**The Peaceful Mind Program:**

**CBT-AD Therapist Manual**

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**Table of Contents**

**Page**

**Introductory Material ………………………………………….**

**Overview …………………………………………………… 1**

**Learning and Memory Strategies ……………………… 7**

**Supplemental Information …..…………………………… 12**

**Session One Guide……………………………………………. 16**

**Module A: Awareness Tool…………………………………… 24**

**Module B: Breathing Changes……………………………….. 32**

**Module C: Calming Thoughts ……………………………….. 40**

**Module D: Increasing Activity……………………………….. 51**

**Module E: Sleep Skills………………………………………... 70**

**Termination/Transition Session……………………………… 87**

**Booster Sessions………………………………………………. 97**

**References…………………………………………………….. 100**

**INTRODUCTORY MATERIALS**

**Overview**

#### Introduction

The procedures outlined in this manual are designed for older adults (> age 60) with mild to moderate dementia and anxiety. This treatment may also be useful for older adults with mild cognitive impairment and other cognitive impairments. Procedures are drawn from cognitive behavioral interventions with demonstrated efficacy for the treatment of anxiety and depression in cognitively intact older adults (Stanley, Beck, Novy, et al., 2003; Quijano, Stanley, Petersen, et al., 2007). Modifications have been made to meet the needs of patients with dementia, informed by a review of the empirical literature (Snow, Powers, & Liles, 2006). The cognitive behavioral therapy for patients with anxiety and dementia (CBT-AD) protocol was developed, piloted, and modified over 2 years using a case series of seven patients. A preliminary case-study report showed positive outcomes (Kraus, Seignourel & Balasubramanyam, et al., 2007). CBT-AD is intended to be provided over a 6-month period. The first 3 months of treatment consist of 9 to 12 weekly in-person sessions, each with a brief telephone follow-up. Subsequent telephone follow-up appointments, weekly for 4 weeks and biweekly for 8 more weeks, are conducted over the second 3 months of treatment.

Collaterals

Ideally, a collateral, or caregiver, is present during each session to learn the skills and serve as a coach to help the patient practice between sessions. Collaterals are defined as family members, spouses, or friends who have at least 8 hours per week of contact with the patient. There is flexibility in the role of the collateral. The therapist works with the patient and the collateral to determine the collateral’s involvement in homework based on both individuals’ levels of skill and understanding, collateral availability, and patient comfort.

There is also the potential for involvement of more than one caregiver/collateral. When multiple collaterals are involved, the therapist must work with these individuals to clearly delineate the roles for each person, taking into account the patient’s preferences for collateral involvement. One collateral should be identified to complete pre-treatment, 3-month, and 6-month assessments, but other collaterals can have alternative roles. For example, one collateral might attend sessions and learn the skills whereas another could be responsible for reminding and helping the patient with homework assignments. There also must be a system for communicating between collaterals so that they are aware of their duties, maintain consistency in their approaches, and keep in mind the patient’s goals and progress at each session. With multiple family members participating in the program, previous family or marital conflicts may become apparent. It is important for the clinician to only focus on these issues to the extent that they interfere with the use of the tools specific to the treatment. It is outside the focus of the intervention for the clinician to include marital and family therapy techniques.

Session Modules

The CBT-AD manual includes modules that teach specific skills, including self-monitoring, breathing, coping self-statements, increasing activity, and sleep management. The therapist can decide with input from the patient and collateral which skills best fit the patient’s symptoms and abilities. Content, structure, and learning strategies for each skill have been designed to enhance comprehension, learning, and memory. Anxiety reduction skills have been simplified, and sessions should cover no more than one new skill.

There is flexibility in the selection of modules. Not all skills need to be taught to all patients, although in most cases Module A (Self-Monitoring) and Module B (Breathing Changes) will be used at the start of treatment. The therapist can work with the patient and collateral to choose other modules/skills that are most appropriate. Different learning strategies also can be selected and used to teach new skills and help patients build a “toolbox” of skills from which to choose.

CBT-AD uses a variety of strategies to enhance patient comprehension and encoding. These include asking patients to repeat information to ensure their understanding; creating retrieval/reminder cues, such as cards and calendars; and spaced retrieval (SR). SR is an evidence-based method for improving encoding and retrieval (Camp, 2006) that relies on procedural memory, which remains relatively intact late into dementia’s progression. As the patient builds coping tools, CBT-AD uses several strategies help the patient to remember them. For example, multiple coping tools can be listed on an index card that the patient is prompted to look at using questions such as, “What can you do when you are anxious?” (See Figures 5 and 12 for examples). All coping tools may also be incorporated into self-monitoring forms as appropriate (See Figures 7 and 11 for examples).

Session Structure

Sessions should begin with a reminder of who the therapist is and why he or she is meeting with the patient and his/her collateral. It may take weeks before the therapist is a familiar addition to the patient’s routine. After these introductions/reminders, the therapist should provide an overview of goals/tasks for the session, including a written outline that can be referred to throughout the session. Throughout the sessions, it may be helpful to assess the patient’s understanding of each session topic by asking him/her to repeat the purpose of the activity.

Patience is needed when working with this population. It will likely take more than one session for the patient to master a skill, and the pace of these sessions is much slower than the pace of sessions with non-demented patients. The duration of sessions may be anywhere from 30 to 60 minutes, depending on what is appropriate for the patient and collateral. The patient’s preferred terms for anxiety (i.e., *uneasiness, nervousness*) can be inserted in all forms and used throughout treatment. It is beneficial to end each session by reinforcing the patient and collateral’s efforts. It is also important to monitor and discuss feelings of frustration and/or disappointment with both the patient and the collateral. Therapist-patient interactions can be used to model appropriate interactions for the collateral. For example, if the collateral is too overbearing, the therapist can model giving the patient more encouragement to express opinions and become more active in the session/activity. During the session, the therapist should observe

the patient and collateral practicing the previous skill and any new skill that is being taught.

As a home delivered intervention, sessions may be interrupted by multiple distractions. If distractions are consistent, the clinician should address these issues early in the course of the program and encourage strategies to avoid interruptions (e.g., turning phones off, scheduling sessions during more convenient times). In some cases the collateral may be the primary disturbance and their participation may hinder the treatment delivery. Clinicians should discuss their concerns with the collateral and address possible solutions to these problems.

Practice between Sessions

Daily practice assignments can be modified to fit the patient and collateral’s comfort and ability levels (i.e., simplifying forms, taking additional notes for the patient or collateral during the session). Daily Practice forms and prior skills are reviewed at each meeting. The role of the collateral in coaching the week’s daily practice is discussed during session and recorded on forms in both the patient’s and collateral’s workbooks. The forms should also note the involvement of multiple collaterals in home practice exercises during the week. Both the collateral and patient should practice these interactions during the session. For each new skill, the therapist should guide the patient and the collateral through deciding how it should be practiced together over the next week, whether it be in-person or on the telephone. There are several options for the manner in which the collateral and patient may work together. For example, (1) the collateral could initiate the activity and complete it with the client, (2) the collateral could remind the patient to practice daily, (3) the collateral could check on completion of the activity midweek, or (4) the collateral could help complete monitoring forms. The most important determinant in how the collateral and patient will work together will be what is best for the particular dyad based on clinical judgment and their preferences. The therapist should be flexible and consider multiple options.

The mid-week phone check-ins with patients and collaterals are used to review skill practice and usefulness, help solve problems related to skill use and implementation difficulties, provide encouragement, reinforce the rationale for practice, and answer questions between sessions. The follow-up phone calls during the second 3 months of treatment have the same goals. These, as with in-person sessions, would ideally occur at the same time every week as agreed upon with the patient and collateral.

Treatment Manual, Modules, and Workbooks

Treatment should begin with Session One. Self-monitoring (Module A) can also generally be included in the first session. Subsequent modules may be performed in any order depending on what is appropriate for each individual patient. Therapists should begin preparing the clients and collaterals for termination about two-thirds of the way through the treatment by reminding all participants about the number of sessions remaining and when they will occur. If it appears that the client and collateral have learned the tools from the treatment and are primarily continuing to work on implementing and maintaining the changes in their lives outside of treatment (rather than learning new skills), the last few sessions may be spaced more widely apart in preparation for termination as long as at least 9 sessions occur within the 12-week time frame. The Termination/Transition session should be performed during the last session of the active treatment (at the end of 12 weeks).

For each module, this manual provides three sections: (1) an overview of the module, (2) examples of handouts and a list of forms to prepare before the session, and (3) therapist instructions. Throughout this manual, examples of statements (scripts) that the therapist may use during sessions have been italicized. The Forms Resource File (Found in M:\Projects\Stanley Anxiety Dementia Project\Manual Drafts) contains both blank forms and multiple example forms that can be modified for each patients and collaterals and printed out prior to the appropriate session.

The patient and collateral workbooks include an introduction to the treatment as well as information and material to help the patient and collateral learn, carry out, and plan for the use of each skill. Materials from these workbooks are given to the patient and collateral as deemed appropriate by the clinician. Supplemental materials are included in the patient and collateral workbooks to facilitate therapist attention to issues such as collateral communication with patients, patient and collateral communication with the patient’s doctor, stress management for the collateral, and resources for dementia education (See Supplemental Information). These materials can be given to patients and collaterals and possibly reviewed in session as the therapist deems clinically appropriate. There is no specified time for their use.

**Learning and Memory Strategies**

To benefit from CBT-AD treatment, patients must be able to comprehend and communicate about the material being presented and learn and remember new skills. Here, we present strategies that can be used to help patients learn and remember new skills. Choose the strategies that seem best suited to your patients and their collaterals. Collaterals can learn to use these same skills as they coach their loved one during daily practice.

SPACED RETRIEVAL

Spaced retrieval (SR) is one method for improving encoding and retrieval. SR relies on procedural memory, which remains relatively intact late into the progression of dementia. The SR technique consists of repeated trials of retrieving target information at increasing intervals of time. Specific steps for using SR to teach a new skill include the following:

1. Ask the patient to retrieve the target information immediately after presentation.
   1. Use the same prompt every time you request retrieval of the information and instruct the collateral to use this same prompt outside of the session as well. You may need to write the prompt on a notecard for the collateral.
   2. During retrieval, prompt the client to pair verbal information about the coping tools with procedural actions. For example, when patients are going to breathe deeply in response to a cue (e.g., “What will you do when you are anxious?”), they should both state what they will do (“I will breathe deeply”) and also do the action.
2. Ask the patient to retrieve the target information at increasing intervals of time (e.g., after 2 minutes, 6 minutes, 15 minutes). Regular conversation about other topics can occur during these intervals.
3. When retrieval failure occurs, give the correct information and ask the patient to repeat it immediately. If responses take more than 3 seconds, the correct information should be given again. Responses should be automatic. The procedures for retrieval failure are as follows:
   1. Shorten the next retrieval interval to the most recent interval at which retrieval was successful.
   2. Continue to decrease the interval until the patient provides the correct answer.
   3. Again, expand intervals until an error occurs.

Example of SR When Teaching Use of Coping Self-Statements

1. Write two to three calming thoughts on a notecard.
2. During the session, using an appropriate prompt (e.g., *What will you do when you are worrying about your health?*), teach the patient to say, “I will look at my notecard,” then they should pick up and read the card. If the card instructs the patient to do something (e.g., breathing deeply or saying the coping statement), have the patient practice this skill when instructed by the card.
3. Repeat the above procedure at increasing time intervals (e.g., 2 minutes, 6 minutes, 15 minutes).
4. You can train the collateral to continue use of SR to practice any skill, and use telephone booster calls with both patient and collateral to reinforce this method. You may also use a collateral self-monitoring form that is included Forms Resource File to help the collateral remember to prompt the patient to look at the card at different times during the day.

Tips for Effective Use of Spaced Retrieval:

* Remember that most of the work for SR happens before using the technique. Preparation for a successful SR session is crucial.
* Determine if any attitudinal barriers to treatment exist (i.e., "dementia patients cannot learn anything new," or "this technique won't work") and address these issues with corrective information or problem solving.
* The goal of treatment needs to be meaningful to the patient. The clinician should ensure that the patient believes in the usefulness of the desired behavior change (i.e., they believe in the coping statement, or they understand the purpose and usefulness of breathing). SR will not work if you select a goal that the patient does not believe in.
* Seek out internal or external cues that can be linked to the coping behavior through SR. The Awareness Tool can be used to help the patient develop awareness of their internal triggers (i.e., tingling palms, worrying about health). The clinician can also link the coping behavior to external environmental cues (i.e., a ringing clock). Pairing the coping response with natural cues (internal or external) will help the patient to establish a maintenance system.
* Use concrete behavioral goals and execute these behaviors during the last SR training of the session. If activity scheduling is the subject of SR training, have the patient actually perform the activity during the last SR training. For example, if the goal is to remind the patient to have a snack, bridge external cue to execution of behavior by actually having the patient eat a snack during SR training.
* Bridge the use of the prompt from clinician to family members. Encourage the family members to see it as their intervention. If a collateral also has cognitive difficulties, you can use SR to train them by using a prompt such as, "What can you do when your loved one get's nervous?" It important to convey the benefits and usefulness of SR to the collateral in order for them to be motivated to implement the technique on their own. Demonstrate that the technique will make their life easier, if possible.

OTHER STRATEGIES FOR ENHANCING LEARNING AND MEMORY

* Slow the pace of sessions.
* Focus each session on only one new skill and no more than two major issues.
* Be certain a patient uses any prescribed sensory aids (glasses, hearing aids) and reports being able to hear and read any material you are discussing or showing them.
* Regularly query the patient to make sure he/she understands the information being presented.
* Repeat key points more often than is typical in CBT with patients who do not have dementia. One particularly effect way to do this is the “sound bite” approach: summarize the key point with a short phrase (5-10 words) and use the identical phrase whenever you repeat that key point in the session or future sessions.
* Make daily exercises very clear, with accompanying simplified written instructions and a concrete plan for daily practice completion (e.g., regular time to complete, repetitive and simple assignments, etc.).
* Complete at least one example in session before assigning the exercise as daily practice to be done at home.
* Modify session summaries, assigned tasks, and practice forms as needed to accommodate patient needs (e.g., larger print, different organization, simpler tasks and instructions).
* Ask patients often to reflect back new information in their own words and ask them to help generate cueing materials (e.g., reminder cards, calendars) to facilitate information retrieval. For example, you may use cue cards to facilitate recall of skills and completion of practice exercises, with reminders placed in any regularly viewed location.
* Present information in a way that requires immediate application. After presenting new material, spend most of the session practicing application of the new material.
* Help the patient make links between anxiety, negative mood, and the new skills being learned, focusing repeatedly on drawing connections between related topics.
* Incorporate motor activity into the learning process whenever possible to facilitate procedural memory. When practicing the use of cueing materials, for example, instruct patients to pick up the cueing material, use it appropriately, and then put it back down.
* Avoid discussing abstract information; focus all teaching on concrete stimuli and actual experiences of the patient.

**Supplemental Information**

Supplemental material is available in the Appendices of the collateral and patient workbooks. This material should be given if particular problems arise during treatment. These materials can be given to the patient and/or collateral during any session. However, it is not advisable to present more than one supplemental handout at a time. It is optimal to give extra material over the course of treatment and integrate it with the modules in direct response to a need or question of a patient and/or collateral. Material can also be mailed to the collateral and discussed over the phone if it is not optimal to present the information during the treatment sessions. These appendix materials are not intended to be a substitution for a module but can be integrated into the session. Most often, the inclusion of these supplementary materials should take no more than 15 minutes either during the session or during the telephone follow-up appointment.

Record when supplemental material is given on the progress note. A description of each appendix will be followed by indications of when it is appropriate to use the material.

**Appendix A (Patient and Collateral): Resources for Information about Dementia**

Some patients and collaterals may want additional information about dementia. First, encourage them to ask their physician or clinical provider for information about their particular condition. If necessary, you may provide them with the resource and books list found in the collateral binder. You also may put together material from these resources to present to the patient and collateral according to their needs.

**When to Give:**

1. Patient and/or collateral express concerns about lack of information about dementia.

2. Patient and/or collateral express inaccurate information about dementia that may be detrimental to their health, relationships, or treatment.

3. Patient and/or collateral request additional information after speaking with their physician and contacting the agencies in Appendix A.

**Appendix B (Collateral and Patient): Talking with your Doctor**

When patients have significant medical issues and appear to be having difficulty expressing concerns to their physician, one session may be used to review strategies for communicating with a doctor, based on materials available in both the collateral and patient workbooks. This material may require an entire session.

**When to Give:**

1. Patient and/or collateral express concerns about unaddressed medical issues.

2. Patient and/or collateral express concern about upcoming medical appointments.

3. Patient and/or collateral express concern about their relationship with their physician.

**Appendix C (Collateral and Patient): Driving**

When patients and/or collaterals express concern about driving or if it appears the patient may be unsafely driving, they should be encouraged to consult with their medical provider about where to get a driving assessment. The Hartford Book is a handout specific to driving with dementia and may be given to the patient and/or collateral. Tools specific to the intervention may also be used to address driving issues (such as finding alternative ways to become behaviorally active, coping statements in response to frustration and/or anxiety about driving or not driving).

**When to Give:**

1. Patient and/or collateral express fear about driving.

2. The patient is still driving and there are safety concerns.

**Appendix D (Collateral and Patient): Communication**

When individuals have physical or cognitive impairments, it becomes frustrating for both the caregiver and the patient to talk with each other. The patient may have difficulty talking with other people as well. This material gives tips for the patient and collateral for talking with each other and how to talk with people not involved in treatment, including how to ask for help.

**When to Give:**

1. Patient and/or collateral discuss difficulties getting along.

2. The patient is still driving and there are safety concerns.

**Appendix E (Collateral): Communication for Collaterals**

If you notice that collaterals are making critical comments to their loved ones and giving them complex instructions, consider providing the collateral with the handout on communication skills and possibly talking about how better to communicate in ways that will decrease frustration for both themselves and the patients. This information may be best reviewed over the telephone with the collateral only. Clinicians are always encouraged to model and reinforce appropriate communication during sessions.

**When to Give:**

1. Collateral gives complex instructions to the patient.

2. Collateral appears easily frustrated with the patient.

3. Collateral makes critical comments towards the patient.

4. Collateral does not try to communicate with the patient.

5. Patient appears to get hurt by the collateral’s communication repeatedly and collateral does not seem to notice this or know how to speak differently with the patient.

6. Collateral shows any maladaptive communication style with the patient.

7. Collateral expresses lack of knowledge about how to communicate with the patient.

**Appendix F (Collateral): Taking Care of Yourself**

Collaterals who seem frequently frustrated with their loved ones and/or who appear to have symptoms of anxiety and depression themselves may benefit from specific attention to their own stress management. The handout describes ways they may cope with their own stress. Collaterals can also be reminded during sessions that the skills their loved ones are learning also can be appropriate for themselves.

**When to Give:**

1. Collateral appears easily frustrated with the patient.

2. Collateral appears to have symptoms of anxiety and/or depression themselves.

**Session One Guide: Introduction to the CBT-AD Program**

At the first meeting, you will want to explain to the patient and collateral basic information about how the program works. You might want to use the following “script” to explain the general purpose and structure of the program:

*Over the next few weeks, we are going to work on tools to help you cope with your anxiety (fill in preferred term). It takes practice to learn and remember new coping tools. We will try a few different coping tools and determine which are most helpful to you. Your collateral (fill in word used to refer to collateral) will work as a coach to help you use coping tools. I will also teach you and your collateral ways to help you remember how and when to use these coping tools.*

Meeting Overview

Distribute copies of the session outline (see ***Figure 1*** for an example) and review it as you will do when beginning every session (a more general outline is provided in the Forms Resource File); then provide other forms as the session progresses. You may say something like this:

*This is an outline of what we will be covering today. I will give you an outline when we begin every session so that we know what to expect and stay on track. As you can see, the top has the date, and a sentence about who I am and the purpose of our meeting today. Then, each topic we will cover today is listed below.*

Suicide Assessment

If pre-assessment indicated significant depression or suicidal ideation, ask the patient and collateral about these symptoms. If monitoring is needed, continue to monitor throughout treatment.

***Figure 1***

**Sample Session Outline for the First Session**

Peaceful Mind Program

Monday, July 23, 2007

We are meeting with (*therapist’s name)* today to work on learning new tools for coping with (*patient’s word for feeling)*.

Today’s meeting will include:

1. Introduction to the treatment

2. Workbooks

3. Self-monitoring

4. Practice

Next telephone appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next in-person appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confidentiality

Explain confidentiality and limits of confidentiality (suicidal/homicidal ideation, court order, health emergency, adult/child neglect/abuse/exploitation).

Audiotaping

Explain to the patient and collateral that all meetings will be audiotaped to be reviewed by another staff member to ensure that meetings are being conducted correctly and provide an opportunity for the treatment team to offer other suggestions.

Meeting Schedule and Session Format

Describe the basic format for meetings. You might want to use the following explanation:

*When we meet each week, we will work on learning ways to help you cope with and decrease your anxiety. My role is to teach you coping tools and help you learn how to use them. Your job (gesture towards patient) is to practice them every day and let me know how they are working. And your job (gesture towards collateral) is to support (patient’s name) in using his/her new tools in ways that we will decide each week.*

*I will meet with you and (name of collateral) once a week for up to an hour each time for the next 12 weeks. I will also be calling both of you once a week to see if the coping tool we practiced has been helpful and to answer any questions. During the week, both of you can also call me if you have questions or difficulties using the coping tools.*

Project Workbooks

Explain to the patient and collateral that they will be using workbooks, and give a workbook with the Introduction and the first module pages to the patient and collateral. Have the patient and collateral (or you may do this for them) write your name and the time and day of the week of telephone and in-person meetings on the first page of both workbooks. You might want to use the following explanation:

*These are workbooks to use during the months that we work together. These workbooks will hold all the handouts, practice forms, and summaries from our sessions. Your workbooks will help you keep all this information together and make it easier for you to remember and practice the tools we are learning. In other words, we will be learning new coping tools and this will be your toolbox that holds all your tools in one place. Please think of a good place to keep your toolbox that will help you remember to use it every day. Plan to bring your toolbox to every meeting.*

Daily Practice

Introduce the concept of daily practice. You could say, for example,

*At the end of each session, we will develop some practice exercises for you to do during the next week. These exercises will help you remember the coping tools and give you an opportunity to practice using them to cope with and decrease your anxiety. It is important that you practice these skills daily so that they can have a significant impact on your life. (Name of collateral) will help you with the practice exercises.*

Questions

Give the patient and collateral an opportunity to ask questions. Then you might want to lead into the next portion of the session by asking:

*Are there any questions before we begin to learn the first tool for today?*

**Handouts to Prepare Before the First Session**

1. Session outline (e.g., ***Figure 1***). Prepare a copy for you, the collateral, and the patient.
2. From Patient Workbook:
   1. The first introductory page with your name and phone number and the collateral’s name in the appropriate blanks.
   2. Important Features page.
3. From Collateral Workbook:
   1. The first introductory page with your name and phone number and the patient’s name in the appropriate blanks.
   2. Important Features pages.
   3. Collateral Tips.

**Session One: Introduction to the CBT-AD Program**

**Therapist Instructions**

1. **Discuss the session outline.**

* + Distribute copies of the session outline.
  + *I will give you an outline when we begin every session so that we know what to expect and stay on track.*
  + *As you can see, the top has the date and a sentence explaining who I am and why we are meeting today.*
  + *Each topic we will cover today is listed below.*
  + Review topics, stating that you will explain what each topic means more thoroughly later in the session.

2. **Explain the purpose and structure of the program.**

* + *Today we will work on ways to help you cope with and decrease your \_\_\_\_\_\_\_\_\_\_.*
  + *It takes practice to learn and remember new coping tools.*
  + *We will try a few different coping tools and determine which are most helpful to you.*
  + *(Name of collateral) will work as a coach to help you use coping (tools).*
  + *I will also teach you and (name of collateral) ways to help you remember how and when to use these coping (tools).*

3. **Assess suicide if appropriate.** If this is a concern, say that you will ask questions about the topic when beginning every session.

4. **Explain confidentiality and its limits.**

5. **Explain that session will be audiotaped.**

6. **Describe the meeting schedule and basic session format.**

* + *We will meet once a week for up to an hour for the next 12 weeks.*
  + I will *call both of you once a week to see if the coping tools we practiced has been helpful and to answer any questions.*
  + *Either of you can also call me if you have questions or difficulties using the new tools.*
  + *My role is to teach you ways to cope with and decrease your (patient’s word for anxiety) and help you learn how to use the new tools.*
  + *Your job (patient) is to practice them and let me know how they are working.*
  + *And your job (collateral) is to support (patient’s name) in using his/her new tools in ways that we will decide each week.*

7. **Discuss the use of project workbooks**.

* + Give workbook with Introduction and the first module pages out.
  + *Both of you will be receiving workbooks to use during the months that we work together.*
  + *These workbooks will hold all the handouts, practice forms, and summaries from our sessions.*
  + *They will help you keep all this information together and make it easier for you to remember and practice the skill we are learning.*
  + *In other words, we will be learning new coping tools, and this will be your toolbox that holds all of your tools in one place*
  + *Please think of a good place to keep your toolbox that will help you remember to use it everyday.*
  + *Bring your toolbox to every meeting.*

8. **Explain daily practice.**

* + Introduce the concept of daily practice. You could say, for example:
  + *We will develop some practice exercises for you to do during the week.*
  + *They will help familiarize you with the coping tools and give you an opportunity to practice using them to cope with your anxiety and decrease your anxiety.*
  + *It is important that you practice using these tools daily so that they help you as much as possible.*
  + *(Name of collateral) will help you with the practice exercises.*

9. Discuss possible benefits of the program

* + *This program may significantly improve both of your lives in a number of ways.*
  + *It hopefully will reduce (client)’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_.*
  + *The tools we discuss can also help you (the collateral) decrease your own stress and anxiety if you try them for yourself.*
  + *This reduced \_\_\_\_\_\_\_\_ for both of you may help you enjoy your time together more.*
  + *Lastly, because you both will know what to do when feelings of \_\_\_\_\_\_\_\_ arise, any tension or stress in your relationship may be reduced.*

10. **Ask for questions.** *Are there any questions before we begin to learn the first coping tool?*

**MODULES**

**Module A: Self-Monitoring or The Awareness Tool**

**Session Guide**

Purpose

Self-monitoring of symptoms promotes patient and collateral awareness of situations, antecedents, components, and consequences of anxiety. It is difficult to remember details of anxiety experiences across time, particularly for people with memory problems. Daily monitoring gives the patient a daily opportunity to record anxiety experiences. This can facilitate a discussion with the therapist and collateral about patterns surrounding anxiety experiences (common triggers or reactions – thoughts, behaviors, physical signs, emotions, etc.), treatment goals, and monitoring of progress during the intervention.

Forms

Self-monitoring forms can be developed with varying levels of complexity. Forms used with non-dementia patients often begin with the identification of a troubling situation and the thoughts, physical feelings, and behaviors that occur concurrently. The patient is asked to record this information on a daily log. Creating monitoring forms that are prefilled with anxiety situations and signs can simplify this process for patients with dementia. On the basis of the pretreatment evaluation, the therapist creates a form that highlights key situations and symptoms for the patient. Figure 2 uses examples of anxiety situations and signs and symptoms that were taken from pre-assessments. The patient (and collateral) will determine a time each day to complete a form. He or she will put an X next to the situations/signs/symptoms that occurred during that day. Forms should use the patient’s terms for his/her anxiety triggers and reactions.

Patient and Collateral Appropriateness

Self-monitoring is appropriate for patients and/or collaterals who can read and write. Various memory aid strategies (reminder cards, visual cues, SR) can be used to facilitate daily recording (see section about Learning/Memory Skills). For example, placing the patient workbook in a central location (e.g., table, nightstand, bed) where the client will see it each day can help, as can writing a reminder note on each day of a central calendar. The collateral also may be involved in assisting the patient on a daily basis, either by providing reminders or by completing the forms with the patient.

Self-monitoring can facilitate the patient and collateral’s working together on a daily basis. The patient should determine the level of collateral involvement with which he/she is comfortable. Some patients may benefit from the collateral’s working side by side with them every day. The collateral may read items to the patient, and the patient or the collateral can mark the page based on what the patient says. Other patients may need only a daily reminder that it is time to fill out the monitoring form. Maximal independence is optimal.

Use Over Course of Treatment

Self-monitoring is useful early in treatment and typically is a first skill and homework assignment. Starting with this skill may be important for learning when to use other treatment options. Working together on self-monitoring in session also allows the therapist to observe the patient and collateral interacting. Patient ability and collateral involvement will dictate how much and for how long self-monitoring is useful. Self-monitoring might become a daily activity that reminds the patient to identify anxiety and appropriate coping tools. The collateral’s involvement in completing the forms may decrease as the patient becomes more comfortable completing them.

Self-monitoring forms should be created to meet each patient’s experience and description of anxiety (see ***Figure 2*** for example). These forms can be modified to focus on different symptoms and treatment goals as coping tools are added to the patient’s repertoire (e.g., less recording of symptoms and more recording of use of skills). Monitoring forms can be reviewed at the beginning of each session to begin discussion about the week and progress coping tools use. Self-monitoring may or may not be utilized during the entire course of treatment depending on its helpfulness to the patient.

***Figure 2***

**Sample Awareness Tool Daily Practice Form**

(Patient’s Term for *Anxiety* was *Uneasy*)

MY EXPERIENCE OF FEELING *UNEASY* TODAY INCLUDES:

**1.** **Things I Feel Uneasy About**

**\_\_\_\_\_ Getting a Headache \_\_\_\_\_Asking for Help**

**\_\_\_\_\_ Closed Door \_\_\_\_\_Daughter**

**\_\_\_\_\_ Having Enough Food \_\_\_\_\_Being in a New Place**

**\_\_\_\_\_Other**

**2. Other Signs That I’m Uneasy**

**\_\_\_\_\_Calling Daughter for Help \_\_\_\_\_Re-Opening Door**

**\_\_\_\_\_Checking Fridge \_\_\_\_\_Waking up at Night**

**\_\_\_\_\_Butterflies in Stomach \_\_\_\_\_Other**

**Handouts to Prepare Before the Session**

1. Session outline, including a copy for you, the collateral, and the patient.
2. From Patient Workbook:

“Awareness Tool” page explaining the purpose of and how to complete self-monitoring.

“Awareness Tool Home Practice” form used to plan in session how and when the patient and collateral will work together to complete self-monitoring.

Prepared Awareness Tool Daily Practice forms dated for each day before the next week’s session (see example ***Figure 2***) and an extra form to practice on during the session.

1. From Collateral Workbook:

“Awareness Tool” page explaining the purpose of and how to complete self-monitoring.

“Awareness Tool Home Practice” form used to plan in session how and when the patient and collateral will work together to complete self-monitoring.

One copy of the Awareness Tool Daily Practice form to use while assisting the patient.

**Module A: Awareness Tool (Self-Monitoring)**

**Therapist Instructions**

## 1. Give patient and collateral handout explaining self-monitoring and one copy each of prepared monitoring forms.

## Explain the purpose and procedures for self-monitoring.

## The Awareness tool is the first coping tool we will put in your toolbox. Tracking your symptoms will help you better understand your (patient’s word for anxiety). When you understand your (anxiety) better, you’ll be able to do a better job using other tools we’ll learn in the next weeks to decrease it. Plus, many people find that just understanding their (anxiety) better helps them cope with it better.

## Based on the assessments I have done with you over the past few weeks, I have developed a list of some of your main areas of (anxiety).

## These areas of (anxiety) are included in the top box.

## At the bottom of the first box, there is a place for you to put other situations that may make you feel (patient’s word for anxiety). During this next week, if there are other situations that make you feel \_\_\_\_\_\_, please indicate these at the bottom of the first box.

## The items in the second box are signs that may mean you have felt (anxious).

## Again, there is a space at the bottom of the second box for you to write other ways in which you may react to (anxiety) and stressful situations.

## The goal for this week is for you to put a check every day next to the situations that made you feel (anxious) that day and also to put a check next to any signs that you were (anxious) that day.

## Ask the patient and collateral whether information on the forms matches their experience.

## Ask whether there is anything to add or subtract from the monitoring forms.

## Explain the purpose of self-monitoring.

## Tracking symptoms helps you be more aware of important details of your (anxiety) so that the coping tools we are going to learn can be most effective for you.

## Filling out these forms will help us monitor and plan your (anxiety) treatment.

**2. Decide how to complete the awareness forms.**

* + Discuss how they will complete the forms and remember to do so, including collateral involvement. If the patient is not sure how the collateral can be involved, give examples.

a. Collateral reads the forms and fills them out based on patient responses.

b. Collateral reads the forms, and the patient fills them out while following along.

c. Collateral reminds patient to complete forms.

* + Decide when to complete the forms each day and where the forms will be kept.
  + Write (or have patient and collateral write) these decisions about how, when, and where forms will be completed on the appropriate page of the workbooks.

3. Practice completing an awareness form.

* + Show how the forms should be completed
  + Next, model how the collateral will help the patient complete the forms.
  + Lastly, ask the collateral and the patient to show how they will complete the awareness tool forms over the next week. They should complete the form as if they were completing it for today.
  + Reinforce efforts on the exercise and monitor interaction styles. If the collateral is too overbearing, model giving the patient more encouragement to express opinions and become more active in the session/activity.

**4. Give the patient a form for each day of the week.**

# 5. Review tips for completing daily practice on the Awareness Form in the workbook.

#### *Keep all your Peaceful Mind papers in your workbook. This is your toolbox, so you’ll want to keep all your tools together in your toolbox so you can easily find them.*

#### *Keep your workbook in the same, highly visible spot all the time.*

#### *Complete your forms at the same time every day.*

# 6. Set a time for the midweek phone check-in (with both patient and collateral) and next appointment.

# Telephone Midweek Follow-up

You should speak with both the collateral and the patient about the following:

## Review the forms.

## Address problems or difficulties with completing the forms.

## Identify patterns (common symptoms, reactions).

## Ask how the patient and collateral worked together.

## Ask how the patient felt completing the forms.

## If necessary, practice completing the form again.

After the first session speak with the collateral privately during the phone check-in.

Ask if they have reviewed any of the material (e.g., tips sheet) and if they have any questions about it.

Outline the importance of their role in the success of the intervention and state that the treatment is a team effort.

*It can be difficult for some people to learn new skills on their own to deal with their anxiety. This program is most successful when we all work together as a team to help your loved one learn and practice these tools. If you have any difficulties or questions that arise during the program, please feel free to tell me during these phone calls.*

Discuss optimism about the treatment program and their role in its success.

*I am**hopeful about working with you and your loved one and I think with your help, your loved one is going to**learn some new ways to deal with their anxiety***Module B: Breathing Changes**

**Session Guide**

Purpose

Breathing retraining is a simple, portable relaxation skill. Often when patients get anxious, their breathing becomes rapid and shallow. Breathing retraining teaches the patient to take long, deep breaths from the diaphragm. Breathing retraining is a fairly easy skill with which collaterals can become comfortable guiding the practice with their loved one. Collaterals learn and practice the skill with the patient during the session. Varying levels of complexity for teaching this skill are reviewed in this module’s Therapist Instructions section.

Patient and Collateral Appropriateness

The basic version of breathing retraining is appropriate for most patients. More advanced training also can be offered. Procedures designed for patients with respiratory difficulties can be used for any patient. Based on preassessments, determine which level of breathing skills is appropriate for the patient and collateral: Basic, Advanced, or Respiratory Difficulties (Carter, Nicotra & Tucker, 1999). If in doubt, begin with the Basic skills and, if needed, move on to a more complex breathing skill during the next session.

Use Over Course of Treatment

This can be a useful coping skill taught early in the program, as early as the first or second session, or it can be introduced later. This skill also can be used throughout treatment in conjunction with other skills. Based on what you know about the patient and his/her cognitive skills and availability of collateral support, decide on a learning strategy that may be useful to teach breathing skills (see Learning/Memory subsection).

Forms

Breathing skills can be incorporated into self-monitoring forms. See ***Figure 3*** for an example of a self-monitoring form with an added box to track deep breathing. There are also Breathing Changes Summary Forms included in the workbooks for patients and collaterals for the different levels of skill complexity.

***Figure 3***

**Sample Self-Monitoring Form including Breathing**

**Wednesday – April 5**, **2006**

**MY EXPERIENCE OF FEELING *UNEASY* TODAY INCLUDES**:

1. Things I Feel Uneasy About

**\_\_\_\_\_ Getting a Headache \_\_\_\_\_Asking for Help**

**\_\_\_\_\_ Closed Door \_\_\_\_\_Daughter**

**\_\_\_\_\_ Having Enough Food \_\_\_\_\_ Being in a New**

**Place**

**\_\_\_\_\_ Taxes \_\_\_\_\_Other**

2. Other Signs that I’m Uneasy:

**\_\_\_\_\_Calling Sue for Help \_\_\_\_\_Re-Opening Door**

**\_\_\_\_\_Checking Fridge \_\_\_\_\_ Waking up at Night**

**\_\_\_\_\_Butterflies in Stomach \_\_\_\_\_Other**

**3. Did I Use My Beathing Exercise Today?:**

Did I use my breathing when I thought about an *anxiety* situation today? \_\_\_\_Yes \_\_\_\_No

Did I practice my breathing today? \_\_\_\_Yes \_\_\_\_No

Was breathing helpful today? \_\_\_\_Yes \_\_\_\_No

**Handouts to Prepare Before the Session**

1. Session outline including a copy for you, the collateral and the patient.
2. From Patient Workbook:
   1. Appropriate “Breathing Changes” instructional forms for the chosen level, or integrate them if some combination of skills might be more helpful.
   2. “Breathing Changes Home Practice” form used to plan in session how and when the patient and collateral will work together to complete home practice exercises.
   3. At least one practice and a week’s worth of self-monitoring forms including monitoring of deep breathing (see ***Figure 3***), labeled with day and date for the coming week.
3. From Collateral Workbook:

Appropriate “Breathing Changes” instructional forms for the chosen level, or integrate them if some combination of skills might be more helpful.

“Breathing Changes Home Practice” form used to plan in session how and when the patient and collateral will work together to complete home practice exercises.

A copy of one self-monitoring/practice form to refer to while assisting the patient.

**Module B: Breathing Changes**

**Therapist Instructions**

**1.** **Distribute a simple outline showing what you will be doing during this session.**

* Remind the patient who you are and why you are there.
* Briefly summarize the goals and tasks for today’s session.

**2. Review daily practice for the preceding week.**

* Review self-monitoring forms.

a. Look for patterns of symptoms.

b. Answer collateral and patient questions about filling out the forms.

c. Ask how forms were completed (who did what).

* Review the skill that has been practiced during the week if appropriate.

a. Answer collateral and patient questions about using the skill.

b. Ask how the skill was practiced (who did what).

* Problem-solve any issues with completing practice assigned the previous week.

3. Introduce breathing changes.

* *Today we will learn a new tool to help you cope with and decrease your (anxiety). This is a very powerful tool that many people find to be very helpful. This is called the Breathing Tool.*
* *Often when you’re anxious or uneasy, your breathing gets rapid and shallow. By paying attention to your breathing and taking slow, deep breaths, you can actually make your entire body more relaxed.*
* *Breathing slowly and deeply is a simple, portable tool that you can use anywhere.*

4. Instruct the patient and collateral in the breathing skill you feel is most appropriate.

* Distribute and review the instructional handouts for the patient and collateral.
* Demonstrate the breathing skill.

a. Basic Version

* 1. *We are going to work on breathing slowly and deeply.*
  2. *Close your eyes.*
  3. *Breathe with me while I count.. We will start by counting to 3.* (The duration of the count may depend on health and prior breathing difficulties.)
  4. *I will count like this: Inhale 2-3, Exhale 2-3. I would like you to try to keep breathing the entire time I am counting…all the way through “3”. This means that you will not be holding your breath, but instead breathing in very slowly and then out very slowly.*
  5. *Let’s begin: Inhale – 2 -3, Exhale – 2-3.* Repeat this step as many times as appropriate for learning.
  6. *Try to make your breathing smooth and do not stop between inhaling and exhaling.*
  7. *Let’s practice again.* Repeat steps ii through vi.

b. Advanced Version. Add the following steps to basic breathing above.

1. *Put your hand on your abdomen, with your little finger about 1 inch from your navel.*
2. *Watch your hand as you breathe. Try to breathe so deeply that your hand moves out as you inhale and in as you exhale.*
3. *This will help you to breath as deeply as possible.*
4. *Now I want you to try breathing more slowly and deeply.*

c. Respiratory Difficulties Version

1. *Pursed-lips breathing helps relieve shortness of breath. The resistance created by breathing out through semi-closed lips creates a slight back pressure in the lungs, which may act to keep damaged airways open instead of collapsing and creating airway obstruction. This controlled breathing exhales more used air and inhales more clean air, increasing the amount of oxygen delivered to your lungs and blood. Pursed-lips breathing slows the breathing pattern for more efficiency.*
2. *Inhale normally through your nose with your mouth closed.*
3. *Position your lips in a pursed or kissing position, and exhale slowly through your lips.*
4. *Then inhale slowly through your nose. Your abdomen should expand downward and outward.*
5. *Concentrate on breathing slowly and deeply. Try to take twice as long to exhale as you inhale.*
6. *After several tries, relax. If you feel light-headed, slow your breathing and relax for a short time.*

d. Advanced Respiratory Difficulties Breathing. Add the following steps to Respiratory

Difficulties Breathing reviewed above.

1. *Put one hand on the center of your stomach and your other hand on your upper chest to detect changes in position and activity of the chest muscles.*
2. *Concentrate on keeping your chest still, and focus movement on your abdomen. This will refocus movement to the diaphragm.*

**5. Practice the skill.**

* Watch both the collateral and patient practice the skill as you guide them through the exercise.
  + 1. You can help slow their breathing by counting, such as up to 3.
    2. Make sure that the collateral understands the skill, as he/she may need to guide the patient during the week’s practices.
* Have the patient and collateral each guide the therapist and the other member of the dyad through the breathing exercise to verify that everyone understands the procedure.

**6. Establish and practice the daily practice routine for the week.**

* Give the patient monitoring forms.
* Give the collateral a form to keep in his/her workbook to use as a reference for the week.
* Practice using the monitoring forms in session, time permitting.
* Discuss and write down in both workbooks on the appropriate forms when and how the breathing practice and forms are going to be completed, including how the collateral is going to help. This discussion may also include filling in a Daily Practice Plan for the coming week and completing a practice monitoring form together in session.

Provide examples showing how the collateral could be involved if necessary.

Answer questions.

Provide tips for completing daily practice if appropriate.

* Set a time for a midweek phone check-in and next appointment. **Telephone Midweek Follow-up**

You should speak with both the collateral and the patient about the following:

## 1. Review the forms and deep breathing use.

## 2. Address problems or difficulties with completing the forms and using deep breathing.

## 3. Identify patterns (common symptoms, reactions).

## 4. Ask how the patient and collateral worked together.

## 5. Ask how the patient felt completing the forms and the deep breathing.

## 6. If necessary, practice completing the form again and plan for different deep breathing practice strategies.

**Module C: Calming Thoughts**

**Session Guide**

Purpose

This section presents coping self-statements, a simplified version of techniques used in cognitive restructuring.In traditional cognitive restructuring, patients learn to identify and examine their thoughts and to treat their thoughts as hypotheses. This promotes (1) the identification of maladaptive thoughts, (2) examination of evidence for and against particular beliefs, (3) acquisition of specific skills for challenging the maladaptive thoughts, and (4) development of alternative beliefs. Cognitive restructuring does not simply involve replacing negative thoughts with good thoughts, or blindly thinking positively. Rather, these skills are meant to help patients question how realistic their thoughts are and to replace irrational with rational (realistic) thoughts. Rational thoughts are more conducive than irrational thoughts to coping with anxiety. Cognitive restructuring is taught over several sessions, with assigned homework exercises at least once a day.

For this manual, we are using a simplified version of one component of cognitive restructuring – calming thoughts. Rather than having the patient take on the responsibility of examining and evaluating his or her thoughts, the therapist takes the lead in modifying anxiety-related thoughts and developing potential calming thoughts. Along the same lines as cognitive restructuring, calming thoughts help manage the experience of anxiety by changing the thoughts that a patient focuses on during the anxiety-producing situation. Calming thoughts can increase the patient’s perceptions of control and may help a patient perceive the situation in a new, less anxiety-provoking manner. These statements can be framed as “self-talk” or self-instructions.

Using knowledge about the patient’s stressors and strengths, prepare some calming thoughts you think will work for the patient before introducing calming thoughts. However, be flexible during the session and consider input from the patient and collateral about what calming thoughts they feel would be most helpful. See ***Figure 4*** for a listing of examples of general calming thoughts that patients may use. A listing such as this, with additional calming thoughts designed specifically for them, may be given to patients and collaterals to choose from. See the Forms Resource file for examples of calming thoughts prepared for individual patients in response to specific stressors that self-monitoring forms had revealed to be most frequently and severely bothersome.

Patient and Collateral Appropriateness

Calming thoughts are more complex than breathing skills or behavioral activation. Calming thoughts can be simplified for this population by writing premade calming thoughts on an index card. These cards can be carried with the patient in their pocket, wallet, or purse, placed on a bedside table or the refrigerator, or taped to a mirror. The patient must be able to learn to remember to look at or notice a coping card placed in a commonly accessed or highly visible place. Collaterals should be taught to remind the patient to look at their calming thoughts and practice them regularly, such as by prompting, “What can you say to yourself if you get anxious?” The initial use of calming thoughts may require extensive practice with the collateral. Collaterals should also be taught to remind the patient to use them when he/she is with the patient in an anxious situation. If using spaced retrieval to train a patient to use a calming thought, first ensure that the patient believes in this thought. It may be necessary to spend a session examining the new thought and breaking barriers in the patient's or collateral's acceptance of this thought.

Use Over the Course of Treatment

This is a more advanced coping skill. Patients should be able to master self-monitoring and breathing skills before using this skill. When adding multiple skills, such as calming thoughts, along with breathing skills, to the patient’s repertoire of coping mechanisms, learning strategies should be utilized to increase the chances that the patient will remember to use the skills in anxious situations. This can be achieved through means such as writing all coping tools the patient has learned on an index card and prompting the patient to look at them using questions such as, “What can you do when you are anxious?” The patient should be encouraged to look at these cards when they feel anxious. The collateral should be encouraged to prompt the patient to look at the card when they see signs that the patient is anxious. See ***Figure 5*** for an example of how index cards can be used to help consolidate and integrate this skill with skills taught previously.

Use of calming thoughts can also be monitored along with self-monitoring. See ***Figure 6*** for an example of how calming thoughts may be added to self-monitoring forms.

***Figure 4***

**Sample Examples of Calming Thoughts**

**Examples of Calming Thoughts**

Relax and take a deep breath.

It is okay if I make a mistake.

I’ll take things one step at a time.

I can do this.

I can do what I need to do, even though I am anxious.

I can deal with this situation.

Things will be ok.

Don’t worry – worry won’t help anything.

I can take one step at a time.

Don’t think about fear, just about what I have to do.

Even if I make mistakes, it will be ok.

This is not the worst thing in the world.

My anxiety won’t hurt me.

I will be ok.

***Figure 5***

**Sample Index Card**

**Front:**

**Calming thoughts:**

**I have faith that it will be okay.**

**My wife is here to help me.**

**When I feel anxious, I can:**

**1. Breathe deeply.**

**2. Use calming thoughts. →**

**Back:**

***Figure 6***

**Sample Box to Add to Self-Monitoring Form:**

**Tracking Use of Multiple Coping tools**

(See additional examples in the Forms Resource File.)

3. Coping Tools Used Today:

Breathing Calming thoughts

\_\_\_\_When down or uptight \_\_\_\_When down or uptight

\_\_\_\_Practice \_\_\_\_Practice

**Handouts to Prepare Before the Session**

1. Session outline. Print a copy for you, the collateral, and the patient.
2. From Patient Workbook:
   1. “Calming Thoughts” instructional form.
   2. “Calming Thought Examples” handout designed specifically for the patient being seen (as in ***Figure 4***). The therapist may add specific calming thoughts to use in situations that appear to occur most frequently or seem more distressing to the patient.
   3. “Calming Thoughts: Home Practice” form used to plan in session how and when the patient and collateral will work together to complete home practice exercises.
   4. A week’s worth of self-monitoring forms including monitoring of the use of coping tools (see *Figure 6*), labeled with day and date for the coming week, and possibly in-session practice forms.
3. From Collateral Workbook:
   1. “Calming Thoughts” instructional form.
   2. “Calming Thought Examples” handout designed specifically for the patient being seen.
   3. “Calming Thoughts: Home Practice” form used to plan in session how and when the patient and collateral will work together to complete home practice exercises.

4. One copy of the patient’s self-monitoring form for in-session practice.

1. Blank notecards and a marker.

**Module C: Calming Thoughts**

**Therapist Instructions**

1. **Distribute a simple outline showing what you will be doing during this session.**

* Remind the patient who you are and why you are there.
* Briefly summarize the goals and tasks for today’s session.

**2. Review daily practice for the preceding week.**

* Review self-monitoring forms.

a. Look for patterns of symptoms.

b. Answer collateral and patient questions about filling out the forms.

c. Ask how forms were completed (who did what).

* Review the skill that has been practiced during the week if appropriate.

a. Answer collateral and patient questions about using the skill.

b. Ask how the skill was practiced (who did what).

* Address any problems with completing practice assigned the previous week.

**3. Introduce calming thoughts.**

* Give the patient and collateral the “Calming Thoughts” instructional form.
* Explain the purpose of calming thoughts. For example, you might want to say:

*a. What you think about before and during an anxious situation influences your emotions, how you behave, and how well you can cope with the situation.*

*b. A coping statement is a phrase you say to yourself that helps decrease your anxiety about a situation.*

*c. It can be like an instruction to yourself or “self-talk.”*

* Provide examples, such as:

*a. Relax and take a deep breath.*

*b. It’s ok if I make a mistake.*

*c. I can get through this.*

*d. I can do this.*

* Here is a story of how calming thoughts can be helpful.

*a. Paula noticed that her father, Kenneth, was nervous when they were in the waiting room for his doctor.*

*b. She reminded her father to say his coping statement, which was, “Things will be ok.”*

*c. After he said it, he seemed to feel more relaxed.*

*d. Paula reminded him two more times while they were waiting to say, “Things will be ok.”*

**4. Choose calming thoughts.**

* Review “Calming Thought Examples” handout.
* Determine with patient and collateral which of these calming thoughts might fit.
* Explain that the patient and collateral can also come up with other calming thoughts in addition to those provided.
* Help the patient (with aid of collateral) choose one or two calming thoughts that seem most appropriate.
* Examine the patient and collateral's acceptance of this thought. Make sure and choose a thought that they believe is true. For more advanced dementia patient's it may be necessary to spend more time in the session devoted to this issue.
* Write it/them on the “Calming Thoughts” instructional form for patient and collateral.

**5. Determine how to increase the use of calming thoughts.**

* Discuss whether the patient would like the calming thought(s) written on index cards to carry with him/her, or posted in a visible place.
* Explain that calming thoughts or self-instructions may work best if the patient actually says the statement aloud and/or reads the reminder index card.

6. Discuss how the patient and collateral would like to work together to practice coping statement use daily.

**7. Practice using calming thoughts.**

* Role-play a situation in which the patient can use the selected calming thoughts.
* Have the patient pretend that he/she is in that situation, and have the collateral involved as the patient determines.
* Use whatever reminder the patient and collateral have chosen to help them remember the coping statement.
* Try to make the role play as realistic as possible.
* As in other sections, monitor the interaction style of the patient and collateral, modeling behavior if necessary.
* Ask for feedback from both the patient and collateral on the role-play. Did the coping statement work?

**8. Demonstrate and practice integration of calming thoughts use with other coping skill use.**

* The use of notecards or posted reminders might be employed here as well.
* Guide the patient in practicing what to do when they get anxious or want to practice the skills over the next week. For example, you might:
  1. Prompt the patient to take out their notecard by saying, “What can you do when you get anxious?” and encourage them to take out their notecard and read it until they do this response on their own. Encourage the collateral to practice this after the session if appropriate.
  2. Have the patient practice telling the collateral that they are anxious and following the collateral’s instructions in using their coping tools.

**9. Establish a procedure for daily practice for the coming week.**

* Give the patient self-monitoring forms (if they are being used).
* Give the collateral a form to keep for his/her workbook to use as a reference for the week.
* Discuss and write down in the workbooks when the coping statement practice and forms are going to be completed and how the collateral is going to help.
* Answer questions.
* Provide daily practice tips if necessary
* Set a time for a midweek phone check-in and next appointment.

# Telephone Midweek Follow-up

You should speak with both the collateral and the patient about the following:

## 1. Review the homework.

## 2. Address problems or difficulties with completing the plan for the week.

## 3. Identify patterns (common symptoms, reactions).

## 4. Ask how the patient and collateral worked together.

## 5. Ask how the patient felt about the use of calming thoughts.

## 6. If necessary, revise calming thoughts or the strategy for their practice and use.

**Module D: Increasing Activity**

**Session Guide**

Purpose

This section derives from behavioral activation, a therapeutic intervention involving structured steps to increase overt behaviors likely to be reinforcing for the patient and to lead to increases in positive thoughts and mood. Behavioral activation can help break patterns of inactivity. The therapist uses concrete goals and daily practice assignments to encourage patients to participate in pleasurable activities that produce corresponding improvements in thoughts, mood, and overall quality of life. For the most benefit, collaterals should actively participate in these activities.

Choosing Activities

Behaviors/activities selected should be accomplishable and likely to stimulate an increased sense of pleasure or achievement. Potential activities include spending time with friends, watching a movie, taking a walk, resuming a neglected hobby, etc. These activities can be simplified modifications of the patient’s prior involvement. For instance, if a patient enjoyed working in the garage, the collateral might encourage him/her to work in the garage again but with much simpler tasks, e.g., sorting nuts and bolts into jars based on size or dusting the inside of the car.

Brainstorming ideas for patient activities may take a large portion of the session. You may help generate ideas by asking the patient what they currently enjoy doing and what they would like to do. Also discuss with the collateral his/her ability to be actively involved in these activities. It may take a few sessions to determine the most enjoyable and feasible way to incorporate more pleasurable activities into the patient’s daily life. Several handouts and worksheets may help you in this process (***Figures 7*** and ***8***). These may be given to the collateral and patient as the therapist deems appropriate depending on the capabilities of the patient and his/her ability to generate ideas. Different lists available include activities appropriate for patients with varying cognitive capabilities.

Next, the Activities Ranking Form (***Figure 9***) may help the therapist, patient, and collateral determine which activity to begin with. Lastly, the Planning for an Activity worksheet (***Figure 10***) may help the patient and collateral break activities into smaller steps and identify what kind of help is necessary to carry out the activity. Breaking the activity into parts may help the patient to gain a sense of achievement when smaller parts of a broader activity goal are achieved. Planning activities in a structured manner such as this may also help identify potential barriers to carrying out the activity and form plans for overcoming these barriers. During this discussion, the patient may have unrealistic expectations for themselves based on prior levels of functioning. You may help them to set more attainable, yet still related and enjoyable goals for activities. For example, if the patient can’t drive, perhaps the collateral can take the patient on a 20-minute ride. If the patient used to work with his/her hands, perhaps a model project (without sharp tools and harsh glues) would be enjoyable.

As more activities are added to the client’s schedule, a calendar and/or a daily schedule may be helpful for several reasons. First, it may help in planning activities. Second, it may ensure that the planned activities actually occur. Third, it will help patients and collaterals be prepared each day for activities they may have forgotten about. An example of a patient’s calendar used for behavioral activation is included in the Forms Resource File. Some patients may prefer to have a list of activities written for them for each day as a monthly or weekly calendar may contain too much information.

Role of the Collateral

Some patients will have difficulty initiating the activity without the collateral’s help. Thus, you may help the collateral determine how he/she can be part of the activity. Patients also may need the collateral to work with them the entire time they are performing the activity. For example, even though the patient may agree that feeding the birds would be fun, placing the birdseed on the table may not be enough encouragement to get him/her to begin and carry out the activity. The collateral may have to be with the patient during the entire bird-feeding activity (pouring the birdseed into a container, taking the container to the bird feeder, pouring the birdseed, etc.). Continued practice of the activity may help incorporate it into the patient’s routine and foster some independent behavior. For example, the patient may scoop some birdseed into a small bag but still need assistance taking the seed to the bird feeder.

Encourage the collateral to present activities with a purpose and to foster a sense of being helpful *(“The garage needs to be cleaned. It would really help me out if you would sort these nuts and bolts into these jars.”).* If the activity produces anxiety, the collateral may need to remind the patient to use anxiety coping tools; or you may need to help the patient select a new activity. It is also helpful to instruct the collateral to include some reinforcement after difficult steps in the process (praising the attempt or end product, placing the craft in a noticeable area, etc.). The therapist may point out differences in the patient’s mood after these activities are performed to increase future activities and give reinforcement for the collateral’s involvement.

Patient and Collateral Appropriateness

Behavioral activation is appropriate for patients who have a collateral willing to work with them in this area. Assigned activities can be tailored to each patient’s ability and interests. Collaterals should be actively involved in motivating the patient, initiating activity, and supporting the patient in these activities.

The Use of Spaced Retrieval with Activities Scheduling

Spaced retrieval will work best when pairing the prompt with a concrete behavior. When brainstorming activities, it may be helpful for the clinician to keep in mind which activities can be practiced using SR in the treatment session. More complicated activities may still be encouraged with the help of a collateral, however, simple activities will be easier to incorporate into SR training. More cognitively impaired patients may have difficulty linking the SR prompt or note card with the actual performance of the behavior. As with all other SR training, it is necessary to have the patient perform the behavior during the last SR training of the session. For example, have the patient use the note card and then engage in their chosen behavior (watching TV, having a snack, etc.) The use of SR in activity scheduling may benefit from training the collateral to use SR with the patient.

Use Over Course of Treatment

This module should be initiated early enough in the treatment program to allow continued practice with increasing activities over a few weeks. It may take a few sessions to determine and practice appropriate target behaviors. If the behaviors are anxiety related, it is better to attempt them after the patient has mastered at least one coping tool. He/she could use the tool as an aid while attempting the new or increased behavior. In addition, during the initial weeks of trying out a new behavior, the patient can still practice the previously learned coping tools if initial targeted behaviors are not deemed feasible. Behavioral activation may be incorporated into daily self-monitoring (see ***Figure 11*** for an example of a self-monitoring form that includes several coping tools including behavioral activation) and notecards or other forms of reminders of the patient’s coping tools (***Figure 12***). ***Figures 13*** and ***14*** are used for planning activities for the week. The collateral and patient roles are listed on the “Increasing Activities: Home Practice” forms in the collateral and patient workbooks. The patient should be comfortable with the planned role of the collateral, and the collateral should agree that their participation in the activity is feasible.

***Figure 7***

**List of Pleasant Activities**

(Adapted from Linda Teri, *STAR-C Manual*)

**Pleasant Activity Ideas Page 1**

\* Looking out the window at nature \* Helping someone

\* Buying something for yourself \* Reading a good story

\* Talking with grandchildren \* Listening to the radio

\* Watching TV \* Getting a manicure

\* Finishing a task \* Laughing

\* Doing a puzzle \* Visiting with neighbors

\* Remembering family events \* Arranging flowers

\* Eating a special snack \* Talking on the phone

\* Looking at a newspaper \* Feeling the Lord in your life

\* Going to a party \* Reminiscing about old times

\* Eating lunch with friends \* Watching people

\* Listening to music \* Taking a walk

\* Reading magazines \* Eating a nice meal

\* Talking about children, grandchildren \*Taking a nap

\* Caring for plants, gardens \* Complimenting someone

\* Having visitors \* Talking on the phone

**Pleasant Activity Ideas Page 2**

\* Helping with chores \* Telling stories

\* Seeing, smelling, planting flowers \* Playing with a pet

\* Watering lawn, flowers \* Washing and setting the table

\* Planting seeds \* Putting pictures in photo album

\* Cutting coupons \* Filling a bird feeder

\* Counting coins and putting them into rolls

\* Working with stencils (great for gifts, can use on tiles, coasters)

\* Making inch/coil pots – once dried can be painted

\* Preparing peanut butter and jelly sandwiches or other simple meals

***Figure 8***

**Checklist of Life Activities or Events**

|  |  |  |  |
| --- | --- | --- | --- |
| **EXCURSIONS/COMMUNITY** | **√** | **SOCIAL ACTIVITIES AND**  **INTERACTIONS WITH OTHERS** | **√** |
| 1. Going to the park or beach |  | 1. Getting together with friends |  |
| 2. Going out to dinner |  | 2. Visiting a neighbor. |  |
| 3. Going to the library or a book store |  | 3. Having family visit or visiting family |  |
| 4. Going to the movies |  | 4. Eating out with friends or associates |  |
| 5. Going shopping |  | 5. Going to a local community center |  |
| 6. Going fishing |  | 6. Playing bingo, majong, cards, dominos with others |  |
| **HEALTH AND WELLNESS** | **√** | **PHYSICAL ACTIVITY** | **√** |
| 1. Putting on makeup or perfume |  | 1. Walking for exercise or pleasure |  |
| 2. Eating healthier |  | 2. Light housekeeping, such as sweeping |  |
| 3. Relaxing, meditating, or doing yoga |  | 3. Swimming or doing water exercise |  |
| 4. Improving one’s health |  | 4. Gardening or planting |  |
| **SPIRITUAL, RELIGIOUS,**  **AND KIND ACTS** | **√** | **RECREATIONAL AND OTHER LEISURE ACTIVITIES** | **√** |
| 1. Going to a place of worship |  | 1. Knitting, sewing, or needlework |  |
| 2. Attending a wedding, baptism, bar  mitzvah, religious ceremony or function |  | 2. Writing in a journal or diary or  keeping a scrapbook or photo album |  |
| 3. Reading the bible |  | 3.Playing with or having a pet |  |
| 4. Attend a bible study group |  | 4. Drawing, painting, or crafts |  |
| 5 .Do favors for others or volunteer |  | 5. Singing or listening to music |  |
| 6. Volunteer for a special cause |  | 6. Reading the newspaper or magazines |  |
|  |  | 7. Watching TV or listening to the radio |  |
|  |  | 8**.** Doing word puzzles or playing cards |  |

Source: Adapted, with permission, from Lejuez, C.W., Hopko, D. R., & Hopko, S. D. (2001). A brief behavioral activation treatment for depression. *Behavior Modification* *25:*255–286.

***Figure 9***

**Activities Ranking Form**

|  |  |
| --- | --- |
| Activities That Would Be Fun | |
|  | Rank |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

***Figure 10***

**Planning for an Activity**

Choose an activity that is important to you at this time. It could be doing a task that helps you solve a problem or something that you would enjoy doing. List these below. Remember to pick something that you want to accomplish or that you enjoy or find satisfying. Choose something that is not too difficult and break it into small steps. Think about help you may need from others and be sure to include that in your steps.

|  |  |
| --- | --- |
| |  | | --- | | The activity I am choosing is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Step 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Step 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Step 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Help I may need from someone else is  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

***Figure 11***

**Sample Practice for Multiple Coping Tools**

1. Deep breathing use today

Did I practice deep breathing? \_\_\_\_\_Yes \_\_\_\_No

Was deep breathing helpful? \_\_\_\_\_Yes \_\_\_\_No

2. Calming Thought use today:

Did I practice calming thoughts? \_\_\_\_\_Yes \_\_\_\_No

Were calming thoughts helpful? \_\_\_\_\_Yes \_\_\_\_No

3. Activities today:

Did I do positive activities? \_\_\_\_Yes \_\_\_\_No

Were positive activities helpful? \_\_\_\_\_Yes \_\_\_\_No

4. I used my coping tools in response

to which stressors?

\_\_\_\_\_ Son’s divorce \_\_\_\_\_ Stomach

problems

\_\_\_\_ Wife’s medical problems \_\_\_\_\_ Not doing my projects

\_\_\_\_\_Other: Please list

***Figure 12***

**Sample of Several Coping tools on a Notecard**

When I feel uneasy, I can:

- Breathe deeply

- Do something fun:

* + Go for a walk
  + Watch the history channel
  + Build a model
  + Put pictures in album

- Use my calming thought:

* + - * + I have help nearby if I need it.

***Figure 13*** **Collateral home practice**

**Increasing Activities: Home Practice**

* \_\_\_\_\_\_\_\_\_\_\_\_home practice will involve participating in an activity from the Activity List generated during the meeting.



* You can also help coach or encourage him/her to participate in the activity.
* You may participate with them as they may need your support to start a new activity in their routine.

\_\_\_\_\_\_\_\_\_\_\_Activity Goal for This Week:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How I Will Help \_\_\_\_\_\_\_\_\_\_ Practice This Week:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When I Will Help \_\_\_\_\_\_\_\_\_ Practice This Week:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Practice Tips

You can help coach \_\_\_\_\_\_\_\_\_\_\_\_ use these tips for this coping skill:

1. Choose a regular practice time once a day.

2. Place the workbook in the same visible place each day.

3. Don’t get frustrated if they forget to practice.

***Figure 14* Client home practice**

Increasing Activities: Home Practice

* For this week, try at least one activity from Activity List we completed during the meeting.



My activity goal for (insert week dates) is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How I Will Work with\_\_\_\_\_\_\_\_\_\_\_\_This Week:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When I Will Work \_\_\_\_\_\_\_\_\_\_\_\_\_ This Week:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice Tips

1. Choose a regular practice time once a day.

2. Place the workbook in the same visible place each day.

3. Don’t get frustrated if you forget to fill out the form. Just fill it out when you remember.

**Handouts to Prepare Before the Session**

1. Session outline including a copy for you, the collateral, and the patient.
2. From Patient Workbook:
   1. “Increasing Activity” explanation form from patient workbook.
   2. List of Pleasant Activities (***Figure 7*** or ***8***).
   3. Activities List ***(Figure 9***)
   4. Planning for an Activity worksheet (***Figure 10***). If this is not completed, the patient should be given the worksheet where it will be specified during the session how and when the patient and collateral will work together to complete activities for the week.
   5. At least one practice and a week’s worth of self-monitoring forms (see ***Figure 11***), labeled with day and date for the coming week and a box for monitoring activities.
   6. Increasing Activities: Home Practice (***Figure 14***)
3. From Collateral Workbook:
   1. “Increasing Activity” explanation form from collateral workbook.
   2. List of Pleasant Activities (***Figure 7*** or ***8***).
   3. Activities List (***Figure 9***)
   4. Planning for an Activity worksheet (***Figure 10***). If this is not completed, the collateral should be given the worksheet where it will be specified during the session how and when the patient and collateral will work together to complete activities for the week.
   5. A copy of one self-monitoring/practice form to refer to while assisting the patient.
   6. Increasing Activities: Home Practice (***Figure 13***)
4. Blank notecards and a marker

**Module D: Increasing Activity**

**Therapist Instructions**

**1. Distribute a simple outline showing what you will be doing during this session.**

* Remind the patient who you are and why you are there.
* Briefly summarize the goals and tasks for today’s session.

**2. Review daily practice for the preceding week.**

* Review self-monitoring forms.

a. Look for patterns of symptoms.

b. Answer collateral and patient questions about filling out the forms.

c. Ask how forms were completed (who did what).

* Review the skill that has been practiced during the week if appropriate.

a. Answer collateral and patient questions about using the skill.

b. Ask how the skill was practiced (who did what).

* Address any problems with completing practice assigned the previous week.

**3. Introduce behavioral activation.**

* Give patient and collateral handout explaining why increasing activities is important.
* Explain the purpose of behavioral activation. You might say, for example,

*a. When people are feeling (patient’s word for anxiety), they often also feel sad or blue.*

*b. Feeling sad can also change your behavior by decreasing your energy to try*

*activities, even activities that you once found enjoyable. This means that taking part in*

*an activity when you are nervous or feeling sad is difficult.*

*c. It is also hard to organize your time to become more involved in fun activities when you are sad.*

*d. On the other hand, participating in more fun activities can boost your mood and energy levels, and distract you from feeling (anxious) or sad.*

*e. During this section, I will help you add more fun activities to your daily life.*

**4. Explain how we can use the patient’s current activities and desires to increase activities.**

* Ask the patient and collateral for feedback about perceived patterns of avoidance or decreased involvement in pleasurable activities.
* Use an example to show how decreased activities have negatively affected someone else. One example you may use, is:

a. *When Paula visited her father, Kenneth, at his assisted living home, she noticed that he*

*spent most of his time sitting in his chair.*

*b. He really missed his wife, who had passed away 2 years earlier, and described most of his*

*day as “boring.”*

*c. He spent his time watching television or looking out the window.*

* Explain how we can identify pleasant activities by what you enjoyed in the past and what you are doing now and increase their use to increase feelings of enjoyment and achievement. You may say something, such as: *Sometimes we can pick out what you enjoy most about what you are doing right now and create activities that will build on those interests so you have more feelings of achievement and pleasure overall. For example:*

*a. Paula asked what Kenneth enjoyed most about looking out the window and watching television.*

*b. He said that he liked watching the birds on the lawn and watching the History Channel on TV.*

*c. To help Kenneth feel less anxious and sad and help him get more fun activities into his week, Paula helped him fill and clean the bird feeder outside and invited him to watch the History Channel at her house for a couple of hours a week.*

*d. Kenneth liked helping others in his assisted living home enjoy the birds and took pride*

*in taking care of the bird feeder.*

*e. He also enjoyed spending time with his daughter in her home and getting to play with her dogs.*

*f. Kenneth felt better when he had these activities to look forward to and participate in with his daughter.*

**5. Make an Activity List with the patient (Figure *9*).**

* In this discussion, you may give the patient and collateral the List of Pleasant Activities (***Figure 7***) and Activity List (***Figure 8***) handouts as judged appropriate.
* Suggest to the patient that the first step is for him/her to think of some enjoyable activities that he/she would like to be involved with. Questions that can be asked include the following*:*

*a. Are there things that you are currently doing that you find pleasure in doing, are*

*important to you or that give you a feeling of satisfaction? Do you want to increase some*

*of these activities?*

*b. What other things or activities would you like to do that you are not doing now? What*

*would be enjoyable or satisfying to do? This could be something you have enjoyed or*

*valued in the past or something new that you want to try. What keeps you from doing these activities?*

* Refer to the List of Pleasant Activities handout if the patient and collateral have difficulty identifying activities.
* Be sure to talk about possible obstacles in doing activities they would like to do.

a. Monitor the collateral’s responses. Divert attention away from harsh statements referring

to the patient’s lack of certain abilities (e.g., If you can’t find your way around the

house, you can’t drive a car.).

b. Keep in mind ways the collateral may need to be involved in these projects. Address the

collateral’s availability, and use it to determine the plausibility of activities.

c. If some tasks the patient suggests are unreasonable, suggest activities that may be

related to the patient’s idea but more suited to his/her capabilities.

* With the collateral’s input, have the patient rank the activities considering both how feasible they are and how much pleasure and achievement the patient would gain from them.

6. Discuss daily practice for the coming week, with the goal of increasing activities.

* Decide on one activity to start this week, ensuring that it is something that the patient can accomplish during the week. (Some activities might take time to implement; for example, the collateral might need to purchase a model set.)
* You may help the patient and collateral to think about how to break a larger activity into smaller steps and plan for the help they will need from others using the Planning Activities (***Figure 10***) worksheet.
* Negotiate the collateral’s involvement and write it on the Increasing Activities: Home Practice collateral form (***Figure 13***) to plan the activities for the week.
* Negotiate the patient’s involvement and write it on the Increasing Activities: Home Practice patient form (***Figure 14***) to plan the activities for the week.
* Specifically plan how the patient will complete activities for the week, including when, where, how, etc.

**7. Discuss integration of activities with other coping tool use.**

* Activities may be added to notecards or posted reminders to remind the patient to do these activities when they are anxious or sad.
* The activities may help distract the patient from anxiety-provoking thoughts and feelings or may actually create anxiety at first. Thus, activities may added to notecards as a coping tool and other coping tools may be used while at first doing the activities.
* You may want to warn the patient that activities may at first create anxiety because they are new, but should increase feelings of pleasure and achievement if they are continued.
* The following should be practiced:
  1. Prompt the patient to take out their notecard by saying, “What can you do when you get anxious?” and encourage them to take out their notecard and read it until they do this response on their own. Encourage the collateral to practice this after the session if appropriate.
  2. Have the patient practice telling the collateral that they are anxious and following the collateral’s instructions in using their coping tools.
  3. If spaced retrieval is being used make sure the last SR training of the session is paired with the patient's performance of the chosen activity.

**8. Establish a procedure for daily practice for the coming week.**

* Give the patient self-monitoring forms (if they are being used).
* Give the collateral a form to keep for his/her workbook to use as a reference for the week.
* Discuss and write down in the workbooks when the activities and forms are going to be completed and how the collateral is going to help.
* Answer questions.
* Provide daily practice tips if necessary.

9. Set a time for the midweek phone check-in and next appointment.

# Telephone Midweek Follow-up

You should speak with both the collateral and the patient about the following:

## 1. Review activity involvement.

## 2. Address problems or difficulties with completing the plan for the week.

## 3. Identify patterns (common symptoms, reactions).

## 4. Ask how the patient and collateral worked together.

## 5. Ask how the patient felt about doing the activities.

## 6. If necessary, revise activities or the strategy for their completion before the next session.

**Module E: Sleep Skills**

**Session Guide**

Purpose

This section presents simple sleep hygiene skills to help the patient with sleep difficulties that sometimes occur with anxiety difficulties. These can be useful for both the patient and collateral, but, as always, are directed toward the patient.

Forms

Information on sleep problems should be collected in a session before presenting sleep skills. This information will be used to determine which sleep skills would be most useful for the patient and to accordingly modify handouts (***Figures 15*** and ***16***) in the patient and collateral manuals. In the beginning, only **two** or **three** skill should be selected. If the selected skills do not work or cannot be implemented for some reason, different or additional skills from this section may be added to forms in future sessions. See ***Figure 19*** for a guide to a sleep assessment. The clinician should ask enough questions to get a thorough assessment of which sleep skills would be most helpful, but not all question included on ***Figure 19*** must be asked. Some sleep issues, such as sleep apnea, cannot be addressed by sleep skills, and the patient should be referred to a physician if such problems are suspected.

Patient and Collateral Appropriateness

These skills can be introduced to any patient who has sleep difficulties. The therapist, patient, and collateral can work together to develop gradual steps toward following sleep rules. These skills may be most useful for patients and collaterals that live together, as collaterals can be taught to remind the patient to practice sleep rules and encourage their use daily and nightly. If the collateral does not live with the patient, however, he/she may still remind the patient of these skills. Collaterals can also use these rules themselves and may need to incorporate skill use in their routine if they share the bedroom with the patient (i.e., not watch television in the bedroom). The initial use of sleep rules may require practice with the collateral. If the patient is functioning at a high level, these skills can involve minimal collateral involvement. The collateral and patient workbooks include handouts describing simple steps to improve sleep skills. Selected handouts, based on predetermined helpful information, can be given to the patient and the collateral and reviewed in-session.

Use Over Course of Treatment:

Sleep skills can be taught early in the program, if needed. They can also be used and monitored throughout treatment in conjunction with other skills. The skill to be practice (i.e., eliminate naps) can be added to self-monitoring forms, if used, as a reminder to use the skill and to review progress.

*Figure 15*

**Sleep Skills** (pt)



\*As people age, they tend to sleep less at night than they did when they were younger. Most older adults only sleep 6 to 7 hours at night and then take a nap around lunchtime if they feel tired.

\* Many people have trouble sleeping because they are worrying. If you do not get a good night’s sleep, remember that you can always get more the next night.

\*There are simple rules that can help you sleep and feel rested the next day.

**Nighttime Skills:**

**Go to sleep and wake up at the same time every day.**

* Going to sleep and waking up at the same time every day can help you get in a good habit.
* An alarm clock can help you get up at the same time every morning.
* Make sure the time between going to bed and getting up is about the same amount of time as you expect to sleep (typically 7 to 8 hours).

**Develop a routine or habit when it is time to get ready for bed.**

* A routine will help calm you and prepare your body for sleep.
* This may include brushing your teeth, taking medications, calling someone, and/or listening to calming music.
* Try to do all activities in the same order and at the same time every night.

**Stretch legs or soak legs in a hot bath just before bed.**

* Stretching your legs and/or soaking them in a hot bath just before bed can help calm muscles and stop them from moving at night.

**Relax before bedtime or when waking up at night.**

* Relaxation before bed or when waking up at night may include deep breathing, listening to calming music, or putting a calming picture in your mind.

**Limit the use of the bed for sleep or intimacy with your partner.**

* Do not do anything else except sleep in bed or be intimate with your partner. This includes reading, worrying, talking, or watching TV. Do these activities prior to getting into bed.

**Get out of bed if you are not asleep in 15 to 20 minutes.**

* When you don’t fall asleep within 15 to 20 minutes, you should get up and do something calming or relaxing (such as reading, breathing deeply, listening to calming music) until you feel sleepy again.
* This rule can be used throughout the night. If you get up in the middle of the night and can’t get back to sleep in 15 to 20 minutes, then do something calming or relaxing outside of the bed until you are sleepy.
* **If it is difficult for you to leave the bed at night, you can alter your bed or bedroom so that it is different during the time you are doing your calming or relaxing activity than it is when you try to sleep.** 
  + **For example, rather than leaving the bed for 15 to 20 minutes, you can turn the light on and/or prop yourself with pillows and read. When you are sleepy and ready to try to sleep, return to the original sleep situation (i.e., turn the light off, return pillows, put the book away).**
  + **Remember, getting out of bed while groggy could be dangerous if you are prone to falling, so be careful!**

**Use other calming skills to help you sleep.**

* Practice deep breathing when you go to bed and wake up at night.
* Say your calming thoughts to yourself. It may help to post calming thoughts somewhere you can easily see them while in bed, such as on a note card you keep on your nightstand, or post them on the wall or ceiling.
* If a thought is bothering you at night, write it down on a notepad you place next to your bed, or tell your loved one to remember it and put it out of your mind. This way, you and your loved one can think of a calming thought that addresses the bothersome thought in the morning.
* By leaving a bothering thought for the next day, you may also be able to figure out a solution to the problem at a later time. Trying to go to sleep is not the right environment for solving problems.

**Make your bed and bedroom as conducive to sleep as possible.**

* Think of all the distractions, such as light, noise, or movements that might be keeping you awake at night. Then, try to minimize these things.
* You may consider such things as moving your bed or bedroom, putting curtains up, sleeping separately from your partner, sleeping with earplugs on, or anything else to minimize things that keep you awake.

**Decrease pain.**

* Relax the area of the body in which you feeling pain.
* Distract yourself from pain by doing enjoyable things just before bed and by using calming thoughts when in bed.

**Daytime Skills:**

**Limit the use of the bed for sleep or intimacy with your partner.**

* Do not do anything else except sleep in bed or be intimate with your partner. This includes reading, worrying, talking, or watching TV. Do these activities prior to getting into bed.

**Do not nap or sleep after 3 PM.**

* Naps can be disruptive to nighttime sleep.
* If you are unable to avoid a nap mid-day, limit the nap to one hour and do not sleep after 3:00 pm.

**Do not take naps more than an hour long.**

* It may help to nap somewhere other than in your bed to decrease your nap time. Napping elsewhere may also help you to associate your bed with longer sleep times.

**Do not drink caffeinated drinks in the afternoon.**

* Caffeine can keep you awake for up to 8 hours, so do not drink caffeine after (8 hours before normal bedtime).

**Exercise at least 3 to 4 days per week before** (insert 4 hours before normal bedtime).

* Exercising in the morning or afternoon can help make you tired later in the day, but if you exercise too close to bedtime, it can raise your heart rate and body temperature and cause you to have more trouble falling asleep.
* Talk with your physician for exercise ideas that are safe and fit your needs.

**Drink more fluids in the morning and less in the evening.**

* You may be able to decrease getting up to go to the bathroom at night by decreasing the amount you drink in the evening. If your evening medications require fluids, then follow your medications’ instructions.
* Be sure to drink more in the morning so that you get enough fluids to maintain your health.

**Try spending a few minutes each morning in natural sunlight.**

* Spending some time in natural light has been shown to help a person feel better overall and actually improve sleep.
* However, do not spend too much time in the sun if you sunburn easily.

***Figure 16***

**Sleep Skills** (Col)



* As people age, they tend to sleep less at night than they did when they were younger. Most older adults only sleep 6 to 7 hours at night and then take a nap around lunchtime if they feel tired.
* Many people have trouble sleeping because they are worrying. If you do not get a good night’s sleep, remember that you can always get more the next night.
* There are simple rules that can help you sleep and feel rested the next day.

**Nighttime Skills:**

**Go to sleep and wake up at the same time every day.**

* Going to sleep and waking up at the same time every day can help you get in a good habit.
* An alarm clock can help you get up at the same time every morning.
* Make sure the time between going to bed and getting up is about the same amount of time as you expect to sleep (typically 7 to 8 hours).

**Develop a routine or habit when it is time to get ready for bed.**

* A routine will help calm you and prepare your body for sleep.
* This may include brushing your teeth, taking medications, calling someone, and/or listening to calming music.
* Try to do all activities in the same order and at the same time every night.

**Stretch legs or soak legs in a hot bath just before bed.**

* Stretching your legs and/or soaking them in a hot bath just before bed can help calm muscles and stop them from moving at night.

**Relax before bedtime or when waking up at night.**

* Relaxation before bed or when waking up at night may include deep breathing, listening to calming music, or putting a calming picture in your mind.

**Limit the use of the bed for sleep or intimacy with your partner.**

* Do not do anything else except sleep in bed or be intimate with your partner. This includes reading, worrying, talking, or watching TV. Do these activities prior to getting into bed.

**Get out of bed if you are not asleep in 15 to 20 minutes.**

* When you don’t fall asleep within 15 to 20 minutes, you should get up and do something calming or relaxing (such as reading, breathing deeply, listening to calming music) until you feel sleepy again.
* This rule can be used throughout the night. If you get up in the middle of the night and can’t get back to sleep in 15 to 20 minutes, then do something calming or relaxing outside of the bed until you are sleepy.
* If it is difficult for you to leave the bed at night, you can alter your bed or bedroom so that it is different during the time you are doing your calming or relaxing activity than it is when you try to sleep.
  + For example, rather than leaving the bed for 15 to 20 minutes, you can turn the light on and/or prop yourself with pillows and read. When you are sleepy and ready to try to sleep, return to the original sleep situation (i.e., turn the light off, return pillows, put the book away).
  + Remember, getting out of bed while groggy could be dangerous if you are prone to falling, so be careful!

**Use other calming skills to help you sleep.**

* Practice deep breathing when you go to bed and wake up at night.
* Say your calming thoughts to yourself. It may help to post calming thoughts somewhere you can easily see them while in bed, such as on a note card you keep on your nightstand, or post them on the wall or ceiling.
* If a thought is bothering you at night, write it down on a notepad you place next to your bed, or tell your loved one to remember it and put it out of your mind. This way, you and your loved one can think of a calming thought that addresses the bothersome thought in the morning.
* By leaving a bothering thought for the next day, you may also be able to figure out a solution to the problem at a later time. Trying to go to sleep is not the right environment for solving problems.

**Make your bed and bedroom as conducive to sleep as possible.**

* Think of all the distractions, such as light, noise, or movements that might be keeping you awake at night. Then, try to minimize these things.
* You may consider such things as moving your bed or bedroom, putting curtains up, sleeping separately from your partner, sleeping with earplugs on, or anything else to minimize things that keep you awake.

**Decrease pain.**

* Relax the area of the body in which you feeling pain.
* Distract yourself from pain by doing enjoyable things just before bed and by using calming thoughts when in bed.

**Daytime Skills:**

**Limit the use of the bed for sleep or intimacy with your partner.**

* Do not do anything else except sleep in bed or be intimate with your partner. This includes reading, worrying, talking, or watching TV. Do these activities prior to getting into bed.

**Do not nap or sleep after 3 PM.**

* Naps can be disruptive to nighttime sleep.
* If you are unable to avoid a nap mid-day, limit the nap to one hour and do not sleep after 3:00 pm.

**Do not take naps more than an hour long.**

* It may help to nap somewhere other than in your bed to decrease your nap time. Napping elsewhere may also help you to associate your bed with longer sleep times.

**Do not drink caffeinated drinks in the afternoon.**

* Caffeine can keep you awake for up to 8 hours, so do not drink caffeine after (8 hours before normal bedtime).

**Exercise at least 3 to 4 days per week before** (insert 4 hours before normal bedtime).

* Exercising in the morning or afternoon can help make you tired later in the day, but if you exercise too close to bedtime, it can raise your heart rate and body temperature and cause you to have more trouble falling asleep.
* Talk with your physician for exercise ideas that are safe and fit your needs.

**Drink more fluids in the morning and less in the evening.**

* You may be able to decrease getting up to go to the bathroom at night by decreasing the amount you drink in the evening. If your evening medications require fluids, then follow your medications’ instructions.
* Be sure to drink more in the morning so that you get enough fluids to maintain your health.

**Try spending a few minutes each morning in natural sunlight.**

* Spending some time in natural light has been shown to help a person feel better overall and actually improve sleep.
* However, do not spend too much time in the sun if you sunburn easily.

***Figure 17*** ***(Pt)***

**Sleep Skills: Home Practice**



* This week, try using one or more of the sleep skills.

The Sleep Skills I am Going to Try This Week:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How I Will Practice This Week:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When I Will Practice This Week:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice Tips

1. It may take a while before you see benefits from using sleep skills.

2. Place the workbook in the same visible place each day.

3. Don’t get frustrated if you forget to practice.

***Figure 18***

**Sleep Skills: Home Practice (col)**

* \_\_\_\_\_\_\_\_\_\_\_ home practice will involve using one or more of the sleep skills to begin to improve their sleep habits.



* You might assist them by reminding them to practice their sleep skill.

The Sleep Skill I am Going to Coach This Week:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How I Will Help \_\_\_\_\_\_\_\_\_\_\_ Practice This Week:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When I Will Help \_\_\_\_\_\_\_\_\_ Practice This Week:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Practice Tips

1. Establish a regular sleep routine or habit including naps and bedtime.

2. Remember that it may take a while for sleep skills to alter sleep problems, so be patient and keep trying.

3. Place the workbook in the same visible place each day.

**Handouts to Prepare Before the Session**

1. Session outline including copy for you, the collateral and the patient.
2. From Patient Workbook:
   1. Sleep skills handout deleting all but a few skills most helpful for the particular sleep problems of the patient (***Figure 15***).
   2. “Sleep Skills: Home Practice” form used in session to plan daily practice exercises (***Figure 17***).
   3. At least one practice and a week’s worth of self-monitoring forms, labeled with day and date for the coming week and a box for sleep skills.
3. From Collateral Workbook:
   1. Sleep skills handout deleting all but a few skills most helpful for the particular sleep problems of the patient (***Figure 16***).
   2. “Sleep Skills: Home Practice” form used in session to plan daily practice exercises (***Figure 18***).
   3. A copy of one self-monitoring/practice form to refer to while assisting the patient.
4. Blank note cards and a marker for reminders of sleep skills, if needed.

***Figure 19***

**Sleep Assessment**

(modified from Stepanski, Rybarczyk, Lopez, & Stevens, 2003)

**1. What time do you go to bed? What time do you get up in the morning?**

**2. How long does it take you to fall asleep?**

**3. Do you awaken during the night? If yes, how many times? For how long?**

**4. How much total sleep do you get?**

**5. How much total sleep time do you think you need to feel rested?**

**6. Do you have any pain at night?**

**7. What do you do in bed besides sleep? Do you watch TV, read, work, or eat in bed?**

**8. Are you easily awakened by noise or light?**

**9. What do you do while awake at night?**

**10. What do you think about while trying to get to sleep or when waking up in the middle of the night?**

**11. Do you sleep later on some days than others? Do you go to bed at different times?**

**12. Do you and your bed partner have similar bedtimes?**

**13. What have you tried to do to help your sleep problem? When is your sleep better? Do you fall asleep more easily somewhere other than in bed?**

**14. What would you like to see changed about your sleep?**

**Daytime possibly interfering activities:**

**15. Do you take naps during the day? When are these naps? How long do they last? Where do you take naps?**

**16. How much coffee, soda, or tea (or alcohol) do you drink and when do you drink it? How about cigarettes?**

**17. Do you exercise? When and how often?**

**Module E: Sleep Skills**

**Therapist Instructions**

**1. Distribute a simple outline showing what you will be doing during this session.**

* Remind the patient who you are and why you are there.
* Briefly summarize the goals and tasks for today’s session.

2. Review daily practice for the preceding week.

* Review self-monitoring forms.

a. Look for patterns of symptoms.

b. Answer collateral and patient questions about filling out the forms.

c. Ask how forms were completed (who did what).

* Review the skill that has been practiced during the week if appropriate.

a. Answer collateral and patient questions about using the skill.

b. Ask how the skill was practiced (who did what).

* Address any problems with completing practice assigned the previous week.

**3. Begin discussing sleep**

* Explain the purpose. You might want to say, for example,

a. *Older adults need about 7 hours of sleep, which can be less than they needed when*

*they were younger.*

*b. Sleep can be disrupted when you are anxious, stressed, worried, or sad.*

c. *Even though older adults need less sleep, they still experience more tiredness and have*

*difficulty using coping with anxiety or sadness when sleep is disrupted.*

*d. This can lead to even more anxiety or sadness* (may use patient’s words).

**4. Introduce nighttime sleep skills. You may start by saying:** *There are simple skills you can do at night that can improve your ability to sleep and feel rested the next day*. *We will start with a few and see how they work for you.*

* Provide Sleep Skills handout ***Figures 15*** (patient) and ***16*** (collateral).
* Review the skills on the handout allowing discussion for the patient and collateral to further discuss their possible maladaptive habits and ways in which they would like to change these habits to implement sleep skills.

Set a regular bedtime and wake time

Review patient’s bed and wake time.

Encourage him/her to set a bedtime at 10 or 11 and not to expect to sleep for more than 6-8 hours.

You may say: *It’s helpful to go to bed at the same time and wake up at the same time. Although it may be hard when you didn't sleep well, it is important to wake up at about the same time every morning, give or take 30 minutes. This good habit helps you get a good night’s sleep.*

*Sometimes people want to sleep later after a difficult night, but then they often have even more trouble getting to sleep the next night. Setting an alarm can help this pattern.*

*Actually, when you get used to it, getting up at a regular time can create new pleasures with some early morning activity (e.g., walking, reading, coffee).*

Develop a routine when it is time to get ready for bed.

*A routine helps prepare your body for sleep.*

Review current activities before going to bed and how to make these a routine, including the addition of calming activities.

Emphasize the importance of doing activities in the same order around the same time every night.

Stretch legs or soak legs in a hot bath just before bed.

If restless legs syndrome or other muscle problems interfere with sleep, encourage one or both of these activities.

Relax before bedtime or when waking up during the night.

Discuss how the patient would like to help their body relax at night. This may include listening to calming music, using deep breathing skills, using calming thoughts, or imagery of a calm place they have been or can imagine being.

Limit the use of the bedroom: Use the bedroom/bed only for sleep or intimacy.

You may say: *It is important to use the bed/bedroom for sleeping so that your body will form a good habit of going to sleep when you go to bed.*

*This means no TV, eating, reading, etc. in bed. If you like to read to relax or get sleepy for the evening, put on your pajamas and sit in a chair to read until you are sleepy enough to go to bed.*

Get out of bed if you are not asleep in 15 to 20 minutes.

You may say: *When you go to bed at your regular time, but don’t fall asleep within 15-20 minutes, you should get up and get out of bed and do something else until you feel sleepy again.*

*Remember, you do not want to do anything in bed for any extended period of time but sleep.*

*This fosters the routine of the bed/bedroom and sleep and lessens the pattern between the bed and worrying about getting to sleep.*

*This rule can be used throughout the night: If you get up in the middle of the night and can’t get back to sleep in 15 to 20 minutes, then move to another location until you are sleepy and do something calming.*

Notes: If the patient lives in one room (i.e., in an assisted-living facility), encourage him/her to move to a chair if no other room is available and if that is physically possible. If the patient can’t leave the bed, perhaps adjusting it to a more upright position during the day, and to a flatter position for sleeping at night, can help form an association between one bed set-up for wake time and another bed position for sleeping. Keep in mind that some patients are fall risks. This risk can increase if the patient is groggy.

**5. Introduce** **Daytime Sleep Skills:** *There are also simple things that you can do during the day to help you sleep better at night and feel more rested during the day. Let's talk about a few of these skills today.*

a. Do not get into bed during the day for anything but napping or intimacy with your partner.

i. *Do not do anything else except sleep in bed. This includes reading, worrying, or talking. Do these activities prior to getting into bed.*

b. Do not nap or sleep after 3PM

i. *Naps can be disruptive to nighttime sleeping.*

*ii. If you are unable to avoid a nap mid-day, limit it to one hour and do not sleep after*

*3:00 pm.*

c. Do not take naps more than an hour long.

*It may help to nap somewhere other than in your bed to decrease your nap time.*

*ii. Napping outside your bed may also help you to associate your bed with longer sleep times instead of the shorter sleep times involved in napping.*

d. Do not drink caffeinated drinks in the afternoon

*Surprisingly, the effects of caffeine can last up to 8 hours, so do not drink caffeine after* (8 hours before patient's normal bedtime).

1. Exercise at least 3 to 4 days per week before (4 hours before normal bedtime).
   1. *Exercising in the morning or afternoon can help make you tired at night.*
   2. *Beware though, if you exercise too close to bedtime, it can raise your heart rate and body temperature and cause you to have more trouble falling asleep.*
   3. *Patients should check with their physicians for exercise ideas that are appropriate for their health conditions.*
2. Drink more fluids in the morning and less in the evening.
   1. *You may be able to decrease getting up to go to the bathroom at night by decreasing the amount you drink in the evening.*
   2. *Be sure to drink more in the morning so that you get enough fluids to maintain your health.*
   3. *If evening medications require fluids, follow medication directions.*

6. Help the patient and collateral to choose how they will integrate these skills into their daily habits.

* + Choose one or two specific sleep skills to integrate into the patient’s daily routine as appropriate.
  + You may role play how the collateral will remind the patient of sleep skills and/or write out reminder cards, being certain to discuss where the cards can be placed.
  + Explicitly note on the Daily Practice form (***Figures 17*** and ***18***) for the patient and collateral how the patient – with help from the collateral – is going to work to achieve the chosen skill.

7. Establish a procedure for daily self-monitoring for the coming week as well. You may also monitor sleep skill usage.

* Give the patient self-monitoring forms (if they are being used).
* Give the collateral a form to keep for his/her workbook to use as a reference for the week.
* Discuss and write down in the workbooks when the forms are going to be completed and how the collateral is going to help.
* Answer questions.
* Provide daily practice tips if necessary.

8. Set a time for the midweek phone check-in and next appointment.

# Telephone Midweek Follow-up

You should speak with both the collateral and the patient about the following:

## 1. Review the patient’s use of sleep skills.

## 2. Address problems or difficulties with using sleep skills during the week.

## 3. Identify patterns (common symptoms, reactions).

## 4. Ask how the patient and collateral worked together.

## 5. Ask how the patient felt about using the sleep skills.

## 6. If necessary, revise sleep skill practice goals or the strategy for their completion before the next session.

**Termination/Transition Session**

**Session Guide**

Purpose

This session should be the last in-person meeting before the telephone follow-up period begins.

Use Over Course of Treatment:

Prior to beginning the session, the therapist should prepare a summary sheet of the skills the patient has learned. Figure 20 may be used as a guide for this summary sheet. After this session, the patient will be followed through telephone calls once a week for 4 weeks then every other week for 8 weeks.

Role of the Collateral(s)

The therapist should encourage the collateral(s) to continue any activities that were particularly helpful during the treatment. The collateral(s) should also be encouraged to take over some of the responsibilities of the therapist, such as designing new activities and new calming thoughts as well as encouraging the client to practice the skills learned during treatment.

***Figure 20***

**List of Tools**

Self Awareness

1.

2.

Deep Breathing

1.

2.

I remind myself to do deep breathing by:

Calming Thoughts

1.

2.

I remind myself of these calming thoughts by:

Activities

1.

2.

I remind myself to do these activities by:

Sleep Skills

1.

2.

***Figure 21***

**Tools Summary** (Pt)

The following tools helped me:

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I will continue to use the tools daily by:

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_ will help me use the tools by:

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Figure 22***

**Tools Summary** (Col)

The following tools helped:

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_ will continue to use the tools daily by:

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I will help \_\_\_\_\_\_\_\_\_\_\_\_\_ use the tools by:

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Figure 23***

**What to do if I feel \_\_\_\_\_\_\_\_\_\_\_\_\_ again:** (patient)

Indications that I feel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are:

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

When I feel this way, I will:

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_ will help by:

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Figure 24***

**What to do if \_\_\_\_\_\_\_\_\_ feels \_\_\_\_\_\_\_\_\_\_\_\_\_ again:** (Col)

Indications that \_\_\_\_\_\_\_\_\_\_\_ feels \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are:

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

When this occurs, \_\_\_\_\_\_\_\_\_\_ will:

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

And I will help by:

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Figure 25***

**Telephone Check-Ins Scheduling:**

Your Clinician’s Name: *\_\_\_\_\_\_\_\_\_\_\_\_\_*



Clinician’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_

Follow-up Sessions:

Day: Time:

Weekly from \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Every other week from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Handouts to Prepare Before the Session**

* + 1. Session outline including copy for you, the collateral, and the patient.
    2. From Client Workbook:

Handouts reviewing the skills and delineating which skills the client will continue using:

"List of Tools" (***Figure*** ***20***)

“Tools Summary” (***Figure*** ***21***)

“What to do if I feel \_\_\_\_\_ again” (***Figure*** ***23***)

“Telephone Check-Ins Scheduling” handout identifying when follow-up calls will take place (***Figure*** ***25***).

* + 1. From Collateral Workbook:
  1. Handouts reviewing the skills and delineating which skills the client will continue using and how the collateral will help:

"List of Tools" (***Figure*** ***20***)

“Tools Summary” (***Figure*** ***22***)

“What to do if \_\_\_\_\_ feels \_\_\_\_\_ again” (***Figures 24***)

* 1. “Telephone Check-Ins Scheduling” handout identifying when follow-up calls will take place (***Figure*** ***25***).

**Termination/Transition Session**

**Therapist Instructions**

**1. Distribute a simple outline showing what you will be doing during this session.**

* Remind the patient who you are and why you are there.
* Briefly summarize the goals and tasks for today’s session.
* Remind the dyad that this is the last time you will be meeting in person for treatment.

2. Review daily practice for the preceding week.

* Review self-monitoring forms, as useful.
* Review the skill that has been practiced during the week if appropriate.

a. Answer collateral and patient questions about using the skill.

b. Ask how the skill was practiced (who did what).

* Address any problems with completing practice assigned the previous week.

3. **Reinforce the client’s and collateral’s efforts during treatment**

* Identify particular difficulties the patient and collateral were having prior to treatment and how they have improved.
* Identify particular tools or actions the collateral and client did to improve functioning.
* Praise both the collateral and the client for their hard work.

**4. Review the tools covered during the treatment (Figure 20)**

**4. Discuss which tools the dyad found particularly helpful**

* Ask which tools the client or collateral thought helped the most. Write these tools in their workbooks (Figure 21). Write down:
* Determine how the tools will be used daily
* Determine how the collateral will help use the tools.
* Determine how the patient knows if they are anxious and how they will use the tools in these situations (Figure 23). Write down:
  + Signs of anxiety
  + What tools will help when anxious
  + How the collateral will help use the tools when anxious

**6. Encourage continued use of the tools**

* Encourage the collateral to take the role of the therapist in the future such that they identify new activities or coping tools that were or were not implemented during the treatment program.
* Encourage both the collateral and the client to refer back to their workbooks as a resource to remind them of the tools learned during treatment.
* Remind the client and collateral that episodes of anxiety will most likely occur again in the future, but now they have learned the tools to help reduce the anxiety sooner and know that they can do something about it.

7. Discuss future telephone sessions.

* 1. *I will be calling to check in and help with continued use of the tools weekly for a month (4 weeks) then every other week for an additional 2 months (8 weeks).*
  2. Choose a consistent day and time of the week for this.

**Booster Sessions**

**Therapist Instructions**

Booster sessions are used to monitor the patient’s (***Figure 24***) and collateral’s (***Figure 25***) progress with the skills and provide clinical assistance when necessary.

For the first month after treatment, the booster calls with the patient and collateral occur once a week.

For the second and third month after treatment, booster calls with patient and collateral occur once every other week.

***Figure 24*** Telephone Booster Session – Patient Script

**Follow-up Month (circle one): 1 2 3 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Session #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Introduce yourself and ask the patient how things are going in general. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Ask about status of anxiety/nervousness symptoms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Ask about status of depressive symptoms if appropriate. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Ask patient if they have been using the tools they learned in the program to help them cope with anxiety/worry. Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which tools? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Ask patient if they have any questions regarding use of tools.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Review tools as appropriate with patient (use SR techniques if appropriate).

Skills Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Ask how the patient and collateral have been working together? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_ **Patient requested additional treatment referrals**

\*\*\* Remind patient of next assessment call by independent evaluator and next booster session.

\*\*\*Remind patient that s/he can call 713-794-8521 if they have an emergency or call you with future questions.

***Figure 25*** Telephone Booster Session – Collateral Script

**Follow-up Month (circle one): 1 2 3 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Session #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Introduce yourself and ask the collateral how things are going for them and the patient in general. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Ask about status of patient’s anxiety/nervousness symptoms. Inquire about depression if appropriate. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Ask if the patient has been using the tools they learned in the program to help them cope with anxiety/worry. Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which tools? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the collateral been able to coach the patient use these tools?

Yes \_\_\_\_\_ No\_\_\_\_\_\_\_

If yes, which tools and how have they coached? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Ask how the collateral and the patient have been working together. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inquire how many hours per week the collateral is spending with the patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Ask collateral if they have any questions regarding use or coaching of tools.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Review skills as appropriate with collateral (review SR techniques if appropriate).

Skills Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\* Remind collateral of next assessment call by independent evaluator and next booster session.

\*\*\*Remind collateral that s/he can call 713-794-8521 if they have an emergency or contact you for future questions.

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