

From: Wolf, Anne <awolf@aging.sc.gov>

To: Kester, Tony <kester@aging.sc.gov>

Ford, Elizabeth <meford@aging.sc.gov>

Date: 10/28/2014 3:43:31 PM

Subject: FW: RCI REACH training in South Carolina

Attachments: [Family Caregivers recommendations Executive Summary 10-2-2014.docx](#)

Please see the info below provided by Cheryl Dye. This looks like a great opportunity to enhance knowledge and skills in association with the Alzheimer's respite vouchers.

From: Cheryl J Dye [<mailto:TCHERYL@clemson.edu>]

Sent: Tuesday, October 28, 2014 11:19 AM

To: Wolf, Anne; Rivers, Denise

Cc: Deb Lewis

Subject: RCI REACH training in South Carolina

Anne and Denise,

I need your advice on how to facilitate a discussion about possibly bringing a dementia caregiver training (RCI REACH) to SC. We have an opportunity for a free training for representatives from all the AAA/ADRCs. The training would only be the first step, of course, as we would then need to figure out how to bring the program to the caregivers.

I am in a group with Macie Smith at the USC Office on Aging which is working on updating Dementia Dialogues. I mentioned the training in our last conference call, and below is my response to Macie's inquiry about the training.

Would you advise me to e-mail Tony Kester to get his thoughts, or is there a more appropriate avenue to take at this time?

Thanks!

Cheryl

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From: Cheryl J Dye

Sent: Tuesday, October 28, 2014 10:24 AM

To: 'SMITH, MACIE'

Cc: Gayle Alston; 'Deb Lewis'

Subject: RCI REACH training

Hi, Macie,

Yes, the training in RCI REACH was very good. This caregiver intervention program is based upon clinical trials, REACH I and REACH II funded by NIH, and has been designated as a best practice. A representative of the AoA was in my training group as well as two people from Korea and others from across the country. I have been researching dementia caregiver programs for several months and believe RCI REACH is the best choice for reducing perceived caregiver burden and delaying decision to institutionalize the care recipient. Here is a video of a caregiver describing her experience with the program: <https://www.youtube.com/watch?v=bPNB3TkVB5c>. I have attached a report I have been developing as part of the SC Institute for Medicine and Public Health LTC Taskforce recommendations to the Governor. As you will see in this report, I have investigated family caregiving for all groups, and have made some recommendations that include the RCI REACH program. I would love for you to review the report and provide any comments or edits as you see fit. *It would also be wonderful to include you as a stakeholder in my list at the end of the report – thanks!*

We have a unique opportunity to bring RCI REACH to our state. Gayle Alston, the trainer for RCI REACH who I have copied, has grant funding to expand RCI REACH to other states. Most of the states for expansion have already been identified, but after meeting Deb Lewis and I in the training and discussing with us the need in SC for more caregiver support, she has agreed to add South Carolina to the group. They are interested in including one representative from each AAA/ADRC in the training, so that administrators would understand the program as well as those trained to deliver it. Usually an on-site training is \$5000 for 10 people, so this is a great opportunity for us. However, we would need to make plans for how to follow-up after the initial training so we can bring the program to the caregivers.

RCI REACH is for caregivers at highest risk of burn-out. I believe we have a good program with Dementia Dialogues for general information about dementia and the role of the caregiver, and that RCI REACH would be appropriate for caregivers with highest need – the assessment included with the program identifies those who would most benefit. The intervention includes 6 to 9 home visits and 3 to 5 phone calls depending upon the needs of the caregiver. There is an interventionist manual and caregiver notebook to assure program fidelity.

From my discussions with several representatives from AAA/ADRCs I don't believe our current Family Caregiver Advocates would be able to serve the needs of all high-need caregivers in their region with this program, so we would need to be creative in thinking how we could extend their reach into the community.

Perhaps we could obtain funding through Title V, or from the Alzheimer's Association, AARP, or Johnson & Johnson which has a grant mechanism, "Enabling Caring Communities". J&J has provided considerable funding to the RCI for their caregiver programs.

If we had the funds, we could hire part-time people to work under the supervision of the Family Caregiver Advocates. We may even be able to train community volunteers as I have done with my Health coach programs in Oconee County. Another possible network of volunteers include the Parish Nurse Network and Senior Corp, we may also be able to use Timebanking as a way to motivate community volunteers.

I need your help, Macie, with determining next steps for exploring the possibility of bring RCI REACH to South Carolina. Perhaps you could discuss with Brenda and give me some advice?

Best,
Cheryl

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From: SMITH, MACIE [<mailto:SMITHMP6@mailbox.sc.edu>]
Sent: Tuesday, October 28, 2014 9:32 AM
To: Cheryl J Dye
Subject: RE: Brain Exercise Training

Thank you for the packet, Cheryl! I am looking forward to reviewing this information. I am also excited to hear about your visit to Georgia to the Rosalynn Institute for Caregiver.

Macie P. Smith, Ed.D.

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From: Cheryl J Dye [<mailto:TCHERYL@clemson.edu>]
Sent: Tuesday, October 28, 2014 9:22 AM
To: SMITH, MACIE
Subject: RE: Brain Exercise Training

Hi, Macie,

Thanks for your interest! I have two projects that may be of interest. One project is the use of drawing/painting, music, aromas and board games with care recipients with dementia while their caregivers receive skills training in stress management including Tai Chi. We use a biofeedback device called an emWave2 to measure the balance of the sympathetic and parasympathetic nervous system which is an indicator of relaxation. The caregivers seem to like the use of this technology to get immediate feedback about their ability to manage the effects of stress on their body.

We have been doing this project through a collaboration with Greenville Health System with six sessions last spring and four sessions this fall semester. This spring, we will offer activities in six sessions at a church in Seneca. I have attached the packet of information I provide to the caregivers about project activities and a flyer describing the four sessions. Here is a link to a YouTube video we created about the project last spring. As you will see, caregivers and care recipients are together for some of the activities which promote social engagement along with cognitive stimulation. Be sure to watch the lady with dementia singing at the very end of the video. <http://www.youtube.com/watch?v=77ag9cRg5Ps>. We have recently submitted for funding to be able to continue and expand this project.

I am also interested in helping those without a diagnosis of dementia to do what they can to maintain and promote

brain health. At this point, I am doing presentations to community groups - I have attached the PPT I use. I plan to more fully develop the concept into a "brain fitness" camp where people attend 2 sessions a week for about 4 weeks and will pilot test the concept when I find a suitable funding source.

I would love to have any advice or suggestions you can offer as to how to move forward with these projects!

Best,
Cheryl

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From: SMITH, MACIE [<mailto:SMITHMP6@mailbox.sc.edu>]
Sent: Tuesday, October 28, 2014 8:05 AM
To: Cheryl J Dye
Subject: Brain Exercise Training

Good morning Dr. Dye,

I am on the Dementia Dialogues "revamp" committee and I heard you speak about a brain exercise training that you are doing. Can you give me a bit more information about this training (where, time, content)? I might be interested in participating, if time allows.

Thank you so much. Enjoy your trip!

Macie P. Smith, Ed.D.

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