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## Care For The Caregiver: A Rural Perspective

Michaela Claire Gerving

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CARE FOR THE CAREGIVER: A RURAL PERSPECTIVE

by

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Occupational Therapy Doctorate, University of North Dakota, 2022

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A Scholarly Project

Submitted to the Occupational Therapy Department

of the

University of North Dakota

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for the degree of

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May

2022

## APPROVAL

This Scholarly Project, submitted by Michaela Gerving in partial fulfillment for the Degree of Occupational Therapy Doctorate from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.



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Signature of Faculty Advisor

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Date



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April 6, 2022

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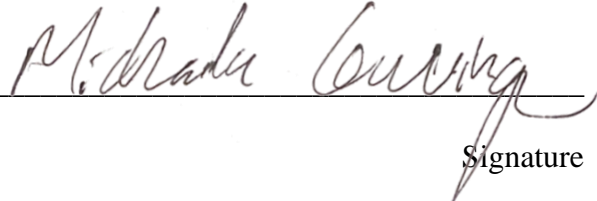
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Department: Occupational Therapy

Degree: Occupational Therapy Doctorate

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## **ACKNOWLEDGEMENTS**

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## ABSTRACT

**Title:** *Care for the Caregiver: A Rural Perspective*

**Background:** Informal caregivers in rural communities have multiple challenges. First, they have limited access to caregiving training yet are expected to perform tasks at skilled levels (Morelli, Barelllo, Mayan, & Graffigna, 2019). Second, they have limited access to supportive services, such as respite, which keeps them on-call 24 hours a day (Pfankuch, 2018). Finally, this continual status of caregiving around the clock encroaches on their own engagement in personal health management (Hewitt & McNiesh, 2019).

**Purpose:** The product of this scholarly project is an interprofessional (IP) telehealth wellness program for informal caregivers residing in a rural community. The purpose is to support wellness among informal caregivers through engagement in occupation-based group sessions that support health management in their natural environments. The use of telehealth helps the caregivers overcome rural barriers, such as lack of access to healthcare and supportive resources.

**Methodology:** A thorough literature review was completed through the following databases: American Journal of Occupational Therapy, CINHALL, University of North Dakota Scholarly Commons, Google Scholar, and PubMed. To guide the creation of this product, the Ecology of Human Performance (EHP) model (Dunn, 2017), the framework of Cole's Seven Steps (Cole, 2018), and the teaching and learning theory Geragogy (Bastable, Myers, & Arnaud, 2020) were used.

**Conclusion:** *Care for the Caregiver* was created to fill the gap that exists with informal caregivers and the lack of access to healthcare in rural communities. The emphasis is placed on

health management and how rural access to healthcare can affect quality of life and the tasks related to caregiving. The use of this program via telehealth and supplemental material helps the caregivers overcome rural barriers, such as lack of access to healthcare and supportive resources.



# CHAPTER I

## INTRODUCTION

Individuals residing in a rural community experience unique challenges due to a lack of health care providers, resources, and assistance (Hewitt & McNiesh, 2019). These challenges affect older adults more profoundly as they attempt to age in place. By understanding the needs of adults who are aging in place and their informal caregivers, interventions can be created to help guide effective and safe care (Fausset, Kelly, Rogers, & Fisk, 2011). The need for rural caregiver training/support programs was identified throughout the literature. This can help improve the quality of care for the caregiver and their loved one (Ballarin, Gazabim, Benedito, Kron, & Christovam, 2016). The need for a program that increases overall wellness of informal caregivers residing in a rural community was made evident through the literature review.

### **Product**

The product of this scholarly project is an interprofessional (IP) telehealth wellness program for informal caregivers residing in a rural community. The program is entitled *Caring for the Caregiver: A Rural Perspective*. The purpose of this program is to support wellness among informal caregivers through engagement in occupation-based group sessions that support health management in their natural environments. The use of telehealth helps the caregivers overcome rural barriers, such as lack of access to healthcare and supportive resources. All information gathered and utilized during this project is supported through the completion of the literature review.

### **Conceptual Frameworks**

Development of the telehealth wellness program for informal caregivers was grounded in three conceptual frameworks. The first is an occupational behavior practice model called

Ecology of Human Performance (EHP) model (Dunn, 2017). The second is a framework for outlining effective group leadership entitled Cole's Seven Steps (Cole, 2018). Finally, the learning theory of Geragogy was used to assure that teaching strategies for each wellness session aligns with typical older adult learning styles (Bastable, Myers, & Arnaud, 2020).

### **Ecology of human performance.**

The Ecology of Human Performance (EHP) model (Dunn, 2017) was used as the primary guide towards the development of this program. The EHP model was selected as it considers the relationships between the constructs; *the person*, *the context*, and *the task*, and the impact on their performance (Dunn, 2017). The constructs of EHP are listed as follows (Dunn, 2017):

- Person – unique configuration of abilities; experiences; and sensorimotor; cognitive, and psychosocial skills.
- Context – set of interrelated conditions that surrounds a person including chronological, developmental, life cycle, and health status.
- Task – objective behaviors necessary to accomplish a goal that have different meaning and purpose dependent on the person.
- Performance range – both the process and the result of the person interacting with the context to engage in tasks.

Further, EHP identifies five intervention approaches: *establish/restore*, *alter*, *adapt*, *prevent*, and *create* (Dunn, 2017). Finally, EHP was designed to support collaboration within the interprofessional team. Therefore, the model uses the term, *task* and *context*, as opposed to *occupation* and *environment* (Dunn, 2017).

The framework, Cole's Seven Steps, was used as a complementary framework in the development of this program (Cole, 2018). The main purpose for using this framework is to

enable each group member to participate in shared tasks and activities (Cole, 2018). This allows group members to share and reflect on experiences and feelings that arise during each session. With this framework, each session can be adapted or modified to meet the goals of each group session based on the group members' needs. The seven steps are as follows (Cole, 2018):

- Introduction – setting the mood, group expectations, and outline of group
- Activity – incorporates factors of participants to meet goals and needs
- Sharing – sharing of experiences and feelings
- Processing – emphasis on feelings associated with activity and the group
- Generalizing – summarize the learning of the activity thus far
- Application – understand how principles can be applied in daily life
- Summary – summarize the important aspects of the group and activity

EHP constructs were then integrated into the 7 steps, which were used for wellness session outlines for this caregiver program. In addition, use of Geragogy theory was integrated into teaching strategies for each wellness session (Bastable et al., 2020; Cole, 2018; Dunn, 2017).

Geragogy is the art and science of older adult learning (Bastable et al., 2020). Geragogy was a crucial factor in building the foundation for this program. This is because most people influenced by this product are older adults. Key concepts in this theory are that it must accommodate the normal physical, cognitive, and psychosocial changes that occur (Bastable et al., 2020). Although the needs of each participant are unique, the fundamental causes and motivation to learn are the same and should remain consistent.

### **Scholarly Project Overview**

The next chapter, Chapter two, provides a literature review based on the research conducted and related to aging in place, rural access to healthcare, and informal caregiver needs.

Chapter three describes the methodology used to develop this scholarly product. Chapter four outlines the final product that was developed based on the literature review, with the aim to increase informal caregiver wellness in rural communities. Chapter five summarizes the conclusions, limitations, and recommendations for future action of this scholarly project. Appendix A contains the actual program, *Care for the Caregiver: A Rural Perspective*, with sessions listed in order of implementation. The participant educational materials for the program are listed in Appendix B.

## **CHAPTER II**

### **REVIEW OF LITERATURE**

This literature review was conducted on the topics related to older adults aging in place, informal caregivers, and their mental and emotional health. Along with healthcare services available in a rural setting. Searches were focused on rural caregiver needs-based interventions/educational resources, and quality programs that were used in rural areas. The literature findings were then used to develop a product. This product will support caregivers with their health, well-being, and quality of life and the tasks associated with caregiving to assist older adults to age in place effectively and safely.

#### **Background/Problems Identified**

Individuals residing in a rural community experience unique challenges due to a lack of health care providers, resources, and assistance (Hewitt & McNiesh, 2019). These challenges affect older adults more profoundly as they attempt to age in place while managing age-related changes that affect functional ability. Aging in place is a process that involves both the person and the environment (Fausset, Kelly, Rogers, & Fisk, 2011). By understanding what adults who are aging in place and their informal caregivers need, interventions can be created to help guide effective and safe care (Fausset et al., 2011). Informal caregivers are frequently involved in helping older adults age in place; however, these caregivers are at risk for impaired health and well-being. Informal caregivers are usually unpaid and untrained in caregiving tasks yet are expected to perform skilled services for extended periods. They have reported symptoms of compromised health, such as stress, depression, sleep disorders, and work overload (Ballarin, Gazabim, Benedito, Krön, & Christovam, 2016). This identified the need for caregiver training/support programs that can help improve the quality of care for the caregiver and their

loved one (Ballarin et al., 2016). More specifically, resources that are applicable for individuals who reside in a rural community.

### **Access to Healthcare within a Rural Community**

Individuals who live in rural communities often face inequities regarding healthcare that are worse than individuals who reside in urban communities (Warshaw, 2017). The definition of rural is often hard to define, due to it commonly being referenced geographically, rather than by population. According to Health Resources and Services Administration (2020), the Census does not technically define “rural.” It defines “rural” as encompassing all population, housing, and territory not included within an urban area. An urban area is classified as 50,000 or more people and an urban cluster is classified as at least 2,500 and less than 50,000 people. The definition does not follow city or county boundaries and is difficult to determine whether an area is considered urban or rural. Finally, they concluded, under the definition that was identified in 2010, 19.3% of the United States population, was rural while more than 95% of the land area is classified as rural (Health Resources and Services Administration [HRSA], 2020). Based on these definitions, much of the population in North Dakota is considered rural. Due to this, they often suffer the most from limited healthcare services.

### **Barriers to Occupational Performance**

#### **Distance to access of services.**

According to Douthit, Kiv, Dwolatzky, and Biswas, (2015) there are many barriers to healthcare access among individuals residing in rural communities. The first barrier identified is the need to travel long distances to acquire proper care. Long-distance travel is a significant burden (travel time, cost) and may not be feasible for some older adults (Douthit, Kiv,

Dwolatzky, & Biswas, 2015). Older adults face additional challenges such as the inability to drive or unreliable transportation.

**Lower levels of health literacy.**

Another barrier concluded by Levy, Janke, and Langa, (2015) is health literacy. Health literacy impacts a patient's ability to understand health information and follow a personalized health care plan. In rural communities, there are often lower educational levels and higher levels of poverty. Low health literacy can make individuals hesitant to seek healthcare. This is due to fear or frustration related to poor communication with healthcare professionals (Douthit et al., 2015).

**Limited healthcare professionals.**

While overall health literacy is low, health care professionals working in rural communities are also limited. There is currently a shortage of healthcare professionals in rural communities. This results in limited access to care in these areas (Douthit et al., 2015). While there are at times primary care providers that can be accessible, specialized services including occupational therapy, is often scarce in rural communities. Health care professionals began to utilize telemedicine more frequently due to the widespread COVID-19 pandemic at the beginning of 2020. This has helped increase access to certain specialties throughout rural communities.

**Limited access to telehealth services.**

Unfortunately, many areas lack access to the internet and experience slow internet speeds (Douthit et al., 2015). Both of which produce barriers to accessing telehealth services. Older adults with a limited understanding of technology can also limit the effectiveness of telehealth. Challenges with access and use of telehealth should be considered when providing care to older

adults in rural communities (Douthit et al., 2015; Levy, Janke, & Langa, 2015). While limited healthcare professionals are working in rural communities, there are also a lower number of healthcare facilities (nursing homes, assisted living) available in rural communities. Older adults in rural communities are also experiencing nursing home shortages and closures. Due to these factors, more older adults are choosing to remain in their homes for longer periods (Pfankuch, 2018).

### **Aging in Place for Older Adults**

In a study conducted for AARP, 87% of older adults aged 65 or older expressed a preference to age in place (Harrell, Lynott, Guzman, & Lampkin, 2014). The concept of older adults wanting to remain in their current home is known as “aging in place.” The Centers for Disease Control and Prevention (2013), defines aging in place as one’s ability to live in his or her own home and community safely, independently, and comfortably.

### **Meaning of Aging in Place to Older Adults**

Wiles, Leibing, Guberman, Reeve, and Allen (2011), studied the concept of "aging in place" concerning functionality, symbolic meaning, and emotional attachments and meanings of homes and communities. Their participants were older adults (n = 121), ranging in age from 56 to 92 years, who participated in focus groups and interviews about their perceptions on “aging in place”. Their results showed older adults often develop a sense of attachment and personal connection to their home and community, making it difficult to transition to a new area. The researchers from the same study showed through their results, there was an advantage of aging in place, in terms of a sense of attachment or connection, of security and familiarity in their environment, and a sense of identity through independence and autonomy (Wiles, Leibing, Guberman, Reeve, & Allen, 2011).



In a study completed by Stones and Gullifer (2016), the purpose was to understand the thoughts and feelings about aging in place, and what psychological, social, and practical adaptive strategies they use to cope with difficulties. Their participants included a total of 23 men and women aged at least 85 years who live independently. Some of the participants owned their own home, had lived in their current home and community for over 15 years, and five had lived in the same rural community for their entire life. Their results showed aging in place promoted autonomy and control. This also allowed older adults to maintain social relationships they have created. Older adults may have an attachment to their homes; not only the physicality of the home, but the experiences and memories that the house may hold, which is why they often struggle to leave (Stones & Gullifer, 2016).

### **Limited Availability of Formal Services**

Not only is it difficult for older adults to move from the comfort of their home due to losing their sense of security, comfort, and identity, but there is also a limited number of services and facilities available. Assisted living facilities and nursing homes can offer many services to older adults. However, the number of long-term care services in rural communities is limited, which can cause hardship and difficult choices for older adults and their families (Pfankuch, 2018). In such cases, people who need more assistance with their care must decide, if they can remain in their home, if home care is possible, or if relocation to a facility outside of their community is necessary. A move to another community can often be stressful for older adults. Due to, but not limited by, a loss of familiarity, security, and fewer visitations from family members (Feinberg, Reinhard, Houser, & Choula, 2011).

Many older adults find it difficult, to live independently and accomplish tasks needed in their daily lives without getting help from caregivers (formal or informal) or community

resources. Due to decreased availability of formal facilities and services, there is increased interest in aging in place. This places the responsibility of care on informal caregivers. The need for caregivers is expected to continue to increase with the ever-growing geriatric population. According to Hoffman and Zucker (2016), currently, there are seven potential individuals that could become an informal caregivers per older adult. However, by 2030, it is estimated there will be only four potential individuals that could become an informal caregivers per older adult (Hoffman & Zucker, 2016). The potential informal caregiver decrease is due to individuals having less children, and less family in the area who can assist them. This often leaves the spouse as the primary informal caregiver (U.S. Department of Health and Human Services, 2021).

The older population is expected to continue to grow significantly in the future. According to U.S. Department of Health and Human Services (2021), the population age 65 and older increased from 39.6 million in 2009 to 54.1 million in 2019 (a 36% increase). The authors from the same article stated the older adult population is projected to reach 94.7 million in 2060 and by 2040, there will be about 80.8 million older adults, more than twice as many as in 2000. In 2019, an individual reaching age 65 had an average life expectancy of an additional 19.6 years or 78.8 years old (U.S. Department of Health and Human Services, 2021). As the older adult population increases, and they are continuing to live longer than previous years, there is a greater demand for assistance in the home from an informal caregiver.

### **Informal Caregivers**

According to Roth, Fredman, and Haley (2015), an informal caregiver is typically a person who provides some type of unpaid, ongoing assistance to a person with a chronic illness or disability. This person is usually an older adult the informal caregiver knows personally. In

this scholarly project, older adults being cared for by informal caregivers will be referred to as *loved ones*. The informal caregiver can assist their loved one with activities of daily living (ADLs), instrumental activities of daily living (IADLs), and other tasks to assist the older adult in their daily living (Roth, Fredman, & Haley, 2015). Informal caregivers may look different compared to one. Including the relationships they have with their loved ones (e.g., spouse, adult child, relative, in-law, neighbor or friend), their living arrangements (e.g., co-residing vs. not living with the loved one), whether the person is a “primary” caregiver or someone who provides secondary and supplemental care, the clinical conditions of the loved ones (e.g., dementia, frailty, stroke, etc.), and other involvement in providing care (Roth et al., 2015).

### **Caregiver Burnout**

Currently, informal caregivers' physical and mental health has been declining (Roth et al., 2015). According to Roth et al. (2015), being an informal caregiver has negative impacts on mental health, particularly depression. Additionally, there are also physical health effects that are severe as well (Feinberg, Reinhard, Houser, & Choula, 2011). This has contributed to the increasing trend known as caregiver burnout. According to Cleveland Clinic, (2021), caregiver burnout is defined as physical, emotional, and mental exhaustion due to caring for a loved one or older adult. They also state caregiver burnout can occur when caregivers don't get the needed assistance to care for their loved one, or take on more responsibilities (physical, emotional, financial) than they can handle. According to Adelman, Tmanova, Delgado, Dion, and Lachs (2014), the risk factors for caregiver burnout include female sex, low education levels, living with the care recipient, higher number of hours spent caregiving, depression, social isolation, financial stress, and lack of choice in being a caregiver.

Another risk factor for caregiver burnout is feeling guilty if time is spent on themselves rather than on their loved ones (Cleveland Clinic, 2021). According to Rodríguez-Pérez, Abreu-Sánchez, Rojas-Ocaña, and Del-Pino-Casado, (2017) conducted a cross-sectional study with a large sample size of 86 informal caregivers. Methods utilized were quality of life indicators (psychological, physical, relational, and environmental) as the dependent variable. The cofounding were demographics, the perceived burden of caregiver, and functional abilities of the care receiver. Their results showed poor coping strategies correlated to lower quality of life for caregivers and their loved ones (Rodríguez-Pérez, Abreu-Sánchez, Rojas-Ocaña, & Del-Pino-Casado, 2017).

While informal caregivers are attempting to complete more tasks for their loved ones, they are often neglecting other aspects of their lives. Those areas neglected affect the person and context, per Ecology of Human Performance (EHP), and decrease their performance range of caring for their loved one (Dunn, 2017). While performance range decreases, research has found providing care to a loved one may have negative effects on caregivers' physical, mental, and emotional health, increase social isolation, and the quality of life and well-being of the informal caregiver (Feinberg et al., 2011).

### **Impact on physical health.**

According to Family Caregiver Alliance (Family Caregiver Alliance [FCA], 2021), one in ten caregivers report that caregiving has caused their physical health to decrease. Informal caregivers often face chronic health problems of their own. Those may include increased risk for heart disease, hypertension, stroke, poor immune function, slower wound healing, impaired self-care, sleep problems and fatigue, and even death among highly stressed informal caregivers

(Feinberg et al., 2011). Informal caregivers reported experiencing these chronic conditions more consistently than the general population (Feinberg et al., 2011).

In addition to chronic illness that can decrease the health of the individual, the physical stress of caregiving can affect the physical health of the informal caregiver. This is noted when providing care for someone who cannot transfer him/herself out of bed, walk, or bathe without assistance. Ten percent of primary informal caregivers report they are physically strained due to assisting their loved ones with ADLs and IADLs (Family Caregiver Alliance [FCA], 2021).

### **Impact on mental and emotional health.**

The mental and emotional health of an informal caregiver is often negatively affected by providing care to their loved one. Higher levels of stress, anxiety, depression, and other mental health effects are common among informal caregivers. According to Feinberg, Reinhard, Houser, and Choula (2011), more than two out of three (69%) informal caregivers stated that caring for a loved one was their number one source of stress. Coe and Van Houtven, (2009) studied the physical and mental health effects of providing care to an elderly mother on an informal caregiver in a cross-sectional study. The participants included men and women with only a mother alive and limited the sample to informal caregivers that did not reside with their loved ones before the start of any caregiving. The researchers from the same study found continued caregiving leads to a 47% increase in the depression index for married women and an 83% increase for married men. Finally, they concluded there is a significant increase in mental health symptoms, including depression, after continued informal caregiving (Coe & Van Houtven, 2009). This information shows a significant impact on the person factors of informal caregivers, affecting many areas of the person and their performance range.

According to Feinberg et al. (2011), it is shown that between 40% to 70% of caregivers have clinically significant symptoms of depression, and approximately one-quarter to one-half of informal caregivers meet the criteria for major depressive disorder. Informal caregivers who are depressed or have depressive symptoms are more likely to have coexisting mental health illnesses including, anxiety disorders and substance abuse or dependence. When informal caregivers are completing tasks for their loved ones, they often put their personal values and interests second in their list of priorities. This also includes neglecting their social and cultural contexts as well.

***Social isolation among informal caregivers.***

Often, informal caregivers put the needs of their loved ones above their own. This leads to spending less time on their interests or being with others. Frequently this results in social isolation and feelings of loneliness. According to Tulane University (2020), social isolation is defined as an objective lack of social relationships or infrequency of social contact. Social isolation arises from a loss of social interaction. This also provides difficulties in trying to identify and navigate practical community services to assist them with caregiving (Feinberg et al., 2011). More than half (52%) of informal caregivers say that their caregiving responsibilities take them away from friends or family members, affecting their social context (Feinberg et al., 2011; Dunn, 2017). Informal caregivers who experience social isolation also experience high levels of stress. According to Boonsin, Deenan, and Wacharasin (2021), informal caregivers may become overwhelmed, exhausted, isolated from social networks, lack selfcare, experience their own mental health problems (anxiety, stress, depression), and participate in less social activities than individuals who are not caregivers. Improved recognition and treatment of physical, mental,

and emotional health among informal caregivers is a growing concern and should be considered a priority among health care professionals.

### **Role of Occupational Therapy**

Occupational therapy's role is to improve health and quality of life through facilitating participation and engagement in occupations that are the meaningful, necessary, and activities of everyday life (American Occupational Therapy Association [AOTA], 2021). Occupational therapy practitioners can practice in many areas related to productive aging. Those areas include aging in place (home modifications, fall prevention, and health promotion), community mobility, primary care, and transitions to life at home (American Occupational Therapy Association [AOTA], 2021). Along with assisting older adults with aging in place, occupational therapy practitioners can provide education and resources to their informal caregivers. Positive outcomes can be achieved concerning informal caregivers by reducing the burden experienced. Occupational therapy practitioners can also assist by providing informal caregivers the confidence and skills to care for their loved ones effectively (American Occupational Therapy Association [AOTA], 2021).

### **Evaluations**

Evaluations are essential to determine the occupational challenges and needs experienced by the informal caregivers that are impairing their quality of life, care to their loved one, and overall health management. They evaluate the informal caregivers and the tasks they complete during their day. Occupational therapy practitioners also evaluate and provide interventions regarding contextual factors of the informal caregiver and their loved one. See Table 1 below for evaluations chosen to be utilized to examine aspects of the person, context, and tasks regarding informal caregivers.

**Table 1***Assessments Evaluating Informal Caregivers through EHP*

Constructs	Name	Type	Purpose
Person	Canadian Occupational	Semi-structured	Identify occupational
	Performance Measure (COPM) 5 <sup>th</sup> edition <sup>a</sup>	interview Self-reported outcomes	performance issues among self- care, productivity, and leisure
Context	In-Home Occupational Performance Evaluation (I-HOPE) <sup>b</sup>	Performance-based	Measure the effects of an incompatibility between a person’s abilities and their environment
Task	Modified Interest Checklist <sup>c</sup>	Self-reported outcomes	Addresses leisure interests that influence activity choices

*Note.* All assessments listed are chosen for informal caregivers residing in rural communities.

<sup>a</sup>Law, M., Baptiste, S., Carswell, A., McColl, M. A., Polatajko, H., & Pollock, N. (2014).

*Canadian Occupational Performance Measure* (5th ed.). Ottawa, ON: Canadian Association of Occupational Therapy.

<sup>b</sup> Stark, S. L., Somerville, E. K., & Morris, J. C. (2010). In home occupational performance evaluation (I-HOPE). *The American Journal of Occupational Therapy*, 64(4), 580–589.

<sup>c</sup>Kielhofner, G., & Neville, A. (1983). *The modified interest checklist*. Unpublished manuscript, MOHO Clearinghouse, University of Illinois at Chicago, Chicago, IL.

Occupational therapy practitioners use numerous standardized assessments to examine occupational performance. Based on the literature reviewed, there were assessments that were taken into consideration and chosen. Assessments need to consider aspects of the person, context, and tasks, and the overall impact of performance. Assessments need to be client centered, meet the client at their level of need and understanding, and allow a depth of data to be gathered. These evaluations gather information to be the guiding factor for intervention creation and implementation.



## **Interventions**

There are a lack of resources that encompasses all aspects of the person, context, and tasks regarding informal caregivers residing in rural communities, assisting older adults aging in place. Current interventions in place address the needs of informal caregivers. However, many of the current resources available are not targeted towards informal caregivers in rural communities. Neglecting to address the various needs of informal caregivers in rural communities leads to a decreased performance range of the informal caregiver due to the person, context, or task being affected.

### **Ecology of Human Performance**

The Ecology of Human Performance (EHP) model was developed for interprofessional collaboration and focuses on the *person, context, task, and performance range* (Dunn, 2017). The EHP model is an effective theoretical framework to guide this scholarly project and create interventions, because it allows health professionals to identify needs and design strategies to support performance in daily life of informal caregivers and their loved ones. This model also embraces both personal and contextual strengths as critical resources for addressing performance needs. The focus is on what the person can and needs to do for themselves, in their natural environment to achieve maximum performance in their caregiving tasks (Dunn, 2017). This model was selected for this scholarly project as it used terminology and concepts familiar to health disciplines other than occupational therapy. This would allow for more success when used within an interprofessional team. For informal caregivers, residing in a rural community, their physical, social, and cultural contexts greatly impact quality of life and the tasks they complete for their loved one (Dunn, 2017). Therefore, the intervention approaches utilized within this

model allows for multiple methods of change to occur within daily life of the informal caregiver and their loved one.

### **EHP intervention strategies.**

Interventions that emerged based on the Ecology of Human Performance (EHP), evaluate the relationship between person, context, and task. The five therapeutic approaches to intervention are listed as followed (Dunn, 2017):

- Establish/Restore – focuses on person factors and aims to improve the person’s skills.
- Alter – focuses on the context in which the person performs.
- Adapt/Modify – change aspects of the context or adjust task features.
- Prevent – preclude the development of performance problems.
- Create – creating circumstances that support optimal performance for all persons and populations.

The goal of each intervention is to support performance and expand the performance range of the population targeted (Dunn, 2017).

### ***Interventions addressing the person.***

According to Hall, (2019) occupational therapy practitioners have the knowledge and ability to intentionally build rapport with informal caregivers to provide them with tools to maximize independence and well-being. Rodríguez-Perez et al., (2017) concluded when informal caregivers were educated about caregiver burden, quality of life, and using adaptive coping strategies, they demonstrated improvement in several quality-of-life, including psychological, physical, relational, and environmental factors. Additionally, interventions include, psychosocial interventions include support groups or psychoeducational interventions for informal caregivers (Adelman et al., 2014).

Occupational therapy practitioners' goal while providing intervention addressing the person is supporting informal caregivers in their personal values and interests; and sensorimotor, cognitive, and psychosocial skills (Dunn, 2017). These interventions will better aid informal caregivers, so they can provide individualized and adequate care to their loved ones.

***Interventions addressing the context.***

When addressing the context, some modifications or adaptations can be completed in the physical context (Hall, 2019). Informal caregivers are often needed to complete these tasks. The use of adaptive equipment can be used to increase mobility and independence, which benefits the older adult and the informal caregiver. The informal caregiver needs to understand the purpose and proper use of equipment as much as their loved ones (Hall, 2019).

Social, cultural, and temporal contexts are also essential for assisting informal caregivers (Dunn, 2017). By ensuring the informal caregiver can focus on spending time with family or friends in hopes of mitigating the effects of social isolation (Feinberg et al., 2011). This intern can provide positive effects on their physical health (temporal context) by incorporating other contexts back into their lives (Feinberg et al., 2011).

***Interventions addressing the task.***

Informal caregivers help their loved one's complete tasks such as ADLs, (e.g., bathing, dressing, toileting, etc.), IADLs, (e.g., money management, meal preparation, transportation, etc.), etc. Often, informal caregivers feel unequipped to complete these tasks. Occupational therapy practitioners can provide interventions to informal caregivers that can make daily tasks more efficient and less overwhelming. While encouraging the implementation of positive lifestyle changes for older adults (Hall, 2019).

## **Discussion**

Currently, informal caregiver resources are not targeted toward rural community members and have been found ineffective for individuals residing in these areas. As occupational therapy practitioners, prioritizing the development of supports to rural communities it is essential to sustain and protect the well-being of informal caregivers and the older adults in their care (Archer, Reiboldt, Claver, & Fay, 2021). Occupational therapy practitioners are appropriate and effective resources for this population. They can examine barriers related to person, task, context, and performance; then create an effective client-centered guide to care. With a focus to provide support to both the informal caregiver and their loved one. While also considering the unique challenges that come with healthcare in rural communities. According to Archer, Reiboldt, Claver, and Fay (2021), as the population continues to age, the increasing numbers and workload of informal caregivers must be met with effective interventions to alleviate burden. An intervention that was identified and assist to alleviate the burden on informal caregivers is wellness group. This group would be prioritizing health management and leisure exploration to allow informal caregivers to care for themselves first to provide more effective care to their loved ones.

## **Conclusion**

Informal caregivers and their loved one who desire to age in place within a rural community will face a multitude of challenges affecting health management and other tasks that may reduce performance range. Currently, individuals residing in rural communities have experienced unique challenges with limitation of access to healthcare. More specifically older adults how are choosing to age in place with in-home assistance. Informal caregivers are frequently involved in assisting older adults age in place; however, these caregivers are at risk

for impaired health and well-being. The literature identified a need to address informal caregivers residing in a rural community by improving competence and emphasizing meeting their own health management needs to care for their loved ones more effectively. Chapter three will describe how the product of this scholarly project was created, with the use of the literature review and various theories.

## **CHAPTER III**

### **METHODOLOGY**

Chapter three, Methodology, includes a description of methods, how evidence and theory were applied to the development of the product, and the rationales for decisions made during the creation of the product. The program is a telehealth wellness program entitled *Care for the Caregiver: A Rural Perspective*. This program originated from the desire to assist informal caregivers who are experiencing a lack of access to healthcare to achieve an increase in their health management while continuing to reside in their rural community. The author chose to develop a product that has both the potential to provide tools to informal caregivers in their natural context and involve the interprofessional healthcare team.

#### **Motivation for Development**

During the author's education at the University of North Dakota, they have been exposed to the fundamentals of the profession and the engagement in of occupations to facilitate overall quality of life. The idea to focus on informal caregivers residing in a rural community stemmed from the personal experience with the lack of access to healthcare and the passion for assisting older adults. After reviewing research about informal caregivers, support groups, and supplemental material, gaps were identified. There was a distinct gap of support services for informal caregivers residing in a rural community that were identified. There are often informal caregiver resources; however, there are limited and inadequate resources that address the need in rural communities. This is what motivated the author to create a program addressing the health management needs of informal caregivers residing in a rural community.

## **Literature Review Methods**

Prior to the development of *Care for the Caregiver*, a thorough literature review was conducted. This was done to better understand the current challenges and needs of this population. The author utilized the following databases to gather information: American Journal of Occupational Therapy, CINHALL, University of North Dakota Scholarly Commons, Google Scholar, and PubMed. The following key terms were used in each search: Informal caregiver AND burnout, Barriers AND rural AND access, Informal caregiver, Aging in place AND Home maintenance, "meta-analysis" AND "aging in place" OR "caregiving", "Care at home" AND "AARP", and Rural access to healthcare AND OT.

While conducting the literature review, there was specific inclusion and exclusion criteria that was considered. Inclusion criteria for the searches were as followed: in English, published 2009 or after, and informal caregivers (family, friends, etc.). Exclusion criteria for the searches were as followed: languages other than English, articles published before 2008, formal caregiving in a facility (SNF, hospital, etc.). This led the author to identify the need for the role of occupational therapy in creating a group program to improve wellness for informal caregivers residing in a rural community.

### **Establishing a need.**

The literature review revealed an increasing number of older adults aging in place. This is largely due to older adults that have an attachment to their homes; not only the physicality of the home, but the experiences and memories that the house may hold, which is why they often struggle to leave (Stones & Gullifer, 2016). According to Douthit, Kiv, Dwolatzky, and Biswas, (2015) there are many barriers to healthcare access among individuals residing in rural communities. Those barriers include transportation, lower health literacy, limited healthcare

professionals, and limited telehealth services. These barriers result in older adults and their informal caregivers not receiving adequate support in their home and community. The need for caregivers is expected to continue to increase with the ever-growing geriatric population.

Currently, informal caregivers' physical and mental health has been declining (Roth, Fredman, & Haley, 2015). While informal caregivers are attempting to complete more tasks for their loved ones, they are often neglecting other aspects of their lives (Morelli, Barello, Mayan, & Graffigna, 2019). The literature review also highlighted the unique role of OT in effectively evaluating and developing evidence-based interventions to address concerns related to aging in place and providing informal caregivers with skills to care for themselves and their loved ones more effectively (American Occupational Therapy Association [AOTA], 2021).

## **Product Description**

### **Sessions.**

The author decided the program would have one session per month, with six live virtual meeting sessions in total. This would allow adequate amount of time for the program coordinator to set up and collaborate with the other members of the interprofessional team to organize and create the remainder of the sessions they see fit. The individual sessions are set to last 45-60 minutes. The author decided on this period because informal caregivers do not have large amounts of time to commit to other activities outside of their daily caring tasks.

The program will be considered an open group, meaning participants will be able to join at any time, and it will not be limited to diagnosis or limitations of the loved one. This is due to this population being targeted for their lack of access to healthcare and means no participant will be turned away. The program will also not specifically target one population or diagnosis in the rural community. For example, informal caregivers whose loved ones have dementia, are



recovering from surgery, or have any other limitation will have the opportunity to be included. This is because in a rural community, there is a variety of loved ones who experience many different physical and mental limitations and a variety of informal caregivers who would benefit from the resources and information provided.

Each session of the program will be completed via a telehealth technology platform of their choosing. Examples of these include, Zoom, Google Meet, etc. Research indicated that in-person support groups may be challenging to access due to constraints associated with informal caregiving itself or caregivers' locations, particularly if they live in rural areas (Newman, Wang, Wang, & Hanna, 2019). Another reason that the sessions were chosen to be delivered via telehealth is that long-distance travel in rural areas is a significant burden (travel time, cost) and may not be feasible for some older adults (Douthit, Kiv, Dwolatzky, & Biswas, 2015). Older adults face additional challenges such as the inability to drive or unreliable transportation which would provide another challenge to getting to an in-person group.

#### **Wellness program packaging.**

The telehealth wellness program for informal caregivers is packaged with two main parts: instructional guide for the occupational therapy practitioners, or other qualified allied health professionals, and the participant educational materials for the informal caregivers. The two parts were developed to allow the instructor to implement the program with ease by using evidence-based and occupation-based activities and the participant to recognize and implement key concepts from the program (Newman, Wang, Wang, & Hanna, 2019).

#### ***Instructor guide.***

The contents of the instructor guide include materials needed to deliver sessions for an informal caregiver program that is targeted towards individuals residing in a rural community.

Background information about the program, frameworks utilized, and its intended facilitation are included to assist the instructor by providing all necessary information to implement the sessions. The instructor guide also contains the sessions and needed handouts/worksheets that will be utilized throughout the program.

### ***Participant educational materials.***

In addition to the instructor guide for sessions of the group program, participant educational materials were also created to provide information to informal caregivers. According to Newman, Wang, Wang, and Hanna (2019), written information in the form of information packages or booklets improved patient knowledge and reduced confusion especially if it was provided to the patient prior to the verbal education. The participant educational materials will assist informal caregivers with carryover to their daily life. Knowledge significantly improved when written materials were combined with verbal health information in comparison to verbal information only areas (Newman et al., 2019). Information in the participant educational materials is written and provided at a grade school level. This is to ensure that almost all participants will be able to understand and utilize the participant educational materials, regardless of their health literacy level. Prior to the development of the group program and participant educational materials, an occupation-based model was chosen to guide the construction of the product.

### **Conceptual Frameworks**

Multiple conceptual frameworks were integrated to guide development of this telehealth wellness program. Ecology of Human Performance (Dunn, 2017), Cole's Seven Steps (Cole, 2018), and Geragogy (Bastable, Myers, & Arnaud, 2020) were incorporated throughout to enhance interprofessional understanding, as well as promote older adult learning.

### **Ecology of human performance.**

The Ecology of Human Performance (EHP) model was chosen to organize the group program because it incorporates components of the *person*, *context*, and *task* as they intersect to influence the range of occupational performance (Dunn, 2017). Since an occupational therapy practitioner will be the program coordinator, the occupation-based model is used to incorporate occupations/tasks into each session. The model was also utilized for its interprofessional nature and terminology, so other skilled professionals would be able to utilize it (Dunn, 2017).

EHP was chosen to guide this program because of the cross-over between the aspects of the program and the frameworks. The *person* construct of EHP included informal caregivers residing in a rural community and how their wellness is directly affected because of their caregiving tasks (Dunn, 2017). The *context* construct of EHP includes the natural context of the informal caregivers, which would be their homes in a rural community (Dunn, 2017). Finally, the *task* construct of EHP includes health management, ADLs, IADLs, etc., that the informal caregiver complete for themselves or their loved one during their daily routine (Dunn, 2017). The extent to which these constructs are involved with each other can affect their overall *performance range* of the informal caregiver.

### **Cole's seven steps.**

The framework of Cole's Seven Steps is used to develop and structure each session. (Cole, 2018). The program coordinator will follow these steps to guide the program sessions: *introduction, activity, sharing, processing, generalizing, application* and *summary* (Cole, 2018). This format allows for structure and consistency across each session. The utilization of Cole's Seven Steps and EHP allowed for the two frameworks to complement each other during the

creation of this program. The matching colors, key, and diagrams provided in Chapter four provide a visual of how the frameworks interlock.

The *introduction*, *sharing*, and *processing* components of Cole's Seven Steps match with the person construct of EHP because the informal caregivers are discussing how the activity relates to them and how they feel (Cole, 2018; Dunn, 2017). The steps of *generalization* and *application* relate to the context construct of EHP because the informal caregivers are discussing how they can take the information they learned and how they can implement those strategies into their daily life and natural context (Dunn, 2017). Completing the *activity* correlates with the *task* construct of EHP because the informal caregivers are engaged in an occupation-based activity. Finally, the *summary*, highlights the core construct of EHP, *performance range*, because the informal caregivers are getting an overview on how each construct of EHP affects their ability to improve their wellness through the discussion based on Cole's Seven Steps (Cole, 2018; Dunn, 2017).

### **Geragogy.**

In addition to EHP and Cole's Seven Steps, Geragogy, the teaching and learning for older adults was also taken into consideration (Bastable et al., 2020). For this teaching and learning strategy to be effective, considerations should be taken for normal physical, cognitive, and psychosocial changes that occur during the life of an older adult (Bastable et al., 2020).

Geragogy constructs include use of learner's experience, readiness to learn is based on desire to know, and the unique learning needs (Bastable et al., 2020). An example of this is ensuring the topic and activity of the individual sessions reflect geragogy by, educating on information valuable to informal caregivers and the stage life they are in. Informal caregiver age groups may vary; however, most often, the spouse who is an older adult frequently is caring for their loved

one (U.S. Department of Health and Human Services, 2021). This would classify the informal caregiver and the loved one as an older adult. Geragogy will be used in each session to facilitate each informal caregiver's learning.

### **Summary**

Chapter three, Methodology, included a description of theories used to guide creation of the product and a description of the process that occurred in the creation of the product, *Care for the Caregiver: A Rural Perspective*. Chapter four, Product, includes an introduction to and description of the product. The instructor materials are in Appendix A and the participant educational materials can be found in Appendix B.

## CHAPTER IV

### PRODUCT

The product of this scholarly project is an interprofessional (IP) telehealth wellness program for informal caregivers residing in a rural community. The program is entitled *Care for the Caregiver: A Rural Perspective*. The purpose of this program is to support wellness among informal caregivers through engagement in occupation-based group sessions that support health management in their natural environments. The use of telehealth helps the caregivers overcome rural barriers, such as lack of access to healthcare and supportive resources.

#### **Background**

Informal caregivers in rural communities have multiple challenges. First, they have limited access to caregiving training yet are expected to perform tasks at skilled levels (Morelli, Barello, Mayan, & Graffigna, 2019). Second, they have limited access to supportive services, such as respite, which keeps them on-call 24 hours a day (Pfankuch, 2018). Finally, this continual status of caregiving around the clock encroaches on their own engagement in personal health management (Hewitt & McNiesh, 2019). The solution to these challenges is an interprofessional approach to education, strategies for caregiver respite, and efficient strategies for personal health management that can be integrated naturally into their daily occupations, routines, and habits. Interprofessional collaboration assure that the wide variety of informal caregiver needs are met. For example, an occupational therapy practitioner is skilled at group leadership while a nurse can provide specific information about medication. This collaborative approach via telehealth assures comprehensive and accessible programming.

## **Product Description**

The product was developed for the utilization of occupational therapy practitioners and other skilled health professionals who serve individuals in a rural community. The author determined through the literature review, a telehealth support group with participant educational materials would be most beneficial for providing information and support to informal caregivers.

*Care for the Caregiver* included a total of six sessions, which will be delivered via a telehealth technology platform of choosing. Examples of these include, Zoom, Google Meet, etc. However, a template of the session outline will be provided to the instructor of the sessions, to create additional sessions upon informal caregivers' request or interprofessional team members discretion. The program includes one introductory session and five sessions for each targeted area identified as a caregiver need during the review of literature. These sessions include health management, social participation, and skills to cope with stress, while residing in their rural community. *Care for the Caregiver* includes an instructor guide and a participant guide. This will provide an opportunity to reference back to materials and information.

The use of specific tasks that impact informal caregivers, will be utilized to improve occupational performance and health management throughout the six sessions. Participating in these occupations will improve the physical health, emotional and mental health, and performance of caregiving tasks in a variety of contexts. The instructor will structure the sessions to allow the members to learn various skills while participating in meaningful occupations. The overall goal of program is to improve the caregiver's ability to meet their own occupational needs to care for their loved ones. Ultimately, upon the completion of this program, the informal caregiver will continue to implement strategies they have learned to effectively care for their loved one and themselves.

## **Objectives**

- Informal caregivers will address their own wellness needs by implementing three health management strategies for themselves on a consistent basis.
- Informal caregivers will verbalize two to three coping strategies from the session/product to assist with stress management.
- Informal caregivers will create one leisure activity for themselves and their loved one to complete together or independently.
- Informal caregivers will identify one person they are able to utilize as a resource in their rural community (e.g., friend, church group, medical professional).

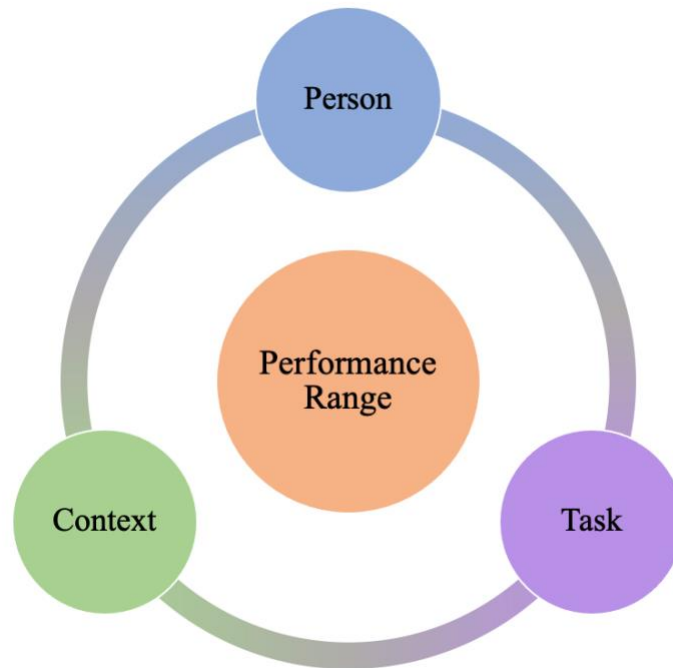
## **Theoretical Frameworks**

Three theoretical frameworks were utilized in the development of this program. Those frameworks were Ecology of Human Performance (Dunn, 2017), Cole's Seven Steps (Cole, 2018), and Geragogy (Bastable, Myers, & Arnaud, 2020). A combination of these theories was used to pinpoint specific barriers occurring within the person, context, or task that correlate with needs of the informal caregiver (Dunn, 2017). Finally, principles of education were used to ensure accessibility and usability by all who obtain it (Levy, Janke, & Langa 2015).

### **Ecology of human performance.**

The first model, Ecology of Human Performance (EHP), was used to identify barriers of informal caregivers by evaluating the *person*, *context*, and *task*. (Dunn, 2017) The goal of EHP was to determine how to increase the performance range of informal caregivers to facilitate successful health management, leisure exploration, and care to their loved one (Dunn, 2017). This model was also chosen due to its interprofessional nature. This allows other health professionals to be involved and assist with facilitation of the program.



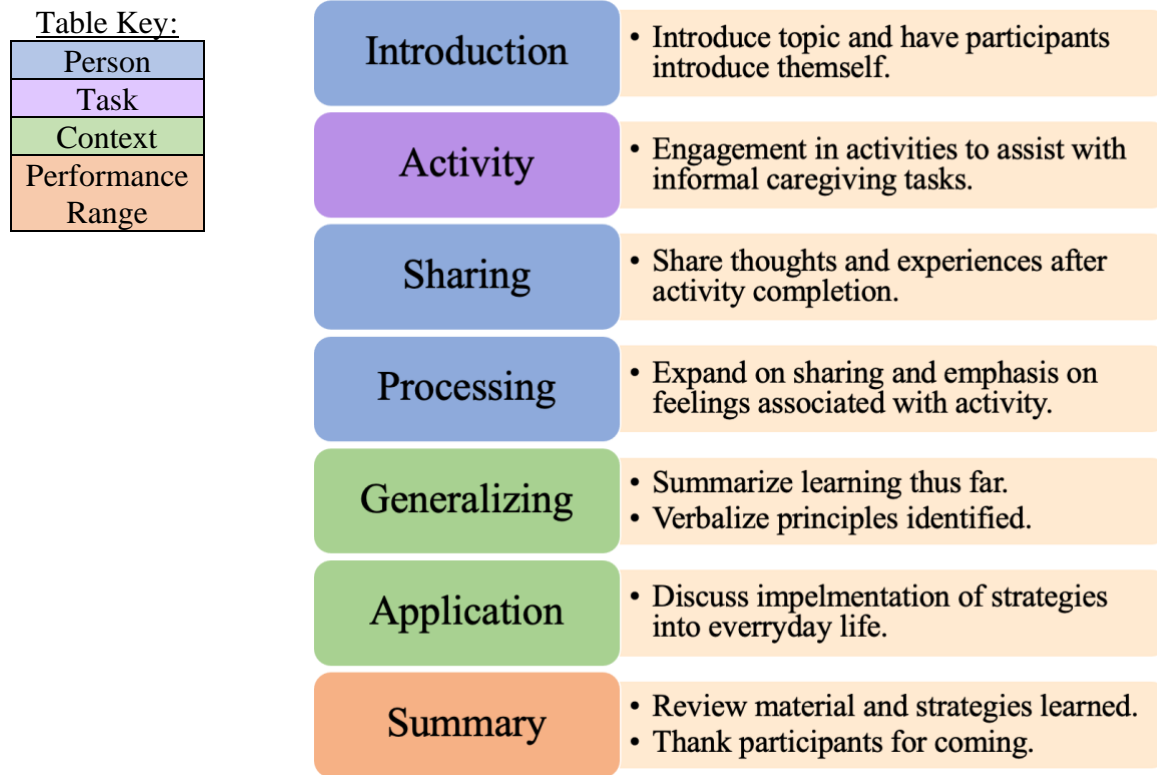


*Figure 1.* Main concepts of The Ecological Model of Occupation created by Winnie Dunn (Dunn, 2017). This figure shows the interaction between person, context, and task. As well as how performance range is created because of the interaction (Dunn, 2017). The colors selected are coordinated with *Figure 2* below. This was done intentionally to show the cohesion between the two theories in creation of this program and how person, context, task, and performance are weaved throughout. Adapted from Dunn, W. (2017). Ecological model of occupation. In J. Hinojosa, P. Kramer, & C. Royeen (Eds.), *Perspectives on human occupation: Theories underlying practice* (pp. 207-235). Philadelphia, PA: F.A. Davis Company.

### **Cole's seven steps.**

The second framework, Cole's seven steps, was utilized for the organization of each session within program (Cole, 2018). The main purpose for using this framework is to enable each group member to participate in doing shared tasks and activities (Cole, 2018). This allows group members to share and reflect on experiences and feelings that come up during each

session. Within this group program specifically, members will focus on gaining skills and strategies to improve overall health management to effectively care for their loved one. Each session can be adapted or modified to meet the goals of each group session based on the group members' needs.



*Figure 2.* Main concepts of Cole’s Seven Steps created by Marilyn B. Cole (Cole, 2018). The colors selected are coordinated with *Figure 1* above. Introduction, sharing, and processing correlate with the person section of EHP because it directly reflects to the informal caregiver. Activity correlates with the context section of EHP because they are completing activities in their natural environment. The task section of EHP correlates with generalizing and application because it allows the informal caregiver to think of when they would use these strategies in their everyday life. Finally, summary correlates with performance range because informal caregivers are receiving an overview of how this will overall increase wellness and health management.

Adapted from Cole, M. B. (2018). *Group leadership: Cole's seven steps*. In M. B. Cole (Ed.) *Group Dynamics in Occupational Therapy*. Thorofare, NJ: SLACK. Faehnrich, S., & McCann, K. (2015). An After-School Wellness Program for Children in Low Socioeconomic Neighborhoods. *Occupational Therapy Capstones*. 62. <https://commons.und.edu/ot-grad/62>

### **Geragogy.**

Geragogy learning theory is defined and broken down by key concepts which are connected to its use in this program (Bastable et al., 2020). The learning theory is important to inform the viewer of so they can understand the foundation of how information is provided (Creech & Hallam, 2015). The Geragogy learning theory was selected to guide the development of this program due to the intended audience being older adults who are caregivers. These age groups may vary; however, due to the research provided, most often, the spouse who is an older adult is caring for their loved one (U.S. Department of Health and Human Services, 2021).

### **Health literacy.**

The program is tailored to accommodate to older adults who are informal caregivers that may have low health literacy. This is done by creating the sessions to provide clear and simple education based off the health literacy levels of the individuals participating in the sessions. In addition to accommodating health literacy during the sessions, this will also be done throughout the participant educational materials (Levy et al., 2015). An example is having an activity where coping strategies to manage stress effectively are targeted. To accomplish this, while respecting health literacy, group members may have examples, pictures, or give verbal suggestions with use of layman's terms (Levy et al., 2015).

## Organization

Throughout the literature, areas of need were identified to be addressed. The main areas that are addressed in the group program include social and emotional health promotion and maintenance, leisure exploration and participation, physical well-being, social participation, and skills to provide care to their loved one. Every session has a distinct focus on living in a rural community and how resources may vary depending on location. The order of the program was organized in a progression where sessions can build on information from the previous one. The session outline is identified in Table 2 below and is presented according to occupations addressed and activities completed (American Occupational Therapy Association, 2020).

Table 2  
*Caring for the Caregiver Session Outline*

Session	Title	Occupation Addressed	Activity
1	Balancing Your Wellness	Health management	Balancing Your Wellness Wheel
2	Nip 'Caregiver Burnout' in the Bud	Education; health management	Occupation-Based Kits for your Loved One
3	Withstand the Weather of Your Day	Education; health management	Coping Card Creation
4	Finding Time for Yourself	Leisure exploration/participation	Leisure Occupation-Based Kits
5	Practicing Gratitude	Education; health management	Gratitude Letter
6	Life in a Rural Community: Identifying Social Supports	Social participation	My Social Supports

*Note.* Additional sessions may be added at discretion of occupational therapy practitioners or interprofessional team. Sessions are identified in depth in Appendix A.

## **Implementation**

This program is intended to be implemented across a six-month span, with one session the first Wednesday of every month. This program is intended to be led by an occupational therapy practitioner or other allied health professional with knowledge of the topics and the community. The author of this scholarly project did create six sessions, due to needs identified throughout the literature. However, the occupational therapy practitioner and other members of the interprofessional team should consider the community and informal caregivers' interests and needs to create future sessions. Finally, the author wanted to emphasize the value of the interprofessional team, who use their expertise in the field to further create sessions by implementing the theoretical framework and session outline provided.

## **Summary**

This program integrated aspects of the EHP model, Cole's seven steps, and Geragogy to create an encompassing wellness support group and participant educational materials for informal caregivers residing in a rural community. Appendix A contains the instructor materials of the *Care for the Caregiver: A Rural Perspective*, with sessions listed in order of implementation. The participant educational materials are listed in Appendix B. Addressing the health management needs of informal caregivers is the first step to positively impacting the outcomes of this population.

## CHAPTER V

### SUMMARY

This chapter consists of an overview of *Care for the Caregiver: A Rural Perspective* and a proposal for use of this scholarly project. In addition, existing limitations of this product and potential recommendations of this program are discussed. The purpose of this program is to support wellness among informal caregivers through engagement in occupation-based group sessions that support health management in their natural environments. The use of telehealth helps the caregivers overcome rural barriers, such as lack of access to healthcare and supportive resources. This summary concludes the entire scholarly project.

#### **Discussion**

A review of literature was conducted to find relevant research regarding the informal caregivers and rural communities. Findings indicated the need for an informal caregiver program specifically targeting residing in a rural community. The information gathered from the literature review provided guidance to develop a wellness group program and supplemental material. Literature supported the need to address occupations commonly seen as barriers to informal caregivers. The program was guided by Ecology of Human Performance (Dunn, 2017), Cole's Seven Steps (Cole, 2018), and Geragogy (Bastable, Myers, & Arnaud, 2020). The interprofessional wellness program, *Care for the Caregiver*, was designed to target informal caregivers in rural communities.

#### **Implementation**

*Care for the Caregiver* will be used within rural communities who have informal caregivers experiencing a lack of access to resources or support. Additionally, because this program was not developed with a specific community in mind, it can be implemented in any

rural community who is experiencing the need. The final product consists of seven sessions, additional information for the facilitator, and supplemental material for the informal caregivers to guide them through the program. These sessions are intended to be implemented in the order they were created and listed in. All sessions are also intended to be delivered via telehealth and be no longer than 60 minutes.

### **Recommendations**

For this program to be successful, various steps should be taken. The implementation of this program would be most successful with a healthcare professional who is familiar with the community and resources where the program is being provided. This will assist with implementation of individual sessions as well as the building of rapport with participants.

Knowledge of the community and resources could also provide opportunities to recommend other resources if necessary. Additionally, this program should also be followed as it was intended via a telehealth technology platform. This will provide informal caregivers the opportunity to stay in their homes and attend the program without leaving their loved one.

Another recommendation is for the program coordinator to ensure every participant has access to the participant educational materials that were created. This will allow participants access to the information being discussed and will include activities addressed throughout the program.

Finally, additional group sessions could be created and added to the program based on the needs of the rural community and its informal caregivers.

The finished group program has the potential to be expanded upon in the future. Future researchers could implement the program in rural communities and report the effectiveness. If the group program were to be implemented in several rural communities, data could be collected and compiled in a quantitative study. This could provide evidence supporting the overall

effectiveness of the program and increasing wellness of informal caregivers in a rural community.

### **Limitations**

Unfortunately, this program has some limitations. One limitation of the program is the use of Zoom or other telehealth technology platforms may be challenging to some informal caregivers. This would provide difficulties to access the program without assistance. Another limitation is that the program would require a healthcare professional that is comfortable and/or has experience leading groups of this nature, at each session. Lastly, a limitation was lack of funding for potential implementation of the program. Although there is no expense for materials of the program, no options were explored or proposed on how to obtain funding for healthcare professionals looking to implement the group program.

### **Future Implications**

*Care for the Caregiver: A Rural Perspective* addresses the gap in access to services experienced by informal caregivers. This project promotes evidence-based and occupation-based interventions that can translate into practice within occupational therapy and other rehabilitation professions. The product also shows how occupational therapists view clients holistically and have extensive knowledge about how physical and mental health impact overall wellness and health management. Implementation of the program would help equip informal caregivers residing in rural communities to care for themselves to care for their loved ones; therefore, a reduction in caregiver burnout rates may result.

### **Conclusion**

In conclusion, *Care for the Caregiver: A Rural Perspective* was created fill the gap that exists in informal caregivers and the lack of access to healthcare. The product of this scholarly



project is an interprofessional (IP) telehealth wellness program for informal caregivers residing in a rural community. The emphasis is placed on health management and how rural access to healthcare can affect quality of life and the tasks related to caregiving. The use of this program via telehealth and supplemental material helps the caregivers overcome rural barriers, such as lack of access to healthcare and supportive resources.

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APPENDIX A  
INSTRUCTOR GUIDE

# CARE FOR THE CAREGIVER:

A RURAL PERSPECTIVE



INSTRUCTOR  
GUIDE



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## **Background Information**

The contents of this guide include materials needed to deliver sessions for an informal caregiver program that is targeted towards individuals residing in a rural community. The interprofessional (IP) telehealth wellness program is entitled *Care for the Caregiver: A Rural Perspective*. The purpose of this program is to address the needs of informal caregivers, by improving competence and emphasizing meeting their own health management needs to care for their loved ones more effectively. The program was developed to target informal caregivers who are experiencing a lack of access to healthcare and supports while residing in a rural community.

## **Objectives**

- Informal caregivers will address their own wellness needs by implementing three health management strategies for themselves on a consistent basis.
- Informal caregivers will verbalize two to three coping strategies from the session/product to assist with stress management.
- Informal caregivers will create one leisure activity for themselves and their loved one to complete together or independently.
- Informal caregivers will identify one person they are able to utilize as a resource in their rural community (e.g., friend, church group, medical professional).

## **Group Members**

This group will be an open group with the option to join once the group has begun. The participants for this group may be male or female and must be an informal caregiver residing in a rural community. Ideally, the group size would be ten participants per one facilitator. However, due to this population being targeted for their lack of access to healthcare, all participants will be welcome.

## **Facilitation**

The program is intended to run for six months, with one session a month, via a telehealth platform of your choosing. However, a template of the session outline will be provided to the instructor of the sessions, to create additional sessions upon informal caregivers' request or interprofessional team members discretion. The program is designed as an interprofessional approach, with an occupational therapy practitioner who serves as the program coordinator. The sessions include health management, strategies for caring, and skills to cope with stress, while residing in their rural community. Participant educational materials were created to aide participants throughout the Zoom sessions and assist with teaching and learning. This will provide an opportunity to reference back to materials and information. Individuals will be held accountable by keeping track of their own progress with the participant education materials.

Each session will be approximately 45 – 60 minutes in length and be held during midday or evenings, depending on availability of the therapist or facilitator. The outline of the time of each session according to Cole's Seven Steps is as follows below (Cole, 2018):

- Introduction (5 minutes)
- Activity (15 minutes)
- Sharing (10 minutes)
- Processing (5 minutes)
- Generalizing (5 minutes)
- Application (5 minutes)
- Summary (5 minutes)

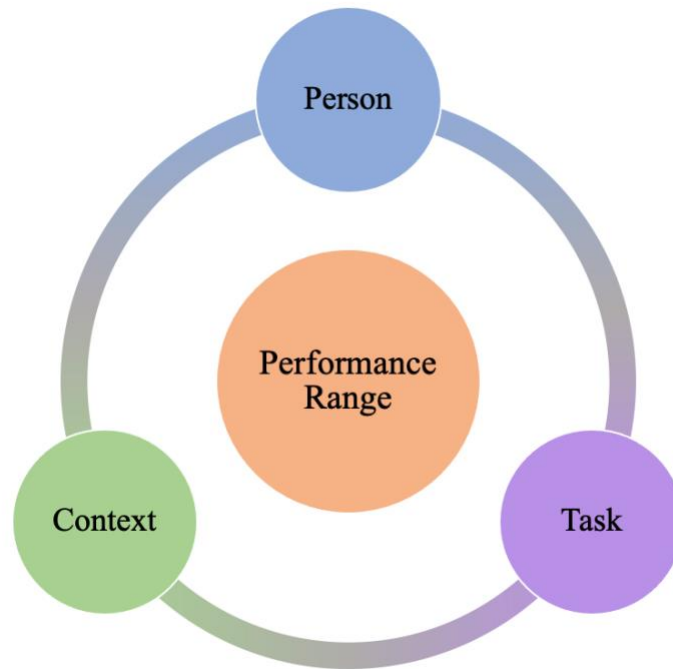
This outline is provided as a guide and can be altered at the coordinator's discretion.

## Theoretical Frameworks

The informal caregiver program is based off the Ecology of Human Performance (EHP) model, an occupational therapy model that focuses on the interaction between a person, their context, and the tasks they complete, to create a performance range (Dunn, 2017). EHP describes the person by their unique abilities, experiences; and sensorimotor, cognitive, and psychosocial skills (Dunn, 2017). The author of this scholarly project will target the person by looking at the specific needs of the informal caregiver who resides in a rural community. This will help to individualize the group and center it around the participants.

According to Dunn (2017), the context section of EHP is defined as a set of conditions that surrounds a person. Examples of these include temporal context, physical context, and/or social context. Throughout this program , the context will be targeted through the application section of Cole's Seven Steps (Cole, 2018). This will help the participants to complete the activities in their natural contexts.

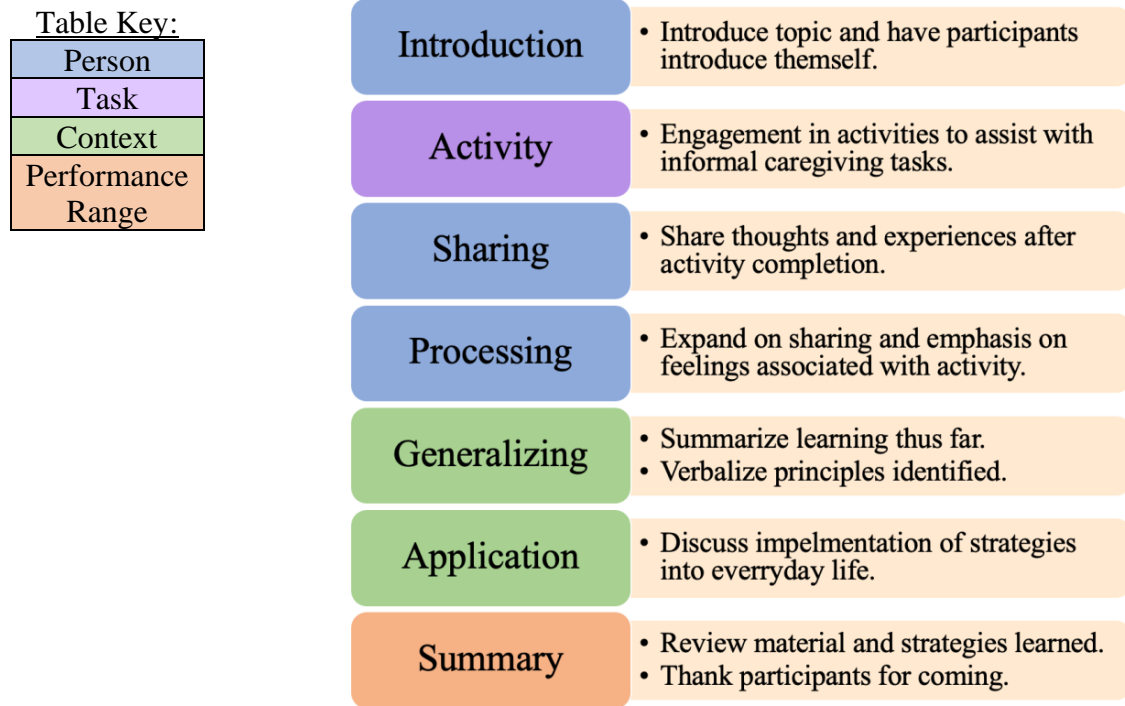
The task, as describes according to EHP, is a set of behaviors needed to complete a goal (Dunn, 2017). These tasks often center around a person's roles and responsibilities, for example, being an informal caregiver. Throughout the interaction of the *person, context, and task* is *performance range*, which consists of the ability to perform a meaningful occupation while putting emphasis on the person and their natural context (Dunn, 2017). The author of this scholarly project planned to provide sessions that meet the informal caregivers' needs and will be conducted in their natural context, which will be at their place of residence.



*Figure 1.* Main concepts of The Ecological Model of Occupation created by Winnie Dunn (Dunn, 2017). This figure shows the interaction between person, context, and task. As well as how performance range is created because of the interaction (Dunn, 2017). The colors selected are coordinated with *Figure 2* below. This was done intentionally to show the cohesion between the two theories in creation of this program and how person, context, task, and performance are weaved throughout. Adapted from Dunn, W. (2017). Ecological model of occupation. In J. Hinojosa, P. Kramer, & C. Royeen (Eds.), *Perspectives on human occupation: Theories underlying practice* (pp. 207-235). Philadelphia, PA: F.A. Davis Company.

In combination with the EHP model, the author will be organizing each session using Cole's Seven Steps. The main purpose for using this type of facilitation is to enable each participant to engage in doing shared tasks and activities and to reflect on the meaning of each of them (Cole, 2018). After reflecting, each participant will have the opportunity to reflect how they apply the skills they are learning into their daily life (Cole, 2018). The seven steps include: *introduction, activity, sharing, processing, generalizing, application* and *summary* (Cole, 2018).

These steps were utilized to structure each session while incorporating the EHP model into each session. In correlation with these models, the occupations addressed include health management, leisure, social participation, education, and instrumentals activities of daily living.



*Figure 2.* Main concepts of Cole’s Seven Steps created by Marylin B. Cole (Cole, 2018). The colors selected are coordinated with *Figure 1* above. Introduction, sharing, and processing correlate with the person section of EHP because it directly reflects to the informal caregiver. Activity correlates with the context section of EHP because they are completing activities in their natural environment. The task section of EHP correlates with generalizing and application because it allows the informal caregiver to think of when they would use these strategies in their everyday life. Finally, summary correlates with performance range because informal caregivers are receiving an overview of how this will overall increase wellness and health management. Adapted from Cole, M. B. (2018). *Group leadership: Cole’s seven steps*. In M. B. Cole (Ed.) *Group Dynamics in Occupational Therapy*. Thorofare, NJ: SLACK. Faehnrich, S., & McCann,

K. (2015). An After-School Wellness Program for Children in Low Socioeconomic Neighborhoods. *Occupational Therapy Capstones*. 62. <https://commons.und.edu/ot-grad/62>

Geragogy is the philosophical model used as a foundation for this program. Geragogy is the art and science of older adult learning (Bastable, Myers, & Arnaud 2020). The Geragogy learning theory was selected to guide the development of this program due to the intended audience being older adults who are caregivers. These age groups may vary; however, due to the research provided, most often, the spouse who is an older adult is caring for their loved one (U.S. Department of Health and Human Services, 2021). The authors plan to use geragogy in each session to facilitate each participant's learning. The philosophical model, geragogy was used, along with health literacy, as a fundamental principle of this program.

Health literacy is used by providing material that is easy to read, provide the purpose of teaching, time for questions, etc. (Bastable et al., 2020). These aspects of health literacy can assist to maximize the teaching and learning in older adults. This is done by creating the sessions to provide clear and simple education based off the health literacy levels of the individuals participating in the sessions. To accomplish this, while respecting health literacy, you may have examples, pictures, or give verbal suggestions with use of layman's terms (Levy, Janke, & Langa 2015).

## **Group Program Outline**

**Session 1:** Balancing Your Wellness

**Session 2:** Nip ‘Caregiver Burnout’ in the Bud

**Session 3:** Withstand the Weather of Your Day

**Session 4:** Finding Time for Yourself

**Session 5:** Practicing Gratitude

**Session 6:** Life in a Rural Community: Identifying Social Supports



## Balancing Your Wellness (first session)

**Challenge Addressed:** Informal caregivers neglecting their health management.

Inadequate resources for informal caregivers residing in a rural community.

**Goal:** To inform informal caregivers about the program and how the task of caregiving can affect their overall wellness.

**Materials suggested:** Participant educational materials, writing utensil and marker

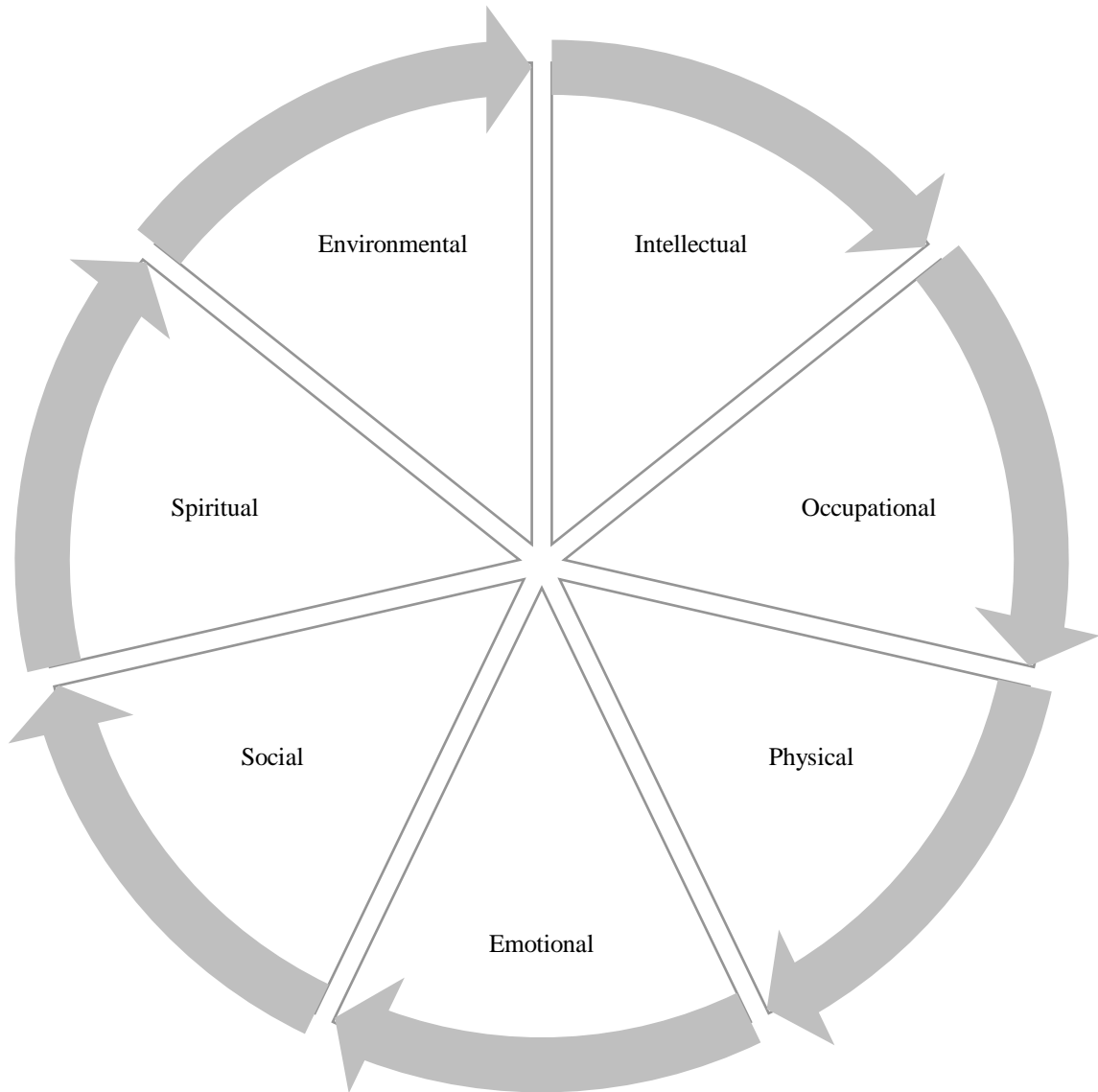
Table Key:

Person
Task
Context
Performance Range

Group Process	Description
<b>Introduction</b>	<ul style="list-style-type: none"> <li>- Welcome participants to group</li> <li>- Warmup                             <ul style="list-style-type: none"> <li>o What do we all have in common?                                     <ul style="list-style-type: none"> <li>▪ Find common ground and get the conversation going</li> <li>▪ Start the conversation by sharing something they have an interest in, like popular TV, music, foods, or whatever they love to get everyone thinking.</li> <li>▪ Pass it over to another participant with that same interest and have them share a new one</li> <li>▪ Transition into how they all have the commonality of caring for their loved one</li> </ul> </li> </ul> </li> <li>- Have the informal caregivers introduce themselves to the group                             <ul style="list-style-type: none"> <li>o Ask where they are from and to state how long they have been a caregiver</li> </ul> </li> <li>- The coordinator will introduce this program and explain the purpose and basics of the program and topics that will be addressed including:                             <ul style="list-style-type: none"> <li>o <b>Session 1:</b> Balancing Your Wellness</li> <li>o <b>Session 2:</b> Nip ‘Caregiver Burnout’ in the Bud</li> <li>o <b>Session 3:</b> Withstand the Weather of Your Day</li> <li>o <b>Session 4:</b> Finding Time for Yourself</li> <li>o <b>Session 5:</b> Practicing Gratitude</li> <li>o <b>Session 6:</b> Life in a Rural Community: Identifying Social Supports</li> </ul> </li> <li>- Define what an informal caregiver is and explain characteristics</li> <li>- Define expectations of the group</li> </ul>
<b>Activity</b>	<ul style="list-style-type: none"> <li>- Balancing Your Wellness Wheel (Janssen, 2013).                             <ul style="list-style-type: none"> <li>o See Activity example and instruction on next page</li> <li>o Share screen of example wellness wheel while participants are working</li> <li>o Refer participants to “Balancing Your Wellness” material in their participant educational handouts</li> </ul> </li> </ul>

<b>Sharing</b>	<ul style="list-style-type: none"> <li>- Ask anyone if they have questions before proceeding to sharing.</li> <li>- Have each member of the group share their wellness wheel that they created during the session.</li> </ul>
<b>Processing</b>	<ul style="list-style-type: none"> <li>- How did you feel about sharing your wheels to the group?</li> <li>- How did you feel while creating your wheels?</li> <li>- What part of the wheel was colored in the most? <ul style="list-style-type: none"> <li>o What part of the wheel was colored in the least?</li> <li>o How do you feel about the way your wheel looks?</li> </ul> </li> </ul>
<b>Generalizing</b>	<ul style="list-style-type: none"> <li>- What are some general thoughts/ideas that came out of today's session?</li> <li>- Were you aware that certain areas of your wellness were more affected compared to others?</li> </ul>
<b>Application</b>	<ul style="list-style-type: none"> <li>- How do you plan on using these strategies in your life; Can you give an example?</li> <li>- What is one area of wellness you will focus on this week? <ul style="list-style-type: none"> <li>o What is one practical step you can take to achieve that goal?</li> </ul> </li> <li>- How can you implement wellness into your natural context?</li> </ul>
<b>Summary</b>	<ul style="list-style-type: none"> <li>- Summarize the challenge, goal, activity, outcomes, and implications moving forward.</li> <li>- Thank members for their participation and introduce what the next session will be about.</li> <li>- Ask participants to think of things that their loved one likes to do or used to like to do. <ul style="list-style-type: none"> <li>o Ask them to bring those items or a list of those items, and a container to the next session.</li> </ul> </li> <li>- End on time.</li> </ul>

# Balancing Your Wellness Wheel



**Instructions:** Read each statement for each dimension of wellness. If you feel you are doing these statements 100% of the time, color in all the section on the wheel. If you are doing half of the items or part of each item, color in half the section on the wheel. If you agree with 1 of 3 of the statements, color in a third of the wheel. Used with permission:

Janssen, S. (2013). Wellness wheel session activity. *Link to Wellness Program*. Unpublished program session.

### Physical

I eat a balanced nutritional diet.

I exercise at least 3 times per week.

I am generally free from illness.

### Emotional

I have positive thoughts most of the time.

I can comfort myself when I am troubled.

I feel in control of my life.

### Social

I can resolve conflicts with others.

I have at least 2 people I trust in my life.

I social with others at least 1 time per day.

### Spiritual

I meditate or pray on a regular basis.

I feel peace and serenity most of the time.

I have a sense of meaning in my life.

### Environmental

I am comfortable and safe in my environment.

I keep a well-managed home.

I can relax in my environment.

### Intellectual

I learn something almost every day.

I participate in brain exercise activities.

I like to learn new things.

### Occupational

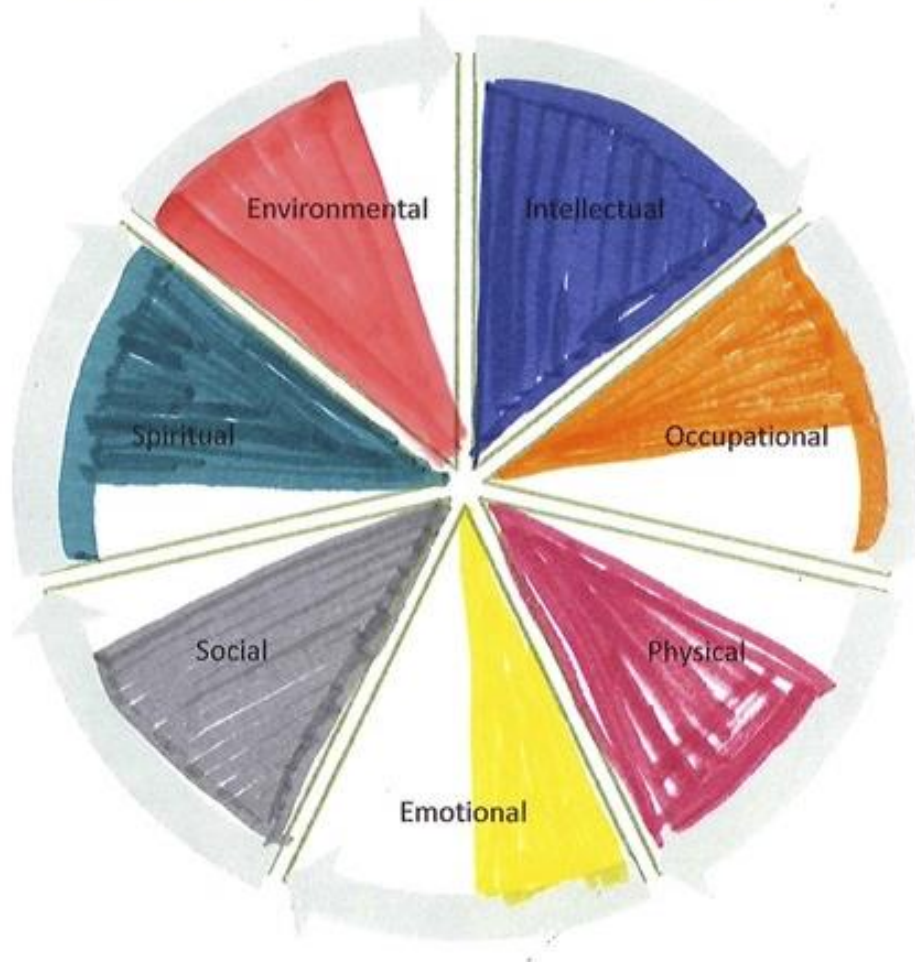
I balance saving and spending.

I participate in meaningful and enjoyable activities daily.

I have a balance between work and leisure activities.

Example:

## Balancing Your Wellness Wheel



Instructions: Read each statement for each dimension of wellness. If you feel you are doing these statements 100% of the time, color in all of the section on the wheel. If you are doing half of the items or part of the each item, color in half the section on the wheel. If you agree with 1 of 3 of the statements, color in a third of the wheel.

## Nip ‘Caregiver Burnout’ in the Bud (second session)

**Challenge Addressed:** Increased caregiver burnout among informal caregivers.

**Goal:** To provide informal caregivers with information about caregiver burnout and tools to prevent/combat it.

**Materials suggested:** Participant educational materials, writing utensil, container, leisure-based items

Table Key:

Person
Task
Context
Performance Range

Group Process	Description
Introduction	<ul style="list-style-type: none"> <li>- Warmup                             <ul style="list-style-type: none"> <li>○ How many of you have felt overwhelmed by the things you have to complete in your day?</li> <li>○ How many of those things relate to taking care or helping your loved one?</li> </ul> </li> <li>- Have the informal caregivers introduce themselves to the group</li> <li>- Define caregiver burnout                             <ul style="list-style-type: none"> <li>○ Caregiver burnout is a state of physical, emotional, and mental exhaustion. It may be accompanied by a change in attitude, from positive and caring to negative and unconcerned. Burnout can occur when caregivers don't get the help they need, or if they try to do more than they are able, physically, or financially (Cleveland Clinic, 2021).</li> <li>○ It is natural to feel angry, frustrated, exhausted, alone, or sad (Mayo Clinic, 2020).                                     <ul style="list-style-type: none"> <li>▪ However, there are ways to prevent these feelings from causing burnout.</li> <li>▪ For additional resources on how to prevent caregiver burnout, please refer to your participant educational handout.</li> </ul> </li> <li>○ For when you are feeling burned out, too busy,</li> </ul> </li> </ul>
Activity	<ul style="list-style-type: none"> <li>- Occupation-based kits for loved ones                             <ul style="list-style-type: none"> <li>○ Have participants create an occupation-based kit for their loved one</li> <li>○ Ask participants to pull out their materials they were asked to bring at the end of the last session</li> <li>○ Explain to participants that by creating a kit for their loved one, they can pull this out for their loved one to complete while they engage in their own leisure participation or take a minute to complete any daily tasks they need to</li> </ul> </li> <li>- Refer participants to participant educational materials for more information</li> <li>- Examples are provided on the next page</li> </ul>

<b>Sharing</b>	<ul style="list-style-type: none"> <li>- Ask anyone if they have questions before proceeding to sharing.</li> <li>- Have each member of the group share their ideas that they created during the session and explain to the group how they can be used.</li> </ul>
<b>Processing</b>	<ul style="list-style-type: none"> <li>- How did you feel about sharing your kits to the group?</li> <li>- How will you utilize your kits in your own life while caring for your loved one?</li> <li>- How did you feel while creating your kits?</li> <li>- Did creating these kits remind you of a previous experience connecting you to your leisure activity?</li> </ul>
<b>Generalizing</b>	<ul style="list-style-type: none"> <li>- What are some general thoughts/ideas that came out of today's session?</li> </ul>
<b>Application</b>	<ul style="list-style-type: none"> <li>- How do you plan on using these kits in your life; Can you give an example?</li> <li>- How do you think your loved one will respond to their kit?</li> <li>- The therapist will explain the importance of the activity and sharing process and how they will be able to apply this information to their everyday life.</li> <li>- Instruct participants to try and utilize their occupation-based kits for their loved ones throughout their day while caring for their loved one. Then write down what went well, what went poorly, and what you would do next time. Then have them bring these notes to the next group and you will go over what happened.</li> </ul>
<b>Summary</b>	<ul style="list-style-type: none"> <li>- Ask someone to give a brief overview on what we did today.</li> <li>- Summarize the challenge, goal, activity, outcomes, and implications moving forward.</li> <li>- One of the most important takeaways from today's session is being prepared and having something to easily pull out for your loved one. Some of you gave examples on kits you created today or other ideas you may have. This will help provide your loved one with something to do they enjoy and give you an opportunity to complete other tasks or relax.</li> <li>- These kits can be used when loved one feels restless or agitated. This decreases the amount of verbal redirection the caregiver needs to do. Empower the caregiver and loved one by using the power of occupation!</li> <li>- Thank members for their participation and introduce what the next session will be about.</li> <li>- End on time.</li> </ul>



# Occupation-based Kit Ideas for Loved Ones

Just grab a container, throw in your supplies and they are ready to go!

## Gardening Kit:

- Fake or real flowers or plants
- Dirt and rocks (if desired)
- Pots or glasses
- Gloves (if desired)

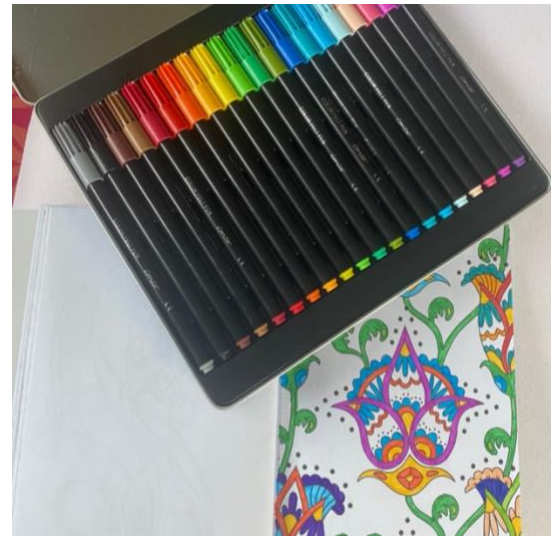


## Game Kit:

- Cards
- Puzzles
- Coloring
- Books

## Money Kit:

- Coins
- Dollars
- Jar to separate money into



## Child Care Kit

- Doll
- Doll clothing
- Brush
- Blanket
- Bottle

## Laundry Kit:

- Towels
- Wash clothes
- T-shirts
- Other clothing your loved one may like to fold





## Withstand the Weather of Your Day (third session)

**Challenge Addressed:** Inadequate coping skills which leads to poor social and emotional.

health promotion and maintenance and lack of time for physical activity.

**Goal:** To provide informal caregivers strategies to help cope with stress and negative feelings in relation to caregiving.

**Materials suggested:** Participant educational materials, paper, writing utensil

**Suggested Time:** 45 minutes

Table Key:

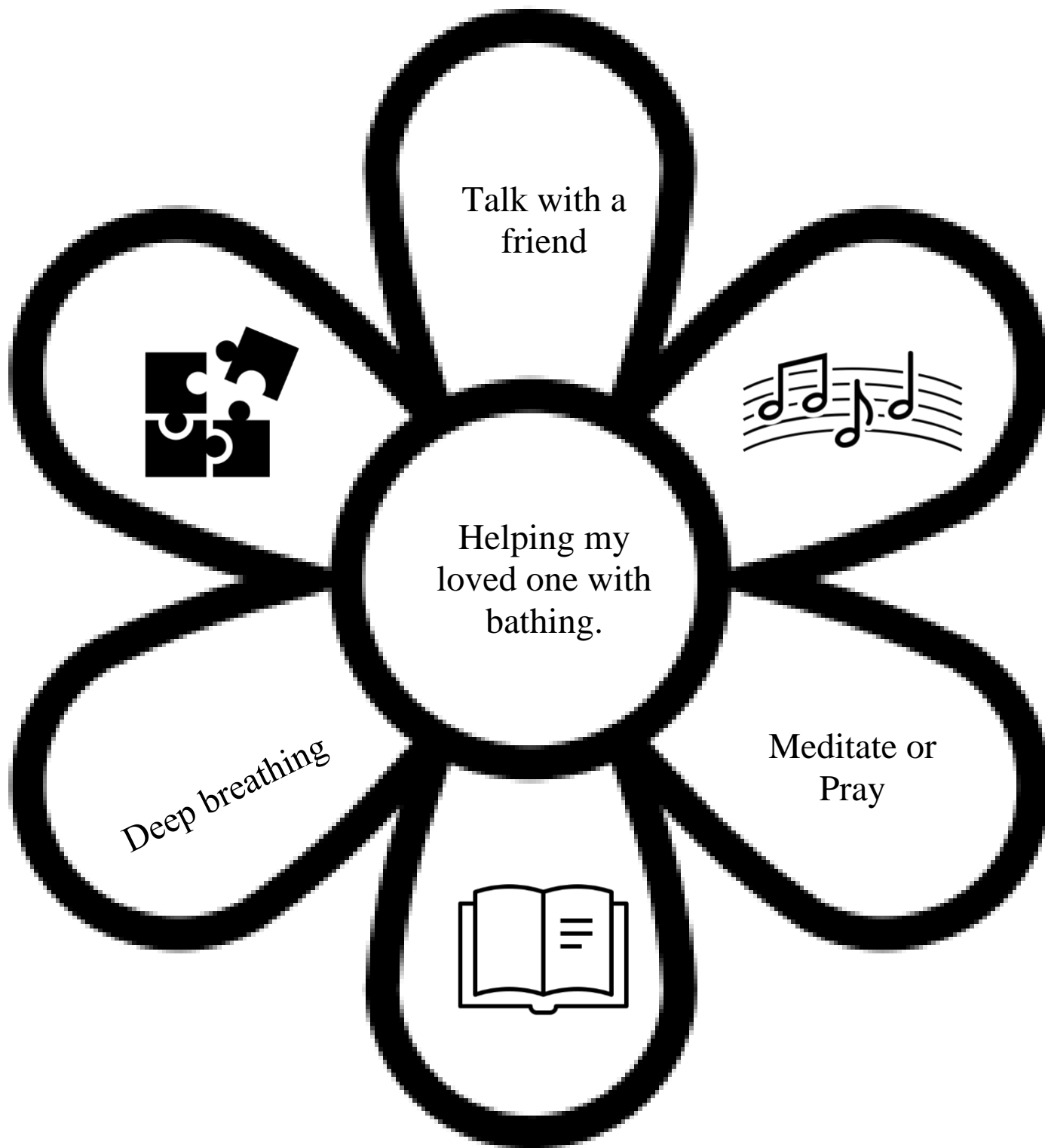
Person
Task
Context
Performance Range

Group Process	Description
<b>Introduction</b>	<ul style="list-style-type: none"> <li>- Have the informal caregivers introduce themselves to the group</li> <li>- Have them think of a time when they were stressed or overwhelmed                             <ul style="list-style-type: none"> <li>o Share what they currently do when they feel stressed or overwhelmed</li> </ul> </li> <li>- Define and explain coping strategies                             <ul style="list-style-type: none"> <li>o Thoughts and behaviors used to manage internal and external stimuli in stressful situations (Algorani &amp; Gupta, 2021).</li> </ul> </li> </ul>
<b>Activity</b>	<ul style="list-style-type: none"> <li>- Coping Card Creation                             <ul style="list-style-type: none"> <li>o Have the participant think of an event or task they experience during their day in relation to informal caregiving that causes them stress.                                     <ul style="list-style-type: none"> <li>▪ Write it down if needed</li> <li>▪ Example: bathing</li> </ul> </li> <li>o Write down or draw things that they can do to cope with that event                                     <ul style="list-style-type: none"> <li>▪ If individuals are struggling to come up with any coping strategies refer them to the participant education materials, where the worksheets and examples are listed</li> <li>▪ Examples: Reading, deep breathing, and gardening</li> <li>▪ Example of card and possible strategies will be shown on the next pages</li> </ul> </li> </ul> </li> </ul>
<b>Sharing</b>	<ul style="list-style-type: none"> <li>- Ask anyone if they have questions before proceeding to sharing.</li> <li>- Have each member of the group share their coping cards that they created during the session and explain to the group how the card they shared can be used in times they are experiencing distress.</li> </ul>
<b>Processing</b>	<ul style="list-style-type: none"> <li>- How did you feel about sharing your coping strategies to the group?</li> </ul>

	<ul style="list-style-type: none"> <li>- How will you utilize your coping strategies in your own life while caring for your loved one?</li> <li>- How did you feel while creating your coping cards?</li> </ul>
<b>Generalizing</b>	<ul style="list-style-type: none"> <li>- What are some general thoughts/ideas that came out of today's session?</li> </ul>
<b>Application</b>	<ul style="list-style-type: none"> <li>- How do you plan on using these strategies in your life; Can you give an example?</li> <li>- The therapist will explain the importance of the activity and sharing process and how they will be able to apply this information to their everyday life. <ul style="list-style-type: none"> <li>o Coping strategies are important to effectively manage negative emotions and feelings of distress (Algorani &amp; Gupta, 2021).</li> <li>o Communication with others will support social participation to facilitate healthy relationships and to engage in meaningful activities (Algorani &amp; Gupta, 2021).</li> <li>o This activity also helped with group sharing and the ability to learn from other group members. This can help develop creative and improved coping skills.</li> </ul> </li> <li>- Instruct participants to try and utilize their coping strategies throughout their day while caring for their loved one. Then write down what went well, what went poorly, and what you would do next time. Then have them bring these notes to the next group and you will go over what happened with them.</li> </ul>
<b>Summary</b>	<ul style="list-style-type: none"> <li>- Ask someone to give a brief overview on what we did today.</li> <li>- Summarize the challenge, goal, activity, outcomes, and implications moving forward.</li> <li>- One of the most important takeaways from today's session is why coping strategies are essential for health management and how you can use these strategies in real life situations. Some of you gave examples on how you can use these strategies in your life now. This will help facilitate healthy habits.</li> <li>- Thank members for their participation and introduce what the next session will be about.</li> <li>- End on time.</li> </ul>

# Example: My Coping Card

Directions: In the center of your flower, write or draw an event or task that you complete daily that causes you stress or overwhelms you. In the petals surrounding, write or draw different coping strategies that you can use. Please refer to the List of Possible Coping Strategies if you need help.



# List of Possible Coping Strategies

Check off the ones you like or are willing to try!

- Deep Breathing
- Reading
- Meditating
- Praying
- Do a puzzle
- Listening to Music
- Go outside
- Go for a walk
- Talk with a friend
- Sew/knit
- Cook/bake
- Journal
- Make a list of positives
- Identify emotions and write them down
- Take a hot shower or bath
- Invite a friend over
- Paint or color
- Laugh
- Think of a favorite memory
- Light a candle
- Drink some tea
- Watch a movie
- Listen to the radio
- Pet an animal
- Visualization. Close your eyes and imagine yourself in a beautiful place.
- Look at old pictures
- \_\_\_\_\_
- \_\_\_\_\_

## Finding Time for Yourself (fourth session)

**Challenge Addressed:** Informal caregivers prioritizing the needs of their loved ones above the needs of themselves and are unable to pursue their leisure activities.

**Goal:** To provide informal caregivers tools to engage in leisure consistently and easily throughout their daily routine.

**Materials suggested:** Participant educational materials, writing utensil, container, leisure-based items

Table Key:

Person
Task
Context
Performance Range

Group Process	Description
<b>Introduction</b>	<ul style="list-style-type: none"> <li>- Have the informal caregivers introduce themselves to the group and state what is one thing they used to love doing but don't have time for anymore</li> <li>- Introduce leisure                             <ul style="list-style-type: none"> <li>o Leisure is planning and participating in your interests, skills, and opportunities that bring enjoyment and meaning into daily life (AOTA, 2020).</li> <li>o Leisure is something that you like to do for fun during the day.</li> <li>o Leisure looks different from person to person.</li> <li>o Often time informal caregivers feel guilty if time is spent on themselves rather than on their loved ones (Cleveland Clinic, 2021).</li> <li>o However, it is just as important to include leisure into your daily routine.</li> </ul> </li> </ul>
<b>Activity</b>	<ul style="list-style-type: none"> <li>- Leisure Occupation-based Kits                             <ul style="list-style-type: none"> <li>o Have the participants pull out the materials they were asked to bring to the session for creating of their own occupation-based kits                                     <ul style="list-style-type: none"> <li>▪ If the participants did not bring the materials, ask them to grab their participant educational materials /paper and a writing utensil.</li> <li>▪ If participants need more explanation, have them refer to the participant educational materials where more information can be provided.</li> <li>▪ Write down or put leisure items together in their container</li> </ul> </li> </ul> </li> </ul>
<b>Sharing</b>	<ul style="list-style-type: none"> <li>- Ask anyone if they have questions before proceeding to sharing.</li> <li>- Have each member of the group share their kits or ideas that they created during the session and explain to the group how the kit they shared can be used.</li> </ul>
<b>Processing</b>	<ul style="list-style-type: none"> <li>- How did you feel about sharing your kits to the group?</li> </ul>

	<ul style="list-style-type: none"> <li>- How will you utilize your kits in your own life while caring for your loved one?</li> <li>- How did you feel while creating your kits? <ul style="list-style-type: none"> <li>o Did creating these kits remind you of a previous experience connecting you to your leisure activity?</li> </ul> </li> </ul>
<b>Generalizing</b>	<ul style="list-style-type: none"> <li>- What are some general thoughts/ideas that came out of today's session?</li> </ul>
<b>Application</b>	<ul style="list-style-type: none"> <li>- How do you plan on using these kits in your life; Can you give an example?</li> <li>- The therapist will explain the importance of the activity and sharing process and how they will be able to apply this information to their everyday life. <ul style="list-style-type: none"> <li>o Engaging in leisure activities is very important in improving overall health and well-being. <ul style="list-style-type: none"> <li>▪ A study highlighted the importance of leisure activities not only for older adults, but also adults of all ages (Paggi, Jopp, &amp; Hertzog, 2016).</li> </ul> </li> <li>o Leisure activities throughout life maintain and even improve their well-being. <ul style="list-style-type: none"> <li>▪ Ensure that a variety of activities are available regardless of physical ability (Paggi, et al., 2016).</li> <li>▪ Participating in leisure activities, shows positive signs for aging successfully (Paggi, et al., 2016).</li> </ul> </li> <li>o This activity helped with group sharing and the ability to learn from other group members. This can help identify other leisure activities that you or your loved one can participate in.</li> </ul> </li> <li>- Instruct participants to try and utilize their occupation-based kits throughout their day while caring for their loved one. Then write down what went well, what went poorly, and what you would do next time. Then have them bring these notes to the next group and you will go over what happened.</li> </ul>
<b>Summary</b>	<ul style="list-style-type: none"> <li>- Ask someone to give a brief overview on what we did today.</li> <li>- Summarize the challenge, goal, activity, outcomes, and implications moving forward.</li> <li>- Some of you gave examples and created great occupation-based kits. Engaging in leisure will help facilitate healthy habits and bring balance back into your lives.</li> <li>- Thank members for their participation and introduce what the next session will be about.</li> <li>- End on time.</li> </ul>

## Practicing Gratitude (fifth session)

**Challenge Addressed:** Overwhelming amounts of stress affecting informal caregivers.

**Goal:** To educate informal caregivers how to effectively manage and reduce their stress daily by practicing gratitude.

**Materials suggested:** Participant educational materials or blank sheet of paper, writing utensil

Table Key:

Person
Task
Context
Performance Range

Group Process	Description
<b>Introduction</b>	<ul style="list-style-type: none"> <li>- Have the informal caregivers introduce themselves to the group</li> <li>- Ask participants: What are you grateful for today?</li> <li>- Gratitude appears to be a powerful resource that when utilized can produce positive effects upon well-being. As a tool, letters of gratitude have produced positive outcomes related to important qualities of well-being including happiness, life-satisfaction, and minimizing depressive symptoms (Toepfer, Cichy, &amp; Peters, 2012).</li> <li>- So today we will be writing a gratitude letter to our loved ones.</li> </ul>
<b>Activity</b>	<ul style="list-style-type: none"> <li>- Gratitude letter                             <ul style="list-style-type: none"> <li>o Have participants pull out a blank sheet or their participant educational materials and a writing utensil</li> <li>o Instruct participants to envision their loved one and all the things they are grateful for regarding that person and their relationship</li> <li>o These things can be past present or future</li> <li>o Tell participants that there are no rules regarding writing this letter but that it must entail gratitude toward their loved one.</li> </ul> </li> </ul>
<b>Sharing</b>	<ul style="list-style-type: none"> <li>- Ask anyone if they have questions before proceeding to sharing.</li> <li>- Have each member of the group share who they wrote their letter to and the keys points of their letter that they created during the session.</li> </ul>
<b>Processing</b>	<ul style="list-style-type: none"> <li>- How did you feel about sharing your letters to the group?</li> <li>- How will you utilize your gratitude in your own life while caring for your loved one?</li> <li>- How did you feel while creating your letter?</li> <li>- Did creating these letters remind you of a previous experience connecting you to gratitude for your loved one?</li> </ul>
<b>Generalizing</b>	<ul style="list-style-type: none"> <li>- What are some general thoughts/ideas that came out of today's session?</li> </ul>
<b>Application</b>	<ul style="list-style-type: none"> <li>- How do you plan on using gratitude in your life; Can you give an example?</li> </ul>

	<ul style="list-style-type: none"> <li>- The therapist will explain the importance of the activity and sharing process and how they will be able to apply this information to their everyday life. <ul style="list-style-type: none"> <li>o There are many practical benefits of practicing gratitude in your everyday life. Those include (Toepfer, Cichy, &amp; Peters, 2012: <ul style="list-style-type: none"> <li>▪ Improving physical health</li> <li>▪ Improving sleep</li> <li>▪ Improves psychological health</li> <li>▪ Increases empathy for your loved one</li> <li>▪ Reduces aggression</li> <li>▪ More social connections</li> <li>▪ Enhances self-esteem</li> <li>▪ Improves mental strength</li> </ul> </li> <li>o This activity helped with group sharing and the ability to learn from other group members. This can help identify other leisure activities that you or your loved one can participate in.</li> </ul> </li> <li>- Instruct participants to try and utilize gratitude throughout their day while caring for their loved one. Then write down what went well, what went poorly, and what you would do next time. Then have them bring these notes to the next group and you will go over what happened.</li> </ul>
<b>Summary</b>	<ul style="list-style-type: none"> <li>- Ask someone to give a brief overview on what we did today.</li> <li>- Summarize the challenge, goal, activity, outcomes, and implications moving forward.</li> <li>- Thank members for their participation and introduce what the next session will be about.</li> <li>- End on time.</li> </ul>



## Life in a Rural Community: Identify Social Supports (sixth session)

**Challenge Addressed:** Informal caregivers feeling alone and experiencing social isolation.

**Goal:** To assist informal caregivers in identifying the resources available to them, even if not formal, through peer interaction.

**Materials suggested:** Participant educational materials, writing utensil

Table Key:

Person
Task
Context
Performance Range

Group Process	Description
Introduction	<ul style="list-style-type: none"> <li>- Have the informal caregivers introduce themselves to the group</li> <li>- Ask participants following questions:               <ul style="list-style-type: none"> <li>o Who is the person that supports you the most?</li> <li>o Where do you go to feel supported?</li> </ul> </li> <li>- Today we will be digging deeper and identifying our social supports.</li> </ul>
Activity	<ul style="list-style-type: none"> <li>- Identifying social supports               <ul style="list-style-type: none"> <li>o Have the participant open their materials to the page listed “My Social Support”                   <ul style="list-style-type: none"> <li>▪ Have the participant write down the names of their social supports, contact, and how that individual can support them</li> <li>▪ Encourage participants to identify as many supports as possible</li> <li>▪ Explain to participants that their supports do not have to be people but can facilities as well</li> </ul> </li> <li>o See Activity example on next page</li> </ul> </li> </ul>
Sharing	<ul style="list-style-type: none"> <li>- Ask anyone if they have questions before proceeding to sharing.</li> <li>- Have each member of the group share the supports that they identified on their sheet, and how they can support them.</li> </ul>
Processing	<ul style="list-style-type: none"> <li>- How did you feel about sharing your supports to the group?</li> <li>- How will you utilize your coping strategies in your own life while caring for your loved one?</li> <li>- How did you feel while filling out this sheet?</li> </ul>
Generalizing	<ul style="list-style-type: none"> <li>- What are some general thoughts/ideas that came out of today’s session?</li> </ul>
Application	<ul style="list-style-type: none"> <li>- How do you plan on include social participation back into your life? Can you give an example?</li> <li>- What is one social event that you will participate in this week? (Family, friends, church, senior center).</li> <li>- The therapist will explain the importance of the activity and sharing process and how they will be able to apply this information to their everyday life.</li> </ul>

	<ul style="list-style-type: none"> <li>- Instruct participants to take the time to contact the individuals or facilities that were identified on their list. Encourage participants to engage in one social activity or event at least one time per week. Have participants write down what went well, what went poorly, and how they felt before, during, and after their social event. Then have them bring these notes to the next group and you will go over what happened with them.</li> </ul>
<b>Summary</b>	<ul style="list-style-type: none"> <li>- Ask someone to give a brief overview on what we did today.</li> <li>- Summarize the challenge, goal, activity, outcomes, and implications moving forward.</li> <li>- One of the most important takeaways from today's session is that engaging in social participation may look different in a rural community. Today we talked about our social supports and how we can connect with them to increase our social wellness.</li> <li>- Thank members for their participation and introduce what the next session will be about.</li> <li>- End on time.</li> </ul>

# My Social Supports

Name:	How to contact them:	How they support me:

# My Social Activity

After completing a social activity, please reflect and fill out the questions below.

What went well? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What went poorly? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If anything, what would you like to be different about your next social activity?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you feel **before** your social activity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you feel **during** the activity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you feel **after** the activity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Additional Session Template

Table Key:

Person
Task
Context
Performance Range

**Challenge Addressed:**

**Goal:**

**Materials suggested:**

Group Process	Description
<b>Introduction</b>	
<b>Activity</b>	
<b>Sharing</b>	
<b>Processing</b>	
<b>Generalizing</b>	
<b>Application</b>	
<b>Summary</b>	

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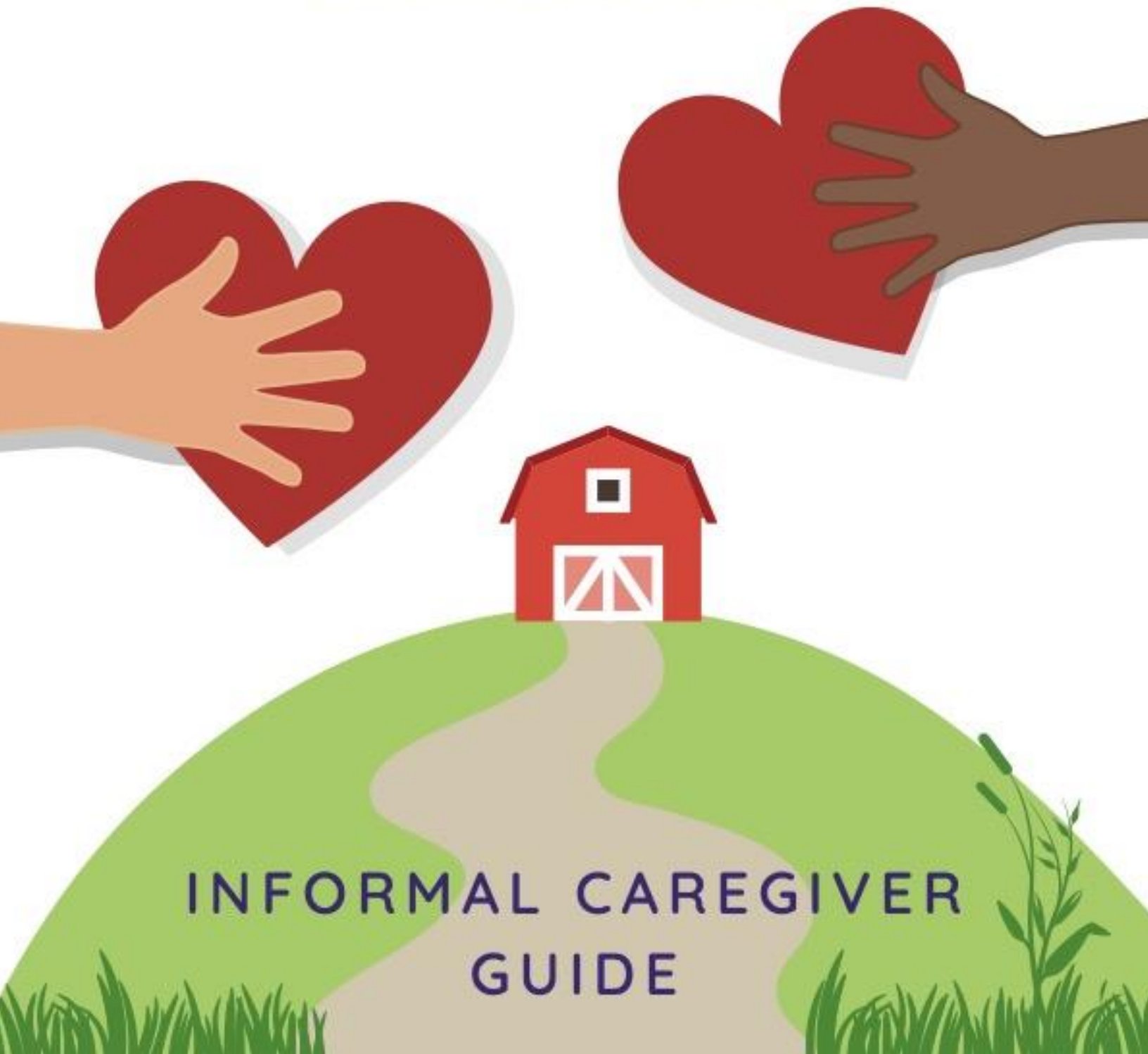
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APPENDIX B  
INFORMAL CAREGIVER GUIDE



# CARE FOR THE CAREGIVER:

A RURAL PERSPECTIVE



INFORMAL CAREGIVER  
GUIDE

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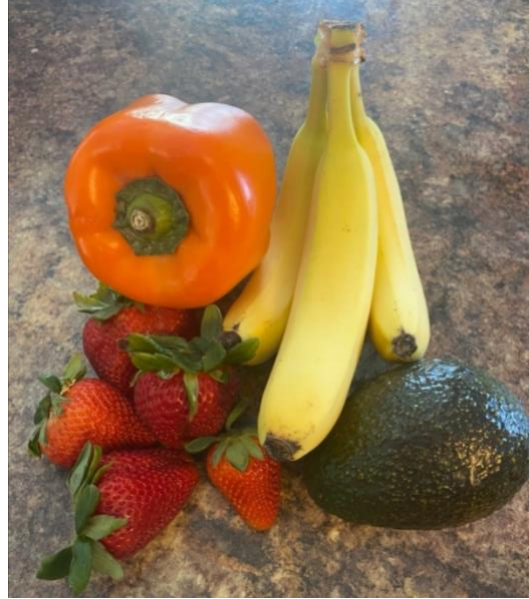
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Session One  
Balancing Your Wellness

# Balancing Your Wellness: Tips for Optimal Wellness

## Physical Wellness

- Exercise daily
- Get adequate rest
- Use safety equipment
- Eat a variety of healthy foods
- Get regular medical checkups
- Recognize any changes in overall health



## Emotional Wellness

- Seek and provide help
- Maintain a positive attitude
- Practice stress management
- Accept and forgive yourself
- Check in with your thoughts and feelings

## Social Wellness

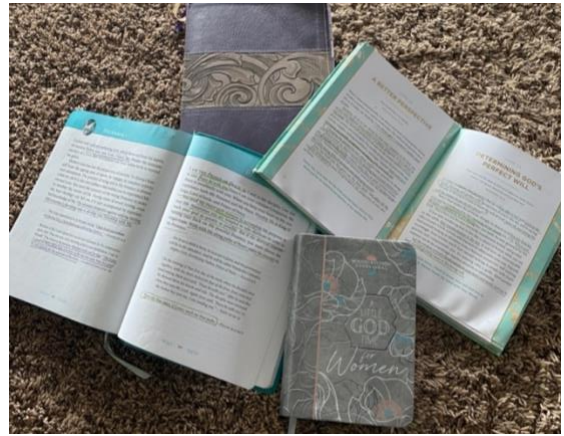
- Get involved in your community
- Utilize social events
- Communicate with loved ones in person, or through the phone
- Share your talents and skills
- Visit friends and family





## Spiritual Wellness

- Meditate
- Keep a journal
- Attend a church or religious service
- Spend time in nature
- Pray



## Environmental Wellness

- Minimize clutter in your home
- Practice safety in the home
- Reduce, reuse, recycle
- Eliminate waste
- Donating unwanted items

## Intellectual Wellness

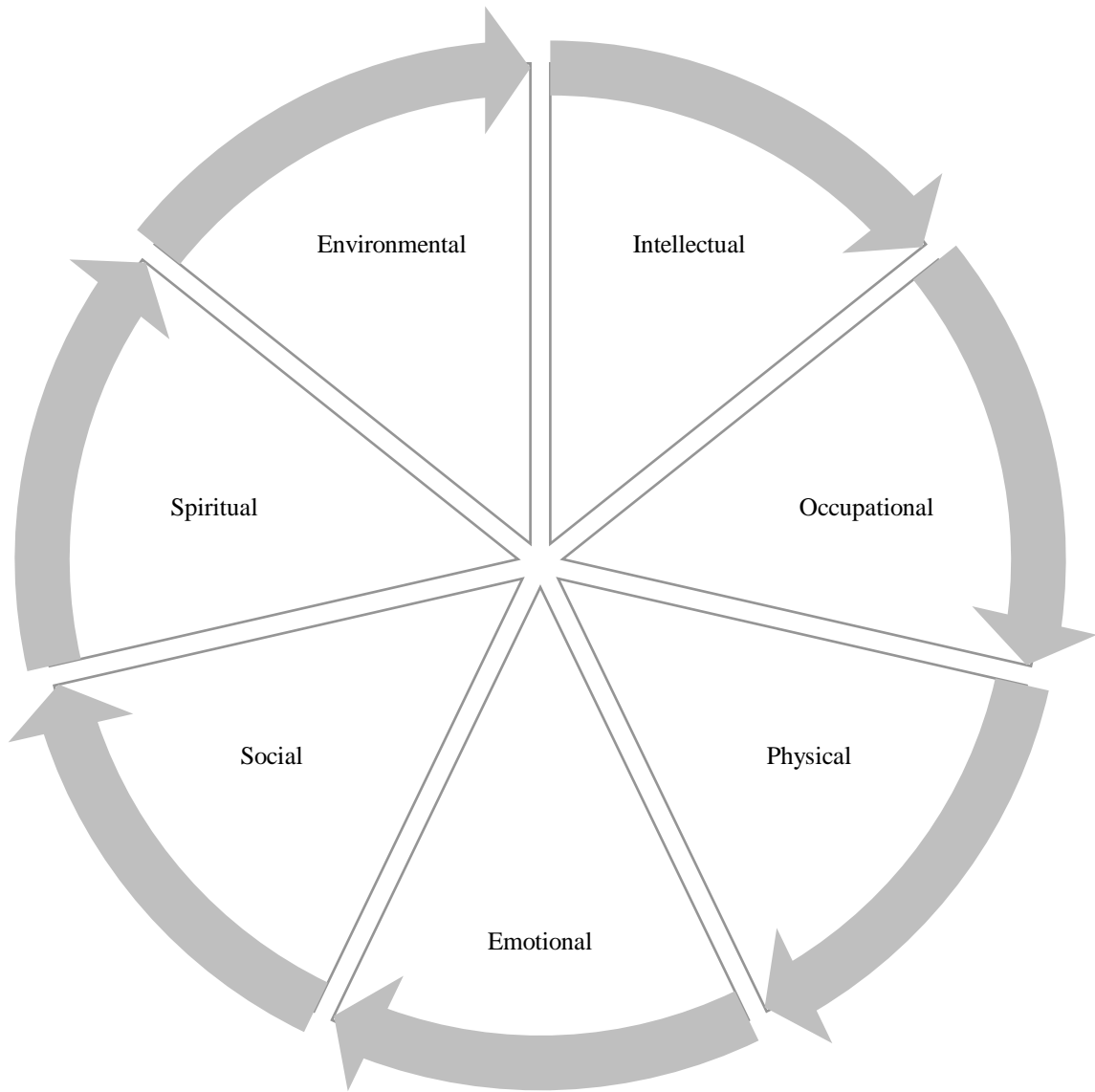
- Participate in mind stimulating activities (word games)
- Reading
- Puzzles
- Learn new things
- Try a new activity



## Occupational Wellness

- Be open to change
- Learn new skills
- Balance saving and spending your money
- Engage in leisure activities
- Take breaks when needed

# Balancing Your Wellness Wheel



**Instructions:** Read each statement for each dimension of wellness. If you feel you are doing these statements 100% of the time, color in all the section on the wheel. If you are doing half of the items or part of each item, color in half the section on the wheel. If you agree with 1 of 3 of the statements, color in a third of the wheel. Used with permission:

Janssen, S. (2013). Wellness wheel session activity. *Link to Wellness Program*. Unpublished program session.

### Physical

I eat a balanced nutritional diet.

I exercise at least 3 times per week.

I am generally free from illness.

### Emotional

I have positive thoughts most of the time.

I can comfort myself when I am troubled.

I feel in control of my life.

### Social

I can resolve conflicts with others.

I have at least 2 people I trust in my life.

I social with others at least 1 time per day.

### Spiritual

I meditate or pray on a regular basis.

I feel peace and serenity most of the time.

I have a sense of meaning in my life.

### Environmental

I am comfortable and safe in my environment.

I keep a well-managed home.

I can relax in my environment.

### Intellectual

I learn something almost every day.

I participate in brain exercise activities.

I like to learn new things.

### Occupational

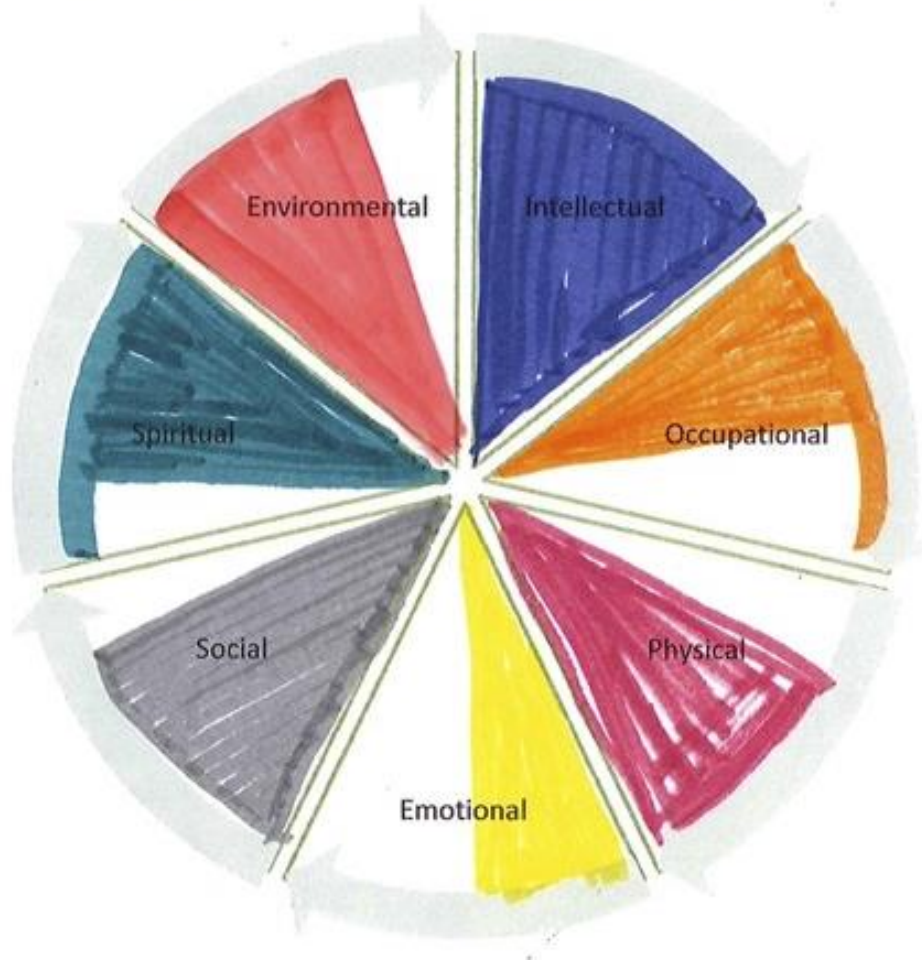
I balance saving and spending.

I participate in meaningful and enjoyable activities daily.

I have a balance between work and leisure activities.

Example:

## Balancing Your Wellness Wheel



Instructions: Read each statement for each dimension of wellness. If you feel you are doing these statements 100% of the time, color in all of the section on the wheel. If you are doing half of the items or part of the each item, color in half the section on the wheel. If you agree with 1 of 3 of the statements, color in a third of the wheel.



Session Two  
Nip ‘Caregiver Burnout’ in the Bud

# Warning Signs of Caregiver Burnout

The symptoms of caregiver burnout are like the symptoms of stress and depression. They include (Cleveland Clinic, 2021):

- Withdrawal from friends, family, and other loved ones.
- Loss of interest in activities previously enjoyed.
- Feeling blue, irritable, hopeless, and helpless.
- Changes in appetite, weight, or both.
- Changes in sleep patterns.
- Getting sick more often.
- Lack of energy.
- Overwhelming fatigue.
- Changes in eating habits; weight loss or gain.
- Neglecting your own physical and emotional needs.
- Feeling like caregiving is controlling your life.
- Anxiety about the future.
- Difficulty coping with everyday things.
- Headaches, stomachaches, and other physical problems.

Cleveland Clinic. (2021). *Caregiver burnout*. Retrieved from <https://my.clevelandclinic.org/health/diseases/9225-caregiver-burnout>

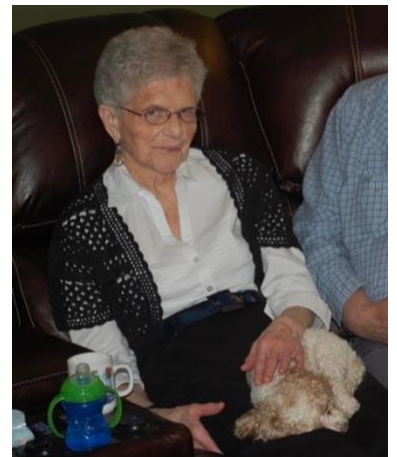


# Tips to Prevent Caregiver Burnout

Here are some steps you can take to help prevent caregiver burnout (Cleveland Clinic, 2021):

- Ask for help!
- Find someone you trust – friend, neighbor, or medical professional.
- Give yourself permission to take breaks.
- Take care of yourself. Eat healthy and get plenty of sleep and exercise.
- Know your limits and accept your feelings regarding caregiving.
- Develop new tools for coping.
- Recognize potential for caregiver burnout.
- Make a list of your daily activities and tasks.
- Be realistic about your loved one's disease or condition.
- Join local support groups.

Cleveland Clinic. (2021). *Caregiver burnout*. Retrieved from <https://my.clevelandclinic.org/health/diseases/9225-caregiver-burnout>



# Occupation-based Kit Ideas for Loved Ones

Just grab a container, throw in your supplies and they are ready to go!

## Gardening Kit:

- Fake or real flowers or plants
- Dirt and rocks (if desired)
- Pots or glasses
- Gloves (if desired)

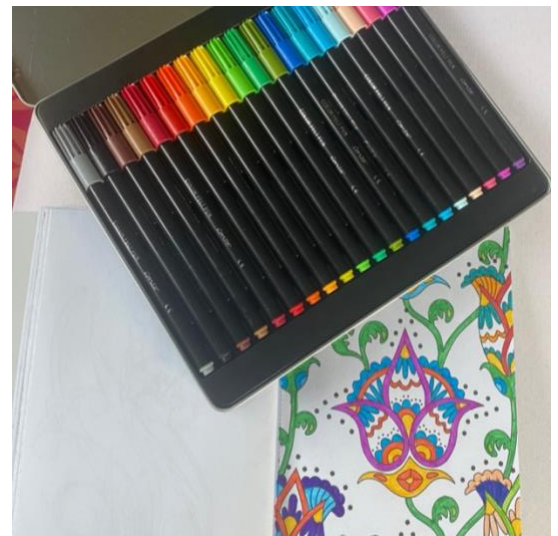


## Game Kit:

- Cards
- Puzzles
- Coloring
- Books

## Money Kit:

- Coins
- Dollars
- Jar to separate money into



## Child Care Kit

- Doll
- Doll clothing
- Brush
- Blanket
- Bottle

## Laundry Kit:

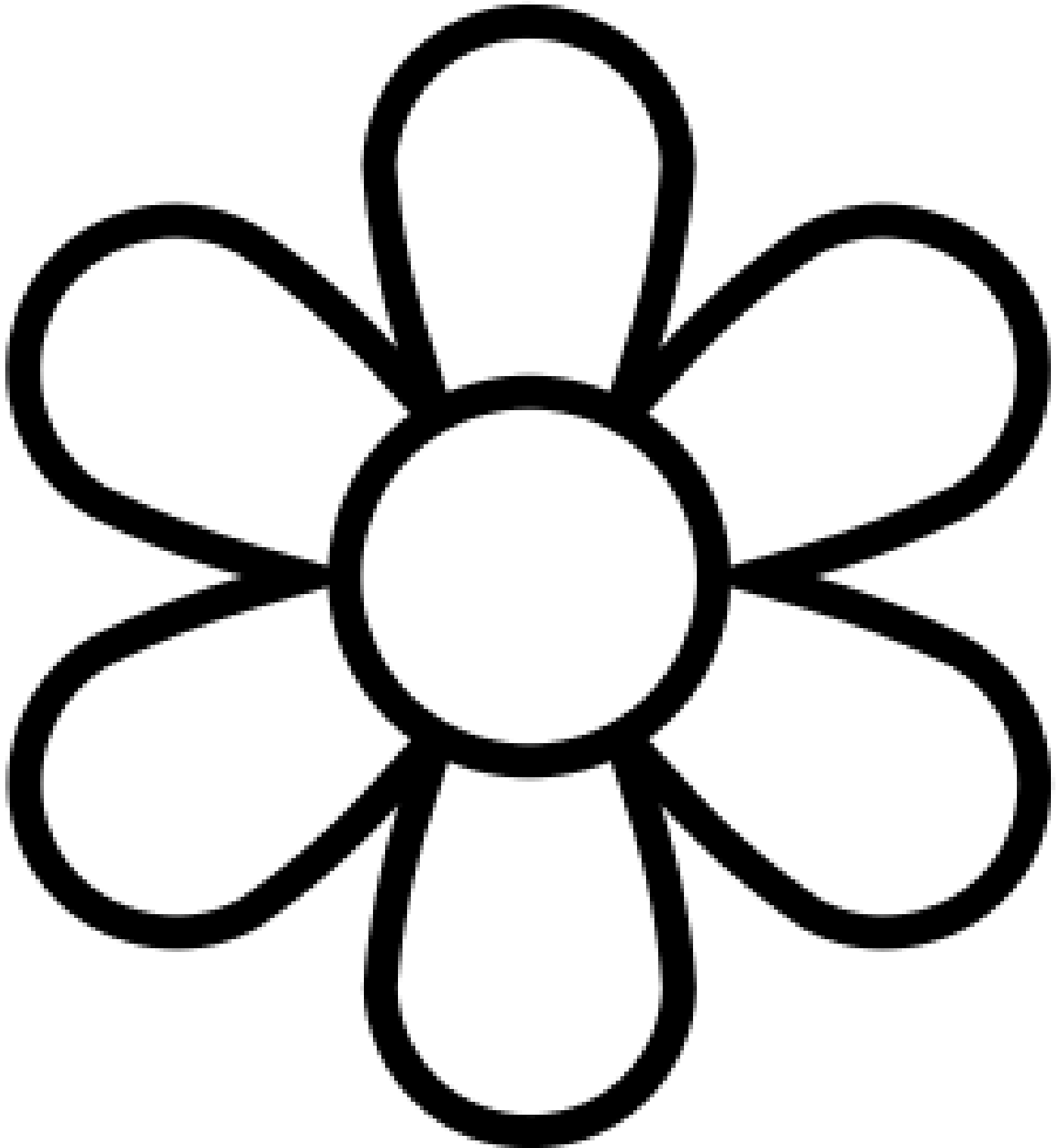
- Towels
- Wash clothes
- T-shirts
- Other clothing your loved one may like to fold



**Session Three**  
**Withstand the Weather of Your Day**

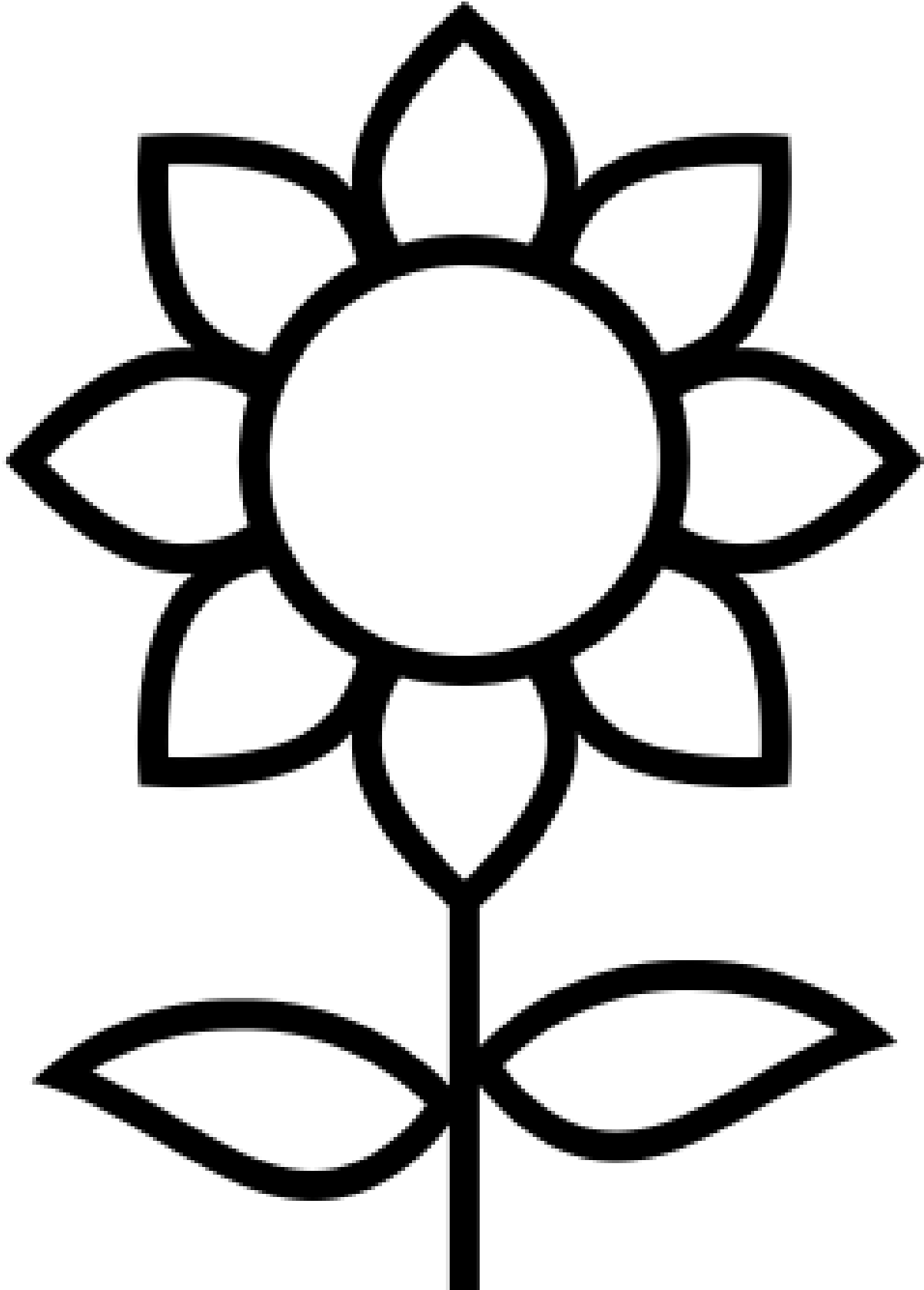
## My Coping Card

Directions: In the center of your flower, write or draw an event or task that you complete daily that causes you stress or overwhelms you. In the petals surrounding, write or draw different coping strategies that you can use. Please refer to the List of Possible Coping Strategies if you need help.



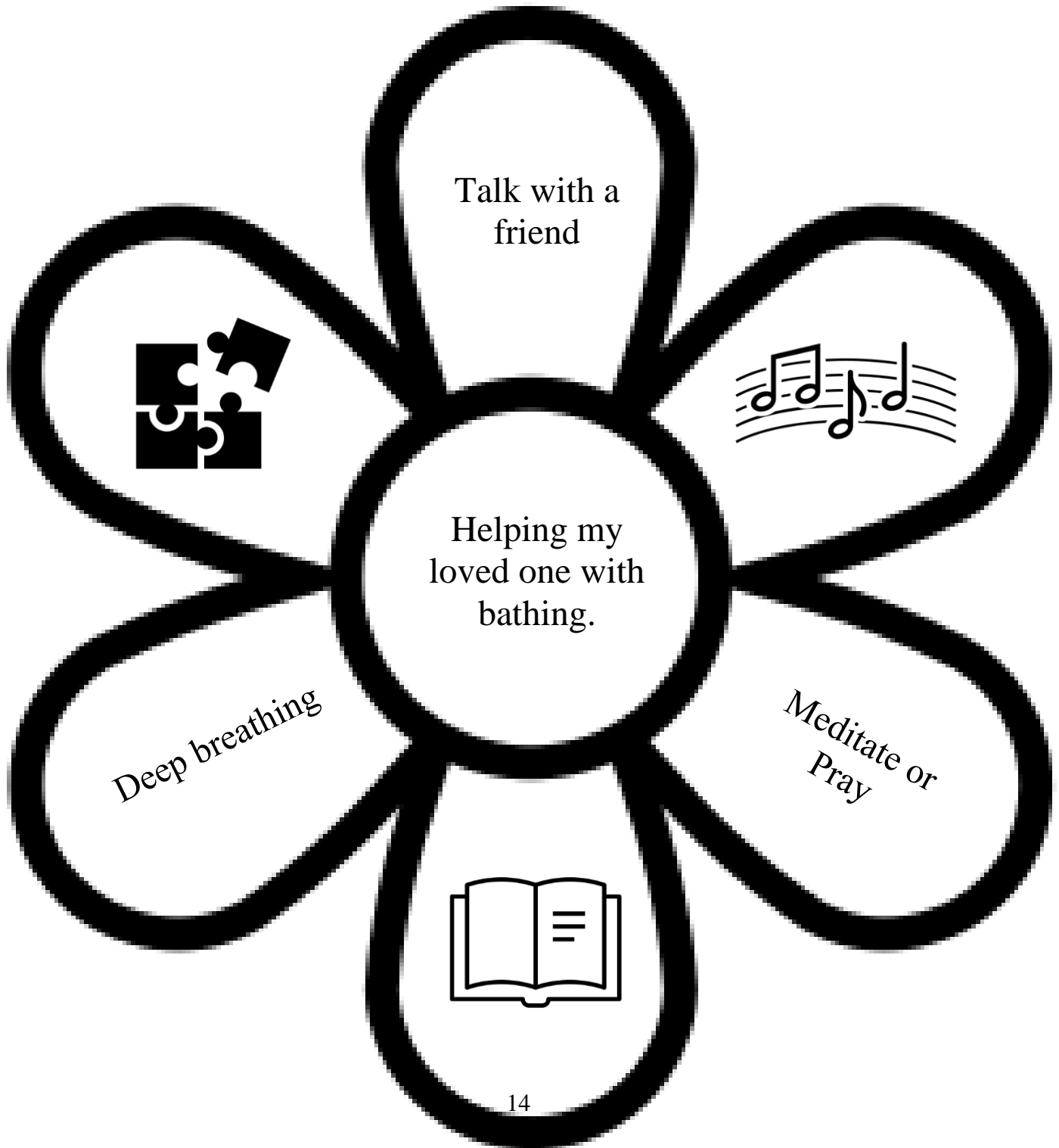
# My Coping Card

Directions: In the center of your flower, write or draw an event or task that you complete daily that causes you stress or overwhelms you. In the petals surrounding, write or draw different coping strategies that you can use. Please refer to the List of Possible Coping Strategies if you need help.



# Example: My Coping Card

Directions: In the center of your flower, write or draw an event or task that you complete daily that causes you stress or overwhelms you. In the petals surrounding, write or draw different coping strategies that you can use. Please refer to the List of Possible Coping Strategies if you need help.





# List of Possible Coping Strategies

Check off the ones you like or are willing to try!

- Deep Breathing
- Reading
- Meditating
- Praying
- Do a puzzle
- Listening to Music
- Go outside
- Go for a walk
- Talk with a friend
- Sew/knit
- Cook/bake
- Journal
- Make a list of positives
- Identify emotions and write them down
- Take a hot shower or bath
- Invite a friend over
- Paint or color
- Laugh
- Think of a favorite memory
- Light a candle
- Drink some tea
- Watch a movie
- Listen to the radio
- Pet an animal
- Visualization. Close your eyes and imagine yourself in a beautiful place.
- Look at old pictures
- \_\_\_\_\_
- \_\_\_\_\_

Session Four  
Finding Time for Yourself

# Health Benefits of Involvement in Leisure

Research suggests that serious engagement in leisure activities leads to happiness, life satisfaction, and successful aging among older adults (Kim, Yamada, Heo, & Han, 2014).

Various leisure activities can positively impact physical, mental, and emotional well-being. See various health benefits below:

<u>Physical Leisure Activities</u>	<u>Mental and Emotional Leisure Activities</u>
<ul style="list-style-type: none"> <li>• Reduced risk of disease and chronic illnesses</li> <li>• Symptom reduction of current disease or illness</li> <li>• Increased physical strength and endurance</li> <li>• Improved quality of sleep</li> <li>• Reduction of muscle pain</li> <li>• Improved posture and balance</li> </ul>	<ul style="list-style-type: none"> <li>• Individuals who actively express an attachment to certain activities have a strong desire to maintain their involvement</li> <li>• Create social and emotional connections with other participants who have similar interests</li> <li>• Sense of accomplishment (i.e., self-confidence, power, and control)</li> <li>• Enjoyment and positive feelings</li> <li>• Enhanced self-esteem and confidence</li> </ul>

Kim, J., Yamada, N., Heo, J., & Han, A. (2014). Health benefits of serious involvement in leisure activities among older Korean adults. *International journal of qualitative studies on health and well-being*, 9, 24616. doi:10.3402/qhw.v9.24616

# Leisure Activities for Older Adults

Kim, J., Yamada, N., Heo, J., & Han, A. (2014). Health benefits of serious involvement in leisure activities among older Korean adults. *International journal of qualitative studies on health and well-being*, 9, 24616.  
doi:10.3402/qhw.v9.24616

## 1. Creative Activities

- Painting
- Crafting
- Music
- Dancing



## 2. Reading

- Books
- Magazines
- Poetry



## 3. Physical Activities

- Walking
- Light yoga

## 4. Gardening

- Flower gardening
- Raised Garden Beds
- Indoor potted plants



## 5. Pet Therapy

- Cats
- Dogs
- Fish

## 6. Games and Puzzles

- Cards
- Jigsaw puzzle
- Sudoku



## 7. Spend Time Outdoors

Session Five  
Practicing Gratitude

# Benefits of Practicing Gratitude

Gratitude appears to be a powerful resource that when utilized can produce positive effects upon well-being. As a tool, letters of gratitude have produced positive outcomes related to important qualities of well-being including happiness, life-satisfaction, and minimizing depressive symptoms (Toepfer, Cichy, & Peters, 2012).



Improves  
Physical  
Health



Improves  
Sleep



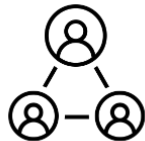
Improves  
Psychological  
Health



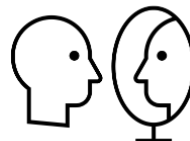
Increases  
Empathy



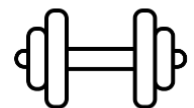
Reduces  
Aggression



More Social  
Connection



Enhances Self-  
Esteem



Improves  
Mental  
Strength

Toepfer, S.M., Cichy, K. & Peters, P. (2012) Letters of gratitude: Further evidence for author benefits. *J Happiness Stud* ,13, 187–201. doi:10.1007/s10902-011-9257-7







Session Six  
Life in a Rural Community:  
Identifying Social Supports

# My Social Supports

Name:	How to contact them:	How they support me:

# My Social Activity

After completing a social activity, please reflect and fill out the questions below.

What went well? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What went poorly? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If anything, what would you like to be different about your next social activity?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you feel **before** your social activity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you feel **during** the activity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you feel **after** the activity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



APPENDIX C  
INFORMATION AND PICTURE RELEASE FORMS

Information and Picture Release Form

I, Lyndsey Roemmich, grant permission to Michaela Gerving and the Occupational Therapy Department at the University of North Dakota School of Medicine and Health Sciences to use my information and pictures for educational, promotional, operational purposes, or other conditions that may arise. I understand that information and pictures may be published in scholarly work through Scholarly Commons, a repository service of the University of North Dakota libraries, which may be accessed around the world.

Signature: Lyndsey Roemmich

Date: 3/18/22

Information and Picture Release Form

I, Mason Gerving, grant permission to Michaela Gerving and the Occupational Therapy Department at the University of North Dakota School of Medicine and Health Sciences to use my information and pictures for educational, promotional, operational purposes, or other conditions that may arise. I understand that information and pictures may be published in scholarly work through Scholarly Commons, a repository service of the University of North Dakota libraries, which may be accessed around the world.

Signature: 

Date: 3-18-22

Information and Picture Release Form

I, Mike J Gerving grant permission to Michaela Gerving and the Occupational Therapy Department at the University of North Dakota School of Medicine and Health Sciences to use my information and pictures for educational, promotional, operational purposes, or other conditions that may arise. I understand that information and pictures may be published in scholarly work through Scholarly Commons, a repository service of the University of North Dakota libraries, which may be accessed around the world.

Signature: Mike J Gerving

Date: 3-21-22



Information and Picture Release Form

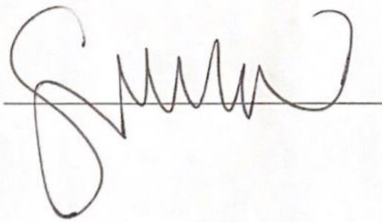
I, McKenzie Gerving, grant permission to Michaela Gerving and the Occupational Therapy Department at the University of North Dakota School of Medicine and Health Sciences to use my information and pictures for educational, promotional, operational purposes, or other conditions that may arise. I understand that information and pictures may be published in scholarly work through Scholarly Commons, a repository service of the University of North Dakota libraries, which may be accessed around the world.

Signature: McKenzie Gerving

Date: 3-21-22

Information and Picture Release Form

I, Carrin Gerving grant permission to Michaela Gerving and the Occupational Therapy Department at the University of North Dakota School of Medicine and Health Sciences to use my information and pictures for educational, promotional, operational purposes, or other conditions that may arise. I understand that information and pictures may be published in scholarly work through Scholarly Commons, a repository service of the University of North Dakota libraries, which may be accessed around the world.

Signature: 

Date: 3-21-22

Information and Picture Release Form

I, Sandra Gerving, grant permission to Michaela Gerving and the Occupational Therapy Department at the University of North Dakota School of Medicine and Health Sciences to use my information and pictures for educational, promotional, operational purposes, or other conditions that may arise. I understand that information and pictures may be published in scholarly work through Scholarly Commons, a repository service of the University of North Dakota libraries, which may be accessed around the world.

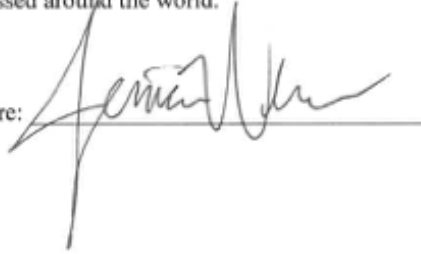
Signature: Sandra Gerving

Date: 3-27-22

Information and Implementation Release Form

I, Jessica Werner, grant permission to Michaela Gerving and the Occupational Therapy Department at the University of North Dakota School of Medicine and Health Sciences to use my information for educational, promotional, operational purposes, or other conditions that may arise. I understand that information may be published in scholarly work through Scholarly Commons, a repository service of the University of North Dakota libraries, which may be accessed around the world.

Signature:

A handwritten signature in black ink, appearing to read 'Jessica Werner', written over a horizontal line.

Date: 03/29/2022

APPENDIX D  
IMPLEMENTATION PLAN

## **Goal and Objectives**

### **Goal**

The goal of this program, *Care for the Caregiver: A Rural Perspective*, is to support wellness among informal caregivers through engagement in occupation-based group sessions that support health management in their natural environments. The use of telehealth helps the caregivers overcome rural barriers, such as lack of access to healthcare and supportive resources.

### **Objectives**

- Informal caregivers will address their own wellness needs by implementing three health management strategies for themselves on a consistent basis.
- Informal caregivers will verbalize two to three coping strategies from the session/product to assist with stress management.
- Informal caregivers will create one leisure activity for themselves and their loved one to complete together or independently.
- Informal caregivers will identify one person they are able to utilize as a resource in their rural community (e.g., friend, church group, medical professional).

### **Process of Implementation**

Prior to use and implementation of *Care for the Caregiver: A Rural Perspective*, instructors are recommended to become comfortable with the materials provided and discussing the topics throughout the program. Occupational therapy practitioners or interprofessional staff who will complete implementation should also be familiarized with additional resources or interprofessional team members in the community to provide support. Materials needed to implement the program are as follows:

- Instructor guide – one per instructor

- Participant education materials – one printed copy per participant prior to implementation
- Writing utensil
- Pen/pencil

The process of implementation will begin with informal caregivers residing in a rural community, who experience decreased health management. This program is intended to be led by an occupational therapy professional or other member of the interprofessional team with knowledge of the topics and the community. This program is to be implemented across a six-month span, with one session the first Wednesday of every month. Six sessions were created due to needs identified throughout the literature. However, the occupational therapy practitioner and other interprofessional team members should consider the community and informal caregivers’ interests and needs to create future sessions. Finally, the value of the interprofessional team should be empathized, who use their expertise in the field to further create sessions by implementing the theoretical framework and session outline provided in the Instructor Guide. The session outline is identified in Table 1 below and is presented according to occupations addressed and activities completed.

Table 1  
*Caring for the Caregiver Session Outline*

<b>Session</b>	<b>Title</b>	<b>Occupation Addressed</b>	<b>Activity</b>
1	Balancing Your Wellness	Health management	Balancing Your Wellness Wheel
2	Nip ‘Caregiver Burnout’ in the Bud	Education; health management	Occupation-Based Kits for your Loved One
3	Withstand the Weather of Your Day	Education; health management	Coping Card Creation
4	Finding Time for Yourself	Leisure exploration/participation	Leisure Occupation-Based Kits

5	Practicing Gratitude	Education; health management	Gratitude Letter
6	Life in a Rural Community: Identifying Social Supports	Social participation	My Social Supports

## **Assessment Plan**

### **Plan for Managing Adversity**

The objectives of *Care for the Caregiver: A Rural Perspective* will be met if there is an increase in informal caregiver wellness. If there is an increase of participant involvement, this information implies the needs are being met.

### **Data Collection**

The program, *Care for the Caregiver: A Rural Perspective*, will be completed by informal caregivers with use of participant education materials at their own choosing. The data regarding their overall feelings of increased wellness could be collected through short surveys.

### **Data Reporting**

The reporting measures toward meeting the objectives that were established regarding *Care for the Caregiver: A Rural Perspective*, are available. The most beneficial way for data to be collected is to have the participants complete a short survey prior to the program, and 2 weeks after the final session. The data gathered from the potential survey could be documented by occupational therapy practitioner or interprofessional team. This could be used to identify additional areas of wellness to be targeted, or supplement with additional resources.

### **Data Analysis**

Data collection will be analyzed through descriptive statistics, including frequency, measures of central tendencies, and average responses. If overall wellness of informal caregivers



does not increase, changes to the program can be implemented under the discretion of the occupational therapy practitioner and interprofessional team.

### **Reviewing Process**

Data will be gathered and reviewed yearly, or after completion of the program. Based on the data reviewed, the interprofessional team will have to make needed changes to *Care for the Caregiver: A Rural Perspective* to meet the identified needs of informal caregivers residing in a rural community.

### **Sustainability**

The ongoing plan to sustain the program will include economic, environmental, and equity components. Economically, *Care for the Caregiver: A Rural Perspective* requires reasonable funding to maintain. The largest cost associated with the program includes an occupational therapy practitioner which is necessary to ensure proper implementation of the program. This cost would only be considered if the facility currently did not have an occupational therapy practitioner to implement the program. The additional costs associated include paper, staples, ink, and any technology needed for utilization of the telehealth platform.

When assessing the environmental aspect of the program, the occupational therapy practitioner and other allied health professionals will take on the responsibility of the continued education of the program. This will include creating or implementing any other necessary sessions for the participants. This will also include the ability to have and maintain access to a telehealth platform to delivery of the program.

The participant education materials offer the same opportunity for everyone regarding the information. The information was written at a grade school reading level, with user-friendly instructions, pictures, and diagrams to ensure accessibility for all. The information also followed

the teaching and learning theory, Geragogy, which ensured topics were of interest to the informal caregivers.

Challenges and barriers that may impact the sustainability and feasibility of the program would include inadequate funding sources, availability of instructors for session implementation, client willingness to engage in sessions, and staff member takeover on the sustainability of the product. Supports to the products sustainability and feasibility include enthusiasm of instructors implementing the program, ease of use of the instructor guide and participant education materials, understandability, and applicability of the program, the program is rooted in evidence-based literature, and the program is geared toward this population.

### **Summary**

*Care for the Caregiver: A Rural Perspective* was created fill the gap that exists in informal caregivers and the lack of access to healthcare. The product of this scholarly project is an interprofessional (IP) telehealth wellness program for informal caregivers residing in a rural community. The emphasis is placed on health management and how rural access to healthcare can affect quality of life and the tasks related to caregiving. The use of this program via telehealth and supplemental material helps the caregivers overcome rural barriers, such as lack of access to healthcare and supportive resources.