with your healthcare provider</td>
<td></td>
<td>1. Participate in activities that improve balance and strength (i.e. Tai Chi, yoga, dancing, walking, etc.) Stay active to improve confidence when moving</td>
<td>1. Schedule annual physical, vision, and hearing checkups and medication evaluation</td>
<td>1. Keep floors free from clutter</td>
</tr>
<tr>
<td>2. Tell your healthcare provider when a fall has occurred</td>
<td>2. Install handrails and lights on staircases</td>
<td></td>
<td>2. Replace eyeglasses, as needed</td>
<td>2. Remove throw rugs</td>
</tr>
<tr>
<td>3. Keep an updated list of medications</td>
<td>3. Ask your healthcare provider about the best exercise program for you and the care recipient</td>
<td>3. Ask your healthcare provider to check the care recipient’s feet once a year</td>
<td>3. Install grab bars in the bathroom</td>
<td></td>
</tr>
<tr>
<td>4. Ask your healthcare provider about Vitamin D supplements to improve bone and muscle health</td>
<td>4. Use an assistive device, like a cane or walker, as needed</td>
<td>4. Wear supportive footwear</td>
<td>4. Install handrails and lights on staircases</td>
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<td></td>
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<td>5. See a foot specialist, if needed</td>
<td>5. Make sure each room has a lot of light</td>
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<td></td>
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<td></td>
<td>6. Ensure good lighting outside and around the home and driveway</td>
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</tbody>
</table>

For more information about reducing the risk of falls, visit the Center for Disease Control and Prevention’s website [https://www.cdc.gov/homeandrecreationalsafety/falls/index.html](https://www.cdc.gov/homeandrecreationalsafety/falls/index.html) or contact a healthcare provider.

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2 Ibid.
4. **Medication Management:** Increase your capacity to manage both your and the care recipient’s personal medications

   a. **Key Takeaways:**
      
      o Identify best practices for keeping track of and appropriately administering medications
      o Describe steps that can be taken to document and seek help for adverse reactions and side effects
      o Discuss the care recipient’s potential refusal to take medications and your response to such decision making
Medication Management

Medications include:

- Prescriptions
- Over-the-counter substances
- Mail order vitamins and supplements
- Homeopathic remedies
- Alternative medications

To safely take medications, tell your doctor all medications that you or the care recipient are taking. Ask your doctor detailed questions about new medications that they prescribe to you or the care recipient, such as:¹

- What is the name of the medicine and why am I taking it?
- What medical condition does this medicine treat?
- Should I take the medicine with food or not? Is there anything I should not eat or drink when taking this medicine? Are there any other restrictions?
- Will this medicine react with other medicines I am taking?
- What side effects can I expect? What should I do if I have a problem?

Write down your doctor’s answers to these questions to remember any special instructions that they provide.

<table>
<thead>
<tr>
<th>Tips for Safe Medication Management²</th>
<th>Keeping Track of Medicine</th>
<th>Taking Medicine Safely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Make a list of all medicines you or the care recipient take</td>
<td>1. Read and follow all instructions on medicine labels</td>
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<tr>
<td>2. Keep all written information about medicines in an easy-to-access file</td>
<td>2. Use the correct dosage</td>
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<tr>
<td>3. Track expiration dates</td>
<td>3. Take medicine on time by using timers, pill boxes, or a calendar</td>
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<tr>
<td>4. Store medicines out of reach of young children and in a cool place away from sources of heat</td>
<td>4. Report any problems experienced with the medication</td>
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<tr>
<td>5. Ask the pharmacy to print instructions and restrictions in large font on the prescription bottle</td>
<td>5. Avoid drinking alcohol</td>
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<td>6. Take medicine until your doctor says it is alright to stop</td>
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<td>7. Do not take medicines prescribed for another person</td>
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<td></td>
<td>8. Order all medications from the same pharmacy</td>
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</tbody>
</table>

For more information on safe medication management, talk to a healthcare professional.

² Ibid.
5. **Emergency and Disaster Planning and Preparedness:**

   Acknowledge and prepare for emergency and disaster situations

   a. **Key Takeaways:**

      o Discuss the importance of emergency planning and preparation

      o Develop an emergency preparedness plan that addresses the safety of both you and the care recipient, whether you are alone or together at the time of the emergency

      o Create emergency and disaster preparedness kits to enable both you and the care recipient to shelter in place – whether physically apart or together
Emergency & Disaster Planning

Natural disasters – such as hurricanes, earthquakes, floods, fires, tornadoes, and snowstorms – can completely disrupt normal living. These emergencies cannot be prevented, but they can be prepared for. Even though an emergency might never happen, there is always a chance that it will occur.

**Tips to Prepare for an Emergency & Disaster**

<table>
<thead>
<tr>
<th>Know the Basics</th>
<th>Prepare Emergency Supplies</th>
<th>Make a Personal Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Learn about risks in your specific community</td>
<td>1. Enough water to last 3-6 days per household member</td>
<td>1. Ask your healthcare provider about emergency procedures for the care recipient’s condition</td>
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<tr>
<td>2. Have an emergency checklist</td>
<td>2. Easy-to-access flashlights</td>
<td>2. Register with your local fire department if you or the care recipient are disabled</td>
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<tr>
<td>3. Know how to evacuate and where the nearest emergency shelter is</td>
<td>3. First aid kit</td>
<td>3. Know how to accommodate for your specific needs during an emergency</td>
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<tr>
<td>4. Know how to turn off valves for household utilities (i.e. gas, water, electricity)</td>
<td>4. List of medications and 7-day supply</td>
<td>4. Share your plan with your family and friends</td>
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<td>5. Designate someone out-of-area as an emergency contact</td>
<td>5. Spare batteries</td>
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<td>6. Get to know your neighbors</td>
<td>6. Can-opener</td>
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<td>7. Water-proof matches</td>
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<td>8. Cash</td>
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<td>9. Emergency contact list</td>
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<td>10. Personal hygiene items</td>
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<td>11. Change of clothing</td>
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<td>12. Walking shoes</td>
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<td>13. Blanket</td>
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<td>14. Dust masks</td>
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<td>15. Breakfast bars</td>
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<td>16. Pet food and related items, if needed</td>
<td></td>
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</tbody>
</table>

Preparing an emergency checklist and supplies will take time and attention, but will provide peace of mind in knowing that you are prepared for this worst-case scenario. Share emergency preparedness tips with your friends and neighbors so they know your needs and can help during an emergency situation.


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2 Ibid.
6. **My Action Plan:**

Creating your action plan will depend on what was achieved last week and what was discussed today. Make an action plan that helps you achieve your goals.

**MY ACTION PLAN**

When writing an action plan, be sure it includes:

1. What you are going to do.
2. How much you are going to do.
3. When you are going to do it (i.e., what time of day).
4. How often you are going to do it.

Example: This week I will read my favorite book (*what*) for a half hour (*how much*) at bedtime (*when*) on Monday, Wednesday, and Friday (*how often*).

This week I will ___________________________________________ [what]
_________________________________________________________ [how much]
_________________________________________________________ [when]
_________________________________________________________ [how often]

How confident are you that you will complete your entire action plan during the week?

*(Circle)* 0 1 2 3 4 5 6 7 8 9 10

*not at all confident*  *totally confident*
<table>
<thead>
<tr>
<th>Day</th>
<th>Check off</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>___</td>
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<tr>
<td>Tuesday</td>
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<td>Sunday</td>
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7. **Confirm next session date and time**