

**GEORGIA DIVISION OF AGING SERVICES
ALZHEIMER'S DISEASE AND SUPPORT SERVICES PROGRAM**

SUMMARY OF KEY FINDINGS & LESSONS LEARNED

INTEGRATING the TCARE® PROTOCOLS into the NURSING HOME DIVERSION INITIATIVE

March 31, 2011

James Bulot, PhD, Director

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GEORGIA DIVISION OF AGING SERVICES

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I PROJECT BACKGROUND

Funding for the Georgia Studies

Georgia received two Alzheimer's Disease Supportive Services Program (ADSSP) grants, covering July 1, 2007 to December 31, 2008 and January 1, 2009 to March 31, 2010. Initial funds were awarded by the Administration on Aging to implement and evaluate the impact of the Tailored Caregiver Assessment and Referral® (TCARE®) protocol. In January 2009, the scope of the project was expanded to integrate the Tailored Caregiver Assessment and Referral® (TCARE®) protocol into the State of Georgia's Nursing Home Diversion project and improve the state's long-term care options for persons with Alzheimer's disease and their caregivers. With AoA's award of the second ADSSP TCARE grant, the Georgia TCARE project became a longitudinal study.

Purpose of this Report

The purpose of this report is to provide key findings and lessons learned by the Georgia Division of Aging Services during the planning and implementation of the TCARE caregiver assessment project.

What is TCARE®?

The Tailored Caregiver Assessment and Referral® protocol is a protocol designed to enable care managers to more effectively support family caregivers by efficiently targeting services to their needs and strengths. The protocol is built upon knowledge and insights gained from past research focused on caregivers and caregiver interventions and is grounded in the *Caregiver Identity Theory* articulated by Rhonda J.V. Montgomery and Karl Kosloski¹. The TCARE® protocol, developed at the University of Wisconsin at Madison, guides care managers through an assessment and care planning process that helps them examine the care context and identify the sources and types of stress that a caregiver is experiencing. Because the protocol is designed to assist with targeting appropriate services, it is believed that the services recommended for use by caregivers will be more appropriately tailored to their needs and strengths and that caregivers served will be more apt to use these services. Consequently, the TCARE® protocol is expected to translate into positive outcomes for caregivers, and likely more effective use of resources.

¹ Montgomery, R.J.V., & Dosloski, K. (2007). Family Caregiving. In J.A. Blackburn & C.N. Dulmus (Eds.), *Handbook of gerontology: Evidence-based approaches to theory, practice, and policy* (pp. 426-454); John Wiley & Sons.

Goals of the Georgia ADSSP Project

The major objectives of the project were to:

1. Extend the length the initial TCARE® demonstration project to obtain longitudinal data regarding the impact of TCARE® on caregiver and care manager outcomes.
2. Link the TCARE® protocol service taxonomy with the State of Georgia's Enhanced Service Program (ESP), an electronic resource database used by care managers.
3. Test the web-based version of the TCARE® protocol, TCARE®e.
4. Expand the number of care managers trained to use TCARE® in the State of Georgia.

Study Design

A longitudinal randomized trial was conducted to assess the impact of TCARE® on caregiver identity discrepancy², burden, depression, uplifts service use, and the caregivers' intention to the place the care receiver in an alternate care setting. The evaluation also assessed care managers' satisfaction with their jobs and job burnout. The study was conducted in regions served by the following three agencies: (1) Atlanta Regional Commission (ARC) AAA; (2) Coastal Georgia AAA; (3) and Southeast Georgia AAA. Services were provided by these agencies and their contractors.

Study participants included 12 care managers employed by the three participating agencies and 97 caregivers served by the agencies. Care managers assigned to the TCARE® group participated in an intensive training process to learn and practice the TCARE® protocol. A process evaluation was conducted to document and maintain the fidelity of implementation of the TCARE® process by care managers. Care managers in the control group continued to use normal or customary practices.

A uniform screening process was used to identify caregivers eligible for participation. Caregivers scoring medium or high on one or more measures of caregiver stress or depression were invited to participate and randomly assigned to the TCARE® or control group. Data for each caregiver were collected at the time of enrollment and at three month-intervals for up to a one-year period. Descriptive analyses were conducted to provide profiles of characteristics of

² Identity Discrepancy-psychological state that accrues when there is a disparity between the care activities in which a caregiver is engaging and his/her identity standard. An example of identity discrepancy which demonstrates that it is not the task, but how you feel about the task that is causing the discrepancy would be a son providing personal care for his mother.

caregivers and care managers. The effects of the TCARE® protocol were tested by using random effects regression growth curve analysis and random intercept regression analysis using the SAS Proc Mixed procedure.

II KEY FINDINGS FROM THE STUDY

Characteristics of Caregivers Contacting AAAs for Support Services

- The majority of caregivers who contacted the participating agencies were highly stressed while they were strongly committed to their caregiving roles.
- Over 80 percent of caregivers expressed a desire to keep their relatives out of an institution or long-term care setting while the majority of these caregivers exhibited high levels of caregiving related stress and depressive symptoms.

Fidelity of Implementation of TCARE® Protocol

- Findings from the process evaluation provided evidence that the TCARE® training process adequately prepared care managers to consistently and accurately implement the TCARE® protocol and maintain fidelity with the protocol over time.

Differences Between Groups in Care Plans Developed by Care Managers

- More than 80% of the care plans for caregivers in both the TCARE® group and the control group included some type of in-home service and almost 90% of caregivers for whom these services were recommended used the service. In contrast, there were significant differences between the groups' care plans with regard to the inclusion of support services that address the emotional strains, stress, and depression associated with caregiving. Care plans for caregivers in the TCARE® group included a wider range of service types and were more apt to include services that would address the psychosocial and physical needs of the caregiver.
- The four categories of services that were most frequently included on these care plans for the TCARE® group were medical and/or behavioral health services, support groups, counseling or socio-psychological education, and caregiver education focused on skills and/or information. Two of the service categories, medical and/or behavioral health services, and support groups, were included *only* on care plans for caregivers in the TCARE® group.

Service Use by Caregivers

- Only seven types of services were used by more than five caregivers across the groups regardless of recommendation by care managers. In order of frequency of use, these types of services included in-home services, medical/behavioral health services, counseling or social psychological education, support groups, caregiver education focused on skills and/or information, adult day services, and assistive technologies.
- With the exception of in-home services, a larger portion of the caregivers in the TCARE® group reported using each of these services.
- The importance of inclusion of these services on care plans and the care consultation process illustrated by fact that, in the absence of any recommendation for medical/behavioral health services or support groups, *no one* in the control group used medical or behavioral health services and *only three* individuals attended a support group.

Outcomes for Caregivers

- Findings from the evaluation provide solid evidence that using the TCARE® protocol to serve family caregivers leads to *lower levels of identity discrepancy, stress burden³, and depression*. Results from the data analysis affirmed statistically significant differences between the two groups for measures of all three of these outcomes.
- The data also revealed similar trends for intention to place⁴ and uplifts⁵, although not statistically significant. Caregivers in the TCARE® group were experiencing a decrease in their desire to place the care receivers in an institutional setting and increase in uplifts over time while caregivers in the control group experienced the opposite. The differences in these scores, however, only approached statistical significance in part due to the small sample size. It is noteworthy that differences between the groups in intention to place and relationship burden were statistically significant (i.e., caregivers in the TCARE® group had significantly lower scores than those in the control group) in a parallel multi-site study that included a sample of 266 caregivers.

³ Stress burden-stress due to aspects of life, measured by tension, nervousness, and anxiety.

⁴ Intention to place-a question on the TCARE screen asks “given your relative’s (spouse/partner/parent) current condition, would you consider placing him/her in a different type of care setting, such as a nursing home or another care facility for long term care placement?”

⁵ Uplifts-positive psychological outcomes associated with caregiving.

Care Manager Satisfaction

- Although the small sample size did not allow for statistical analyses of the data pertaining to job satisfaction of care managers, the descriptive findings indicate higher levels of overall job satisfaction, more satisfaction with job demands, lower levels of burnout, and higher levels of satisfaction with administrative challenges for care managers using the TCARE® protocol. These findings echo the general positive view of the protocol that has been expressed anecdotally by care managers.

Integration into Nursing Home Diversion Initiatives

- A finding from Georgia aging program administrators and participating grant partners was that enrolling families with care receivers in NHD/CL and caregivers in TCARE® ensures comprehensive interventions which maximizes the independence of the families, thus supporting caregiver's ability to continue providing care at home and delaying nursing home placement. This finding is supported from the Georgia study in which caregivers in the g TCARE® group were experiencing a decrease in their desire to place the care receives in and institutional setting and experienced an increase in uplifts (positive aspects of caregiving) over time (*see TCARE® Executive Summary in Appendices*).

III LESSONS LEARNED

Implementation

- Educate AAAs on the benefits TCARE® of caregiver assessment before introducing them to protocols.
- Establish a TCARE® Work Team with representation from each AAA, so that there will be a point person for disseminating infor TCARE®mation to appropriate AAA administrative, ADRC, and care management staff.
- Provide regular written communication to the AAA network regarding implementation development and plans.
- Allow AAAs to phase TCARE® in gradually as they have funding TCARE® and as their staff become more familiar with. For example, a AAA could begin by using with

existing programs where the caregiver is the client, such as Title IIIE funded services. Then, in a subsequent year, TCARE® can be added at the ADRC level (using screens) TCARE® after care managers are already proficient in TCARE®.

Integration with Nursing Home Diversion/Community Living Initiatives

- Provide a webinar regarding use of your state's NHD targeting criteria for those persons conducting TCARE® screens on caregivers. A brief powerpoint format where staff can follow along, and print the slides works well. In most instances, ADRC/intake staff will conduct the screenings for both programs.

Developing your own TCARE® Master Trainers

- Develop your own teams of TCARE® Master Trainers (MTs), recruiting trainers from the same geographic regions that will be able to teach TCARE® to care managers. Having your own teams of trainers will save your state money since it is costly to continue to bring Master Trainers in from Wisconsin. This will also enhance your ability to provide more trainings if Master Trainers either reside in the same area, and/or can travel together to other areas to teach.
- Though requires TCARE® two Master Trainers, utilize teams of three trainers, since this will mean that each trainer will have less material to prepare. This is especially important since MTs, in most instances, already have full-time jobs.
- Provide an honorarium to each MT and pay their travel expenses to trainings. Teaching is involved and time-consuming, and you want to do everything you can to let MTs and their employer organizations know that you value what they are doing.
- Have your MTs convene a day before each 2 ½ day training session, to ensure that each trainer is clear on what they are to teach, work out logistics of the room, etc. This will lower the stress level of the trainers and will enhance the possibility of things running more smoothly during the actual training of care managers.
- Recruit and train teams of MTs in different parts of the state to enhance your ability to provide training and expand the programs scope.

Care Manager Training

- Define the term “care manager”. For most states, this will mean those persons who will use the full TCARE® assessment and protocols and who arranges for services for those being served.
- Communicate clearly to AAA administrators that the 2 ½ day training and subsequent care manager webinars leading to certification are for care managers using the TCARE® full assessment and protocols and the TCARE screen. Let them know there will be a separate webinar training for ADRC/intake staff on use of the TCARE® screen.
- Limit the number of trainees to 16 to ensure that MTs will be able to provide one-on-one attention and that work groups are small enough for everyone to be able to participate.
- Prepare to order lunches in during the first two days of the TCARE® care manager training. The agenda is quite full, and there is just not time for participants to go out for lunch, and adequately cover the material each day.
- Notify attendees of the 2 ½ day training before they arrive that lunch will be ordered in on the first two days. Instruct them to bring funds for lunch. Be prepared to provide receipts to the attendees for their lunches.
- Stress to attendees that they must be on time for the training each day, and that they cannot plan to leave any training sessions early, and that to do so could jeopardize their ability to become certified in TCARE® (*see TCARE® Training Brochure in Appendices*).

Follow-up Webinars for Care Managers

- Have the dates for the two follow-up webinars set and announce them at the time of the initial 2 ½ day training session.
- Schedule the follow-up webinars at least 4-5 weeks apart to ensure adequate time for both trainees to provide homework, and time for MTs to review homework assignments prior to the next webinar.
- Anticipate that everyone who goes through the initial 2 ½ day training may not be able to attend the scheduled follow-up webinars. At least one MT will need to then schedule a make-up webinar for that trainee.

Webinars for ADRC/Intake staff

- Clearly communicate that this webinar is for intake staff completing the TCARE® screen, not for care managers who will be conducting the full assessment and protocols. This is to ensure that you get the right person to the right training.

IT Development

Determine whether your state will purchase TCARE® in its entirety and build into the state's IT system, or whether your state will purchase specific components only. UWM allows states the flexibility to build the TCARE® screen and assessment tool into their own systems, if desired.

To begin these deliberations, go to the TCARE® website at the University of Wisconsin:

<http://www4.uwm.edu/tcare/>

Policy Review

- Review and revise as needed your state's policies, especially in regard to assessment and re-assessment. At a minimum, the policies likely to need modification include client assessment, case management, in-home respite, and out-of-home respite.

Crosswalk

If your state has a state-wide data base of services, it will be useful to develop a crosswalk between the data base categories and the TCARE® Guide for Selecting Services. This will enhance the ability of care managers to more easily identify the services recommended by TCARE® with what is available within the region where the caregiver resides.

IV APPENDICES

- TCARE® Executive Summary-Improving Options for Persons with Alzheimer's Disease and their Caregivers in the state of Georgia
- TCARE® Training Brochure

**Improving Options for Persons with
Alzheimer's Disease and Their Caregivers
in the State of Georgia**

Executive Summary

Tailored Caregiver Assessment and Referral® Project

July 1, 2007 – March 31, 2010

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Executive Summary

INTRODUCTION

This report covers the project activities and findings related to the Georgia Alzheimer's Disease Supportive Services Program, a demonstration project funded by two grants from the Administration on Aging. The report covers grant periods from July 1, 2007 to December 31, 2008 and January 1, 2009 to March 31, 2010. Initial funds were awarded by the AOA to implement and evaluate the impact of the Tailored Caregiver Assessment and Referral®(TCARE®) protocol. In January 2009, the scope of the project was expanded to integrate the Tailored Caregiver Assessment and Referral® (TCARE®) protocol into the State of Georgia's Nursing Home Diversion project and improve the state's long-term care options for persons with Alzheimer's disease and their caregivers.

GOALS

The major objectives of the project were to:

1. Extend the length the initial TCARE® demonstration project to obtain longitudinal data regarding the impact of TCARE® on caregiver and care manager outcomes.
2. Link the TCARE® protocol service taxonomy with the State of Georgia's Enhanced Service Program (ESP), an electronic resource database used by care managers.
3. Test the web-based version of the TCARE® protocol, TCARE®e.
4. Expand the number of care managers trained to use TCARE® in the State of Georgia.

BACKGROUND

TCARE® Protocol Description

The Tailored Caregiver Assessment and Referral® protocol is a manualized protocol designed to enable care managers to more effectively support family caregivers by efficiently targeting services to their needs and strengths. The protocol is built upon knowledge and insights gained from past research focused on caregivers and caregiver interventions and is grounded in the *Caregiver Identity Theory* articulated by Rhonda J.V. Montgomery and Karl Kosloski¹ (R.J.V.Montgomery, Rowe, & Kosloski, 2007).

The TCARE® protocol guides care managers through an assessment and care planning process that helps them examine the care context and identify the sources and types of stress that a caregiver is experiencing. Because the protocol is designed to assist with targeting appropriate services, it is believed that the services recommended for use by

caregivers will be more more appropriately tailored to their needs and strengths and that caregivers served will be more apt to use these services. Consequently, the TCARE® protocol is expected to translate into positive outcomes for caregivers, and likely more effective use of resources.

1. Montgomery, R. J. V., Rowe, J. M., & Kosloski, K. (2007). Family caregiving. In J. A. Blackburn & C. N. Dulmus (Eds.), *Handbook of gerontology: Evidencebased approaches to theory, practice, and policy* (pp. 426-454): John Wiley & Sons

STUDY DESIGN

A longitudinal randomized trial was conducted to assess the impact of TCARE® on caregiver identity discrepancy, burden, depression, uplifts service use, and the caregivers'

intention to the place the care receiver in an alternate care setting. The evaluation also assessed care managers' satisfaction with their jobs and job burnout. The study was conducted in regions served by the following four agencies: (1) Atlanta Regional Commission (ARC) AAA; (2) Coastal Georgia AAA; (3,4) The Alzheimer's Association, Georgia Chapter, in collaboration with Southeast Georgia AAA. Services were provided by these agencies and their contractors.

Study participants included 12 care managers employed by the three participating agencies and 97 caregivers served by the agencies. Care managers assigned to the TCARE® group participated in an intensive training process to learn and practice the TCARE® protocol. A process evaluation was conducted to document and maintain the fidelity of implementation of the TCARE® process by care managers. Care managers in the control group continued to use normal or customary practices.

A uniform screening process was used to identify caregivers eligible for participation. Caregivers scoring medium or high on one or more measures of caregiver stress or depression were invited to participate and

randomly assigned to the TCARE® or control group. Data for each caregiver were collected at the time of enrollment and at three month-intervals for up to a one-year period.

Descriptive analyses were conducted to provide profiles of characteristics of caregivers and care managers. The effects of the TCARE® protocol were tested by using random effects regression growth curve analysis and random intercept regression analysis using the SAS Proc Mixed procedure.

STUDY RESULTS

Characteristics of Caregivers Contacting AAAs for Support Services

The majority of caregivers who contact the participating agencies were highly stressed while they were strongly committed to their caregiving roles. Over 80 percent of caregivers expressed a desire to keep their relatives out of an institution or long-term care setting while the majority of these caregivers exhibited high levels of caregiving related stress and depressive symptoms.

Fidelity of Implementation of TCARE® Protocol

Findings from the process evaluation provided evidence that the TCARE® training process adequately prepared care managers to consistently and accurately implement the TCARE® protocol and maintain fidelity with the protocol over time.

Differences Between Groups in Care Plans Developed by Care Managers

More than 80% of the care plans for caregivers in both the TCARE® group and the control group included some type of in-home service and almost 90% of caregivers for whom these services were recommended used the service.

In contrast, there were significant differences between the groups' care plans with regard to the inclusion of support services that address the emotional strains, stress, and depression associated with caregiving. Care plans for caregivers in the TCARE® group included a wider range of service types and were more apt to include services that would address the psychosocial and physical needs of the caregiver.

The four categories of services that were most frequently included on these care plans for the TCARE® group were medical and/or behavioral health services, support groups, counseling or socio-psychological education, and caregiver education focused on skills and/or information. Two of the service categories,

medical and/or behavioral health services, and support groups, were included *only* on care plans for caregivers in the TCARE® group.

Service Use by Caregivers

Only seven types of services were used by more than five caregivers across the groups regardless of recommendation by care managers. In order of frequency of use, these types of services included in-home services, medical/behavioral health services, counseling or social psychological education, support groups, caregiver education focused on skills and/or information, adult day services, and assistive technologies. With the exception of in-home services, a larger portion of the caregivers in the TCARE® group reported using each of these services.

The importance of inclusion of these services on care plans and the care consultation process is illustrated by fact that, in the absence of any recommendation for medical/behavioral health services or support groups, *no one* in the control group used medical or behavioral health services and *only three* individuals attended a support group.

Outcomes for Caregivers

Findings from the evaluation provide solid evidence that using the TCARE® protocol to serve family caregivers leads to *lower levels of identity discrepancy*⁶, *stress burden*⁷, and *depression*. Results from the data analysis affirmed statistically significant differences between the two groups for measures of all three of these outcomes. The data also revealed similar trends for intention to place⁸ and uplifts⁹, although not statistically significant. Caregivers in the TCARE® group were experiencing a decrease in their desire to place the care receivers in an institutional setting and increase in uplifts over time while caregivers in the control group experienced the opposite. The differences in these scores, however, only approached statistical significance in part due to the small sample size. It is noteworthy that differences between the groups in intention to place and relationship burden were statistically significant (i.e., caregivers in the TCARE® group had significantly lower scores than those in the control group) in a parallel multisite study that included a sample of 266 caregivers.

⁶ Identity Discrepancy-psychological state that accrues when there is a disparity between the care activities in which a caregiver is engaging and his/her identity standard. An example of identity discrepancy which demonstrates that it is not the task, but how you feel about the task that is causing the discrepancy would be a son providing care for his mother.

⁷ Stress Burden-stress due to aspects of life, measured by tension, nervousness, and anxiety.

⁸ Intention to place-a question on the TCARE screen asks “given your relative’s (spouse/partner/parent) CURRENT CONDITION, would you consider placing him/her in a different type of care setting, such as a nursing home or another care facility for long-term care placement? Choices are definitely not, probably not, probably would, definitely would, does not apply-relative is in care facility.

⁹ Uplift-positive psychological outcome associated with caregiving.

Care Manager Satisfaction

Although the small sample size did not allow for statistical analyses of the data pertaining to job satisfaction of care managers, the descriptive findings indicate higher levels of *overall job satisfaction, more satisfaction with job demands, lower levels of burnout, and higher levels of satisfaction with administrative challenges* for care managers using the TCARE® protocol. These findings echo the general positive view of the protocol that has been expressed anecdotally by care managers.

TRAINING AND DEVELOPMENT ACTIVITIES

A second major thrust of the demonstration project was to develop and enhance an infrastructure to support and expand adoption and implementation of TCARE® throughout the state. Activities directed toward this goal included augmenting, testing, and refining an electronic version of the TCARE® process and training Master TCARE® Trainers.

Enhancing and Testing of TCARE®e

TCARE®e was created to assist care managers with using the TCARE® process to serve family caregivers. The TCARE®e web-based system was designed to enable users to easily transition between the TCARE®e system and state wide electronic resource databases. The TCARE® team collaborated with staff from the Georgia Department of Aging Services and the Atlanta Regional Commission to create a prototype using Georgia's Enhanced Services Program (ESP) resource database. In November 2008, the results of this effort were incorporated into the TCARE®e system with guidance from web administrators.

Two training sessions were held in January 2009 to introduce TCARE®e to certified TCARE® care managers which were attended by 24 care managers and administrators. All certified care managers in Georgia received a username and password to access the TCARE®e site along with a TCARE®e Quick Start Guide to help navigate through the system. In February 2010, questionnaires were sent to 48 certified care managers requesting feedback about their use or non-use of TCARE®e. Feedback from the questionnaire has provided guidance for making changes and embellishments to the TCARE®e system.

Training of TCARE® Master Trainers

In September 2009, the UWM team trained seven individuals to become TCARE® Master Trainers. Three of the individuals were from the Atlanta area and four were from the

Savannah/Brunswick area. All seven trainees were certified as TCARE® Master Trainers after conducting a TCARE® training for 12 care managers who were mentored by UWM trainers.

SUMMARY

Overall, the findings provide strong support for the merits and benefits of the TCARE® protocol as an effective mechanism for helping family caregivers. Data from the process evaluation affirmed the feasibility of training care managers from a wide range of organizations to consistently and accurately implement the TCARE® protocol.

Findings from the outcome evaluation documented the influence of the protocol on the practices of care managers and on the well-being of family caregivers. As predicted, care managers trained to use the TCARE® protocol included a larger number and wider variety of services on care plans. Most of these services which addressed the emotional aspects of the caregiving role and focused on stress and depression of caregivers. Similarly, caregivers experienced significant improvement in stress and depression as a result of TCARE® protocol over time.

Measures taken to refine and augment the electronic version of TCARE® to include Georgia's electronic resource data base enhanced its utility for use in Georgia. These efforts, in combination with the training and certification of seven Master TCARE® Trainers, have laid a valuable foundation for replicating the protocol throughout the state.



TCARE[®] TRAINING

SPONSORED BY:

What is TCARE[®]? Tailored Caregiver Assessment and Referral (TCARE[®]) is a caregiver assessment and referral process that is designed to assist care managers or family specialists who work with family caregivers. The TCARE[®] process provides care managers with tools for accurately accessing caregivers' needs. It also provides care managers with a process for using information to target appropriate services and create highly individualized tailored care plans. The TCARE[®] process was developed by Rhonda J.V. Montgomery and colleagues at the University of Wisconsin-Milwaukee (UWM)¹.

Who can use TCARE[®]? Care managers or family specialists who want to use TCARE[®] in their work with family caregivers must be trained and certified to use the process.

What does the training and certification involve? The training consists of three segments: (1) two and a half day intensive training, (2) web-based application training, and (3) web-based review training. Certification consists of participation in the training activities and successful completion of an on-line exam.

	In-Person Training (2 ½ Days)	Application Training Web-based (2 hours)	Review Training Web-based (2 hours)	Certification Exam Web-based (2 hours)
What?	A two and a half day (20 hours) in-person training conducted by TCARE [®] trainers.	A web based (2-hour) training conducted by TCARE [®] trainers.	A web based (2-hour) training conducted by TCARE [®] trainers.	A two hour web-based exam.
When?	As scheduled.	Three weeks after in-person training; as scheduled.	Three weeks after application training; as scheduled.	Following review training; as scheduled.
Why?	Provides an overview of the TCARE [®] process and guiding theory. Also includes group work where participants utilize case studies to apply the process.	Provides an opportunity to review cases submitted in advance of web-based training. Strong emphasis on applying the TCARE [®] process.	Provides an opportunity to review cases submitted in advance of web-based training. Strong emphasis key concepts of the TCARE [®] process.	The exam is used to assess care manager's proficiency with using the TCARE [®] process.
What's required?	Participant writes a short one-page narrative summary about an existing client family and brings it to training.	Participant completes steps 1-3 of the TCARE [®] process with an existing client family in advance of training.	Participant completes steps 1-5 of the TCARE [®] process with a different existing client family in advance of training.	Computer with internet access, and username and password to access exam on TCARE [®] website ¹ (provided by UWM staff post review training).

If you are interested in attending an upcoming TCARE® Training, please contact:

Contact Person Name:

Contact Person Phone:

Contact Person Email: