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Evaluation of the powerful tools for caregivers program

Georgia Health Policy Center

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GEORGIA
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Evaluation of the Powerful Tools for Caregivers Program

Presented to Georgia Division of Aging Services
December 2014

Georgia
Health Policy
Center

Georgia State University | Andrew Young School
of Policy Studies

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The Georgia Health Policy Center (GHPC) was contracted by the Georgia Department of Human Services Division of Aging Services (DAS) to evaluate the Powerful Tools for Caregivers (PTC) program. The PTC program was chosen as one the interventions implemented by DAS through the Dementia Capable, Sustainable Service System grant awarded by the federal Administration on Aging (AoA). DAS selected interventions that "ensure that persons with dementia and their family caregivers have clear and ready access to a sustainable, integrated system that offers a comprehensive set of high quality, evidence-based or evidence-informed services that can help them remain independent and healthy in the community."

PTC Program Background

The PTC program website describes the program goals as follows: "In the six weekly classes, caregivers develop a wealth of self-care tools to: reduce personal stress; change negative self-talk; communicate their needs to family members and healthcare or service providers; communicate more effectively in challenging situations; recognize the messages in their emotions, deal with difficult feelings; and make tough caregiving decisions."[1] In 2012, AoA designated the PTC program as meeting the criteria for the Highest Tier of Title IIID Evidence-Based Disease Prevention and Health Promotion Programs.[2]

The PTC program was implemented during this reporting period by 11 Area Agencies on Aging and their partners: Atlanta Regional Commission (ARC), Central Savannah River Area (CSRA), Coastal Georgia, Heart of Georgia, Legacy Link, Middle Georgia, Northeast Georgia, Northwest Georgia, River Valley, Southern Georgia, and the Southwest Georgia (SOWEGA) regions. The implementing sites first had Master Trainers train Class Leaders, and then Class Leaders began offering the six-week caregiver program. Included in this report are surveys completed by caregivers in classes offered by the 11 regions between September 2012 and November 2014. The course was taught primarily in English but was also taught in Korean and Spanish.

Methods

The GHPC evaluation team used a pre- and post-survey design to gather information on the participants' level agreement with statements that address self-care behaviors, management of their emotions, self-efficacy, and use of community resources. The survey instruments were originally developed by Don Bower at the University of Georgia and adapted by the GHPC with input from DAS (see Appendices A & B for the survey instruments). At the pre-survey, participants provided demographic characteristics and information regarding care recipient(s). At the post-survey, participants were given the opportunity to provide qualitative feedback to four open-ended questions.

A modified version of the survey was developed and disseminated in June of 2014 to individuals who had not been offered the opportunity to complete the pre- and post-survey (see Appendix C). The participants completed the survey after the course had concluded and mailed the survey to the GHPC. Nineteen participants returned the modified survey, and their responses are included in

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[1] http://www.powerfultoolsforcaregivers.org/about/

[2] http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Title_IIID/index.aspx

the qualitative analysis. The participants' characteristics were generally similar to those who had completed pre- and post-surveys but were more likely to be older and male. A description of the participant characteristics can be found in Appendix D.

Prior to completing the pre- and post-surveys, participants were read a statement that explained that completion of the surveys was voluntary, and that the information would be kept private and would be reported in summary format only. Participants were also asked to create a unique ID that they would enter on both surveys. Approval for the study was obtained from the Georgia State University Institutional Review Board.

The researchers used the unique ID to match pre- and post-surveys, and, per guidance from the PTC developers, inclusion criteria required that participants attended the first class as well as a minimum of four of six classes. Limitations of this study include the possibility that the matched pre- and post-survey respondents may be different than participants who did not complete surveys, whose surveys were missing data, or whose surveys could not be matched. It is possible that reported results would be different.

Descriptive statistics were used to assess the frequency of participant characteristics and to describe the pre- and post-survey results. Paired samples t-tests were conducted to test for statistical significance between the pre- and post-surveys. The paired samples t-test was used as it tests whether two sets of data are significantly different from each other. This test reports the difference between means with a 95 percent confidence interval. When the p-value is less than the conventional 0.05 significance level, the conclusion is that there is a statistically significant difference between the means. Analysis of participant characteristics and questions 1 through 12 was completed using Statistical Product and Service Solutions (SPSS) Version 20. The responses to the open-ended questions were summarized for themes using qualitative content analysis.

Participant Characteristics

The first PTC course was offered on September 4, 2012, and the last session was completed on November 24, 2014. There were a total of 481 participants who completed some portion of the PTC survey during this period. Of those 481, 43(8.9%) had no pre-test, 163 (33.9%) had no post-test, 25 (5.2%) left the class attendance section blank, 12 (2.5%) were not at the first session, and 3 (.6%) attended fewer than four of the classes. Nineteen (4%) of the participants completed the modified post-survey. Thus, matched pre- and post-surveys could be analyzed for 216 (44.9%) participants. As indicated in Table 1, participants represented 11 DAS regions.

Table 1: Participants by Region

Region	Frequency	Percentage
ARC	41	19%
CSRA	42	19.4%
Coastal Georgia	7	3.2%
Heart of Georgia	9	4.2%
Legacy Link	20	9.3%
Middle Georgia	22	10.2%
Northeast Georgia	7	3.2%
Northwest Georgia	9	4.2%
River Valley	12	5.6%
Southern Georgia	13	6%
SOWEGA	34	15.7%

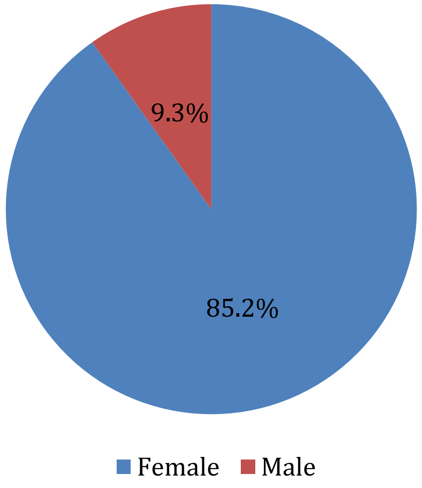
Participants were primarily (77.8%) over 50 years of age. Eleven participants did not report their age. Table 2 provides a breakdown of participants by age group.

Table 2: Participants by Age Group

Age Range	Frequency	Percentage
30 years or younger	9	4.2%
31 – 40	9	4.2%
41 – 50	19	8.8%
51 – 60	56	25.9%
61 – 70	68	31.5%
71 years or older	44	20.4%

Participants were overwhelmingly female, 85.2 percent compared to 9.3 percent male, as shown in Chart 1. Twelve participants did not answer the question.

Chart 1: Participants' Gender



As shown in Table 3, participants primarily lived in cities with a population over 5,000, though approximately a quarter of participants lived in rural areas. Fifteen participants did not answer the question.

Table 3: Participants' Community Size

Community Size	Frequency	Percentage
Rural Area	56	25.9%
Town under 5,000	22	10.2%
City over 5,000	123	56.9%

Of the participants, 51.9 percent were White/Caucasian, and 42.6 percent were Non-White. Twelve participants did not indicate their race. Seventeen participants attended classes in Korean, and six attended a class lead in Spanish. The majority, 122 (56.5%) of participants were married or living with a domestic partner, while the remaining 81 participants (37.5%) were widowed, divorced or separated, or single or never married. Thirteen participants did not indicate marital status.

Participants specified how many individuals for whom they provided care and what the relationship was to those for whom they provide care. Eighty-six percent (186) of participants identified at least one person for whom they provided care, 19 percent (41) of participants indicated that they cared for a second person, 5.6 percent (12) of participants indicated that they cared for a third person, and 2.8 percent (6) of participants cared for a fourth person. The most frequently reported care recipient was a mother, which was followed by other female (19.6%). Two participants did not answer the question or were not currently providing care to an individual. Table 4 provides a breakout of the relationship between the caregiver and the care recipient(s).

Table 4: Relationship of the Caregiver to the Care Recipient(s)

Care Recipient	Frequency	Percentage
My mother	57	23.3%
Other female	48	19.6%
My male spouse	11	18%
My father	27	11%
Other male	21	8.6%
My female spouse	13	5.3%
My sister	8	3.3%
My brother	8	3.3%
My female friend/neighbor	6	2.4%
My female significant other	5	2%
My male significant other	5	2%
My male friend/neighbor	3	1.2%

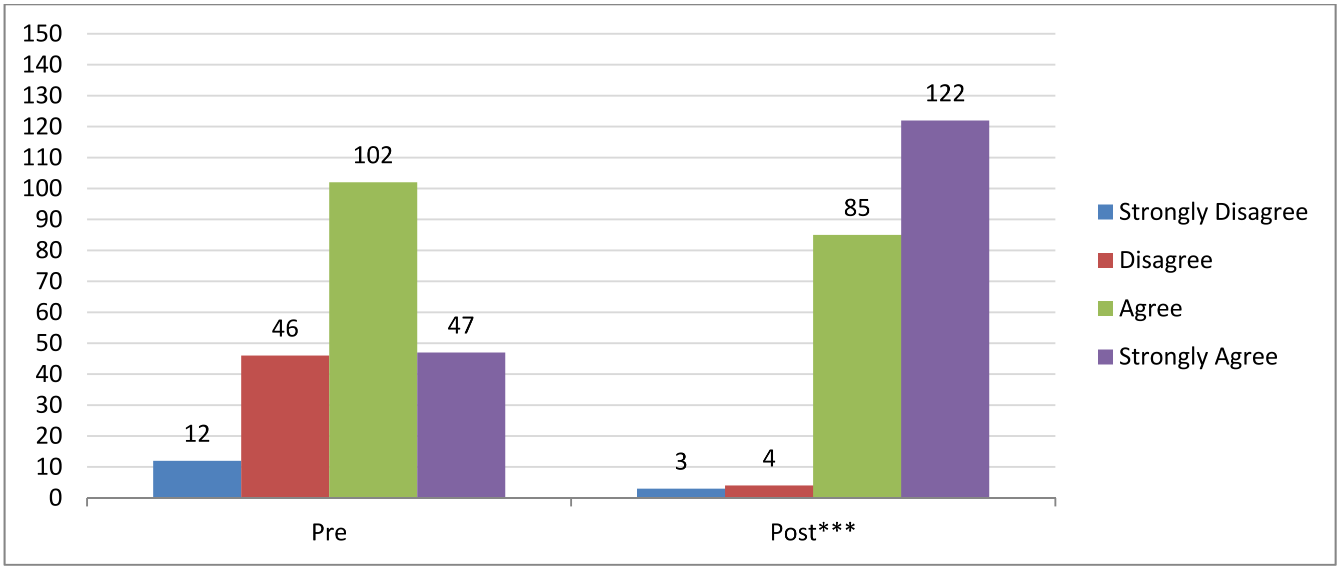
When asked to indicate how long the caregiver had been providing care, the responses ranged from three months to 45 years. The average number of years participants reported providing care was approximately 7.5. More than half (56.9%) of participants reported that they provided care to someone with memory loss. Twenty-two participants did not answer the memory loss question. In addition, twenty participants indicated that they were paid for their caregiving role, and twenty-one participants did not answer the question.

Quantitative Survey Results

A summary of the results are presented below by question. The responses to the questions asked at both the pre- and post-survey (questions 1 through 12) are combined to show the change between time points. There was a statistically significant mean score gain between the pre- and post-survey scores for each question.

For each of the questions, respondents could choose one of the following responses: "Strongly Disagree," "Disagree," "Agree," or "Strongly Agree." Each of the pre-survey questions began with: "Currently, I..." and the post-survey questions began with: "Because of my participation in Powerful Tools for Caregivers, I was (or I am) able to…"

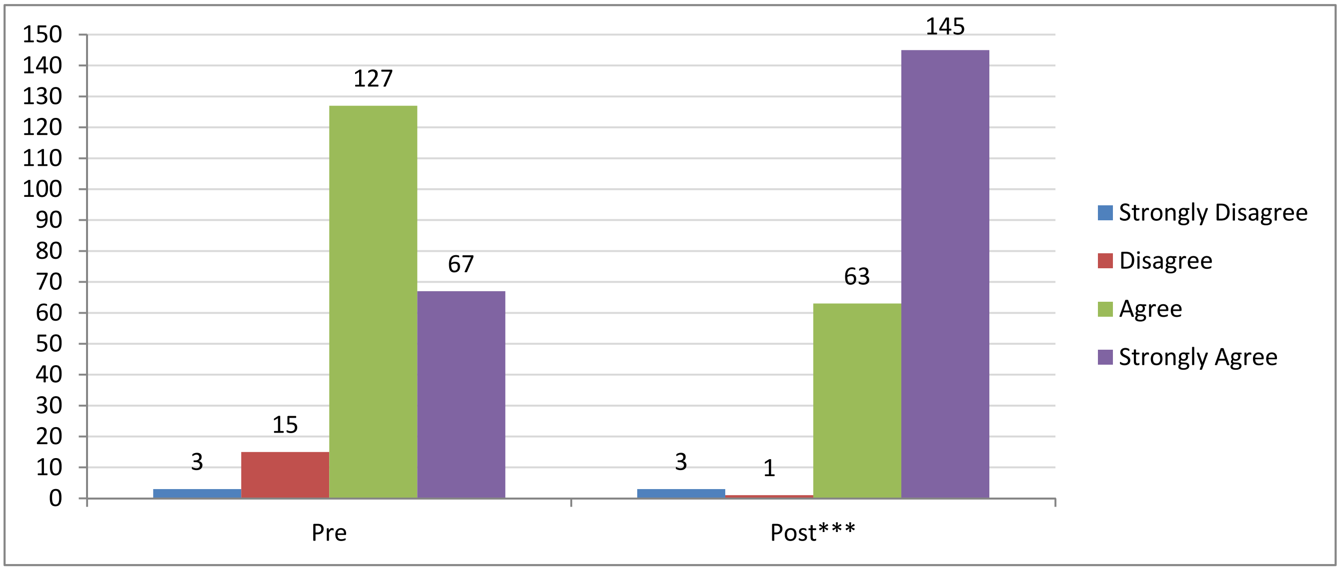
Chart 2: Feel confident in asking for help with the tasks I need for caregiving such as shopping, cooking, cleaning, or transportation. (Question 1)



***p < .001

Fifty-eight participants reported disagreement in feeling confident in asking for help with caregiving tasks prior to participating in the program, whereas seven participants reported lacking confidence after the program. The number of participants who indicated that they strongly agreed that they were confident in asking for help increased by nearly 160 percent at the post-survey.

Chart 3: Understand that my emotions are a normal response to caregiving. (Question 2)



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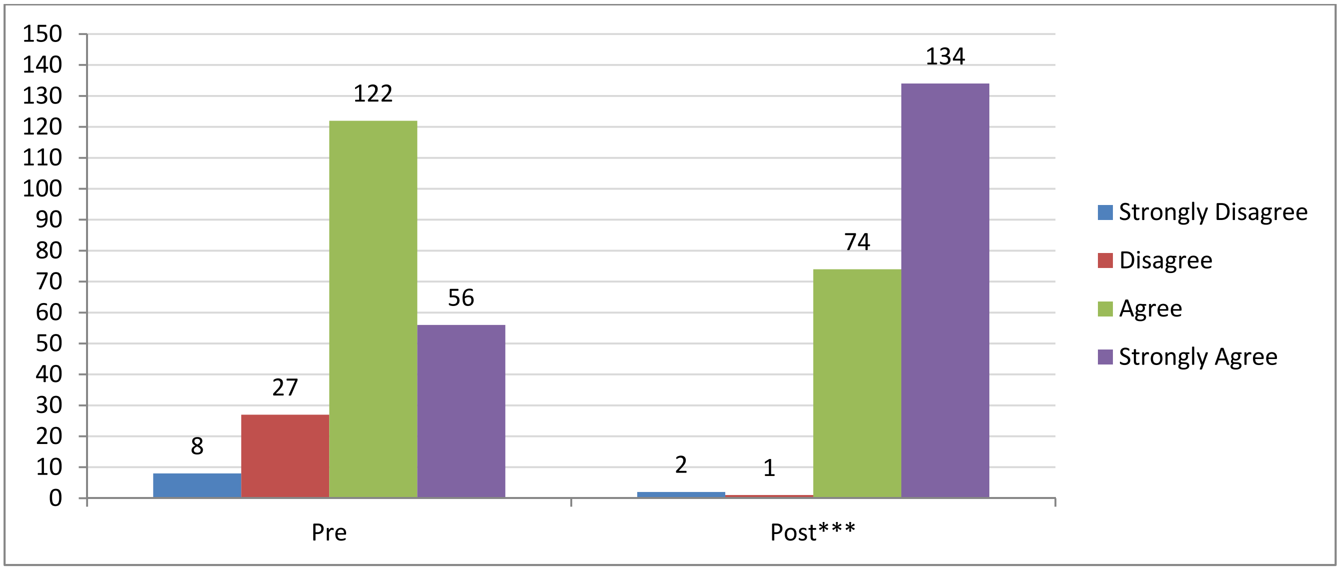
The majority (58.8%) of participants agreed that their emotions were a normal response to caregiving prior to receiving the program. At the post-survey, the majority (68.4%) shifted to those who strongly agreed that their emotions were normal.

Chart 4: Find ways to take care of my own health. (Question 3)



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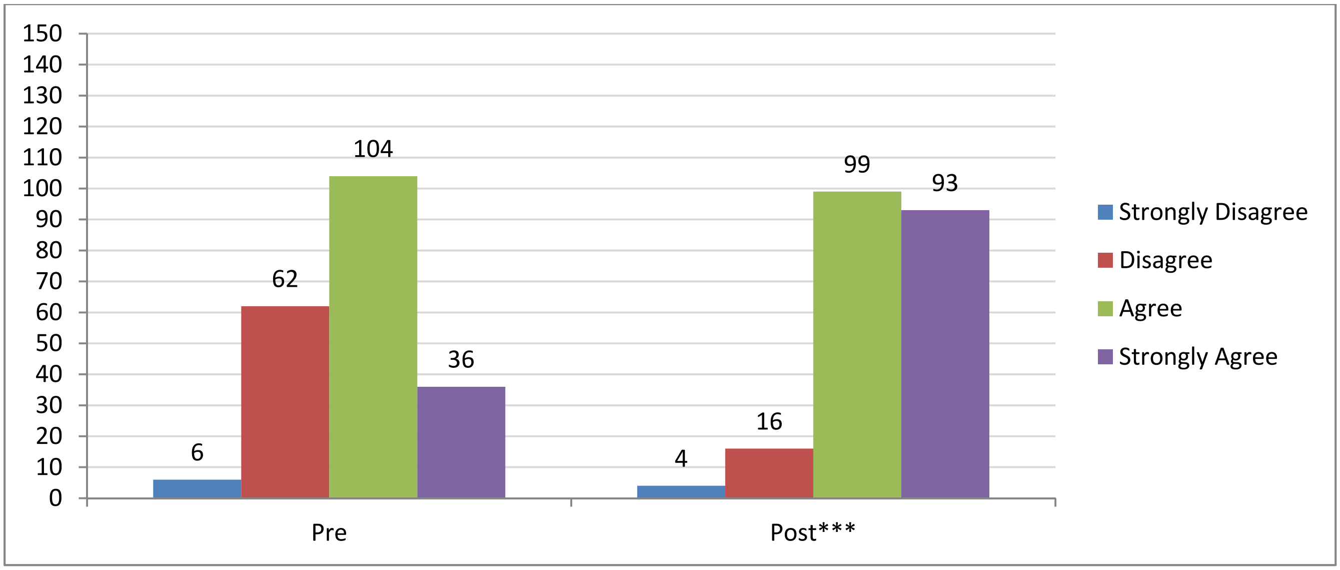
Prior to the program, 35 participants either strongly disagreed or disagreed with their ability to find ways to take care of their own health, and after the program, three participants reported disagreement with the statement. At the post-survey, 63.5 percent of participants indicated that they strongly agreed to being able to take care of their own health.

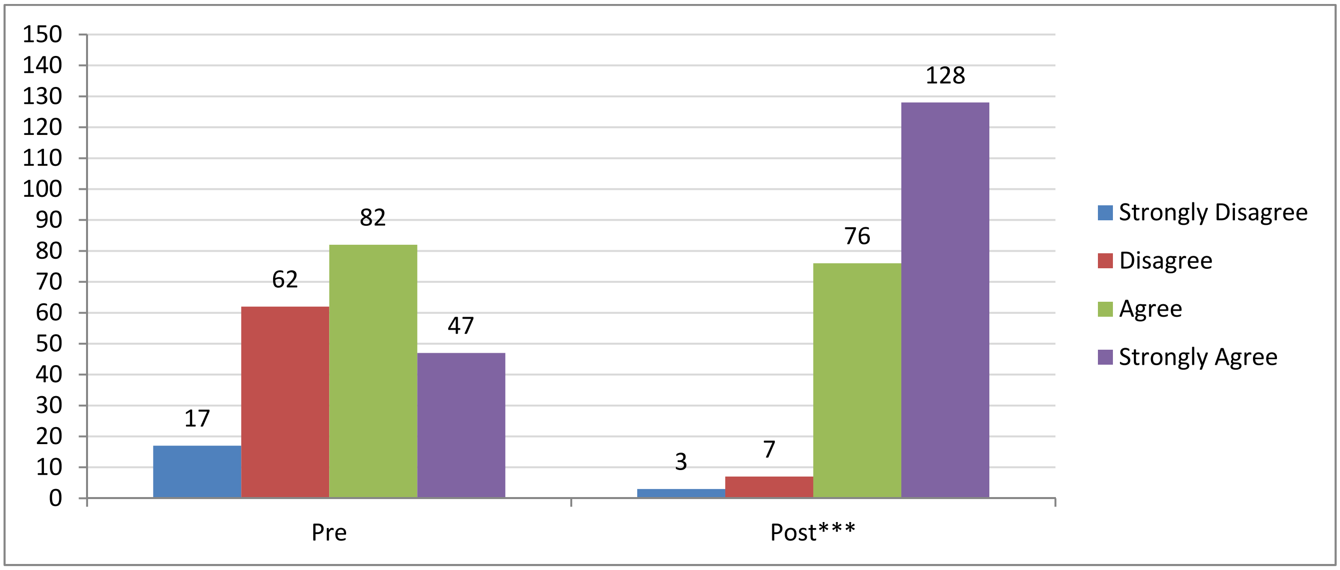
Chart 5: Assert myself with others to get my needs met. (Question 4)



***p < .001

There was a large number of participants who indicated an inability to assert themselves in order to meet their own needs prior to the program (n=68). However, after the program that number dropped to twenty participants.

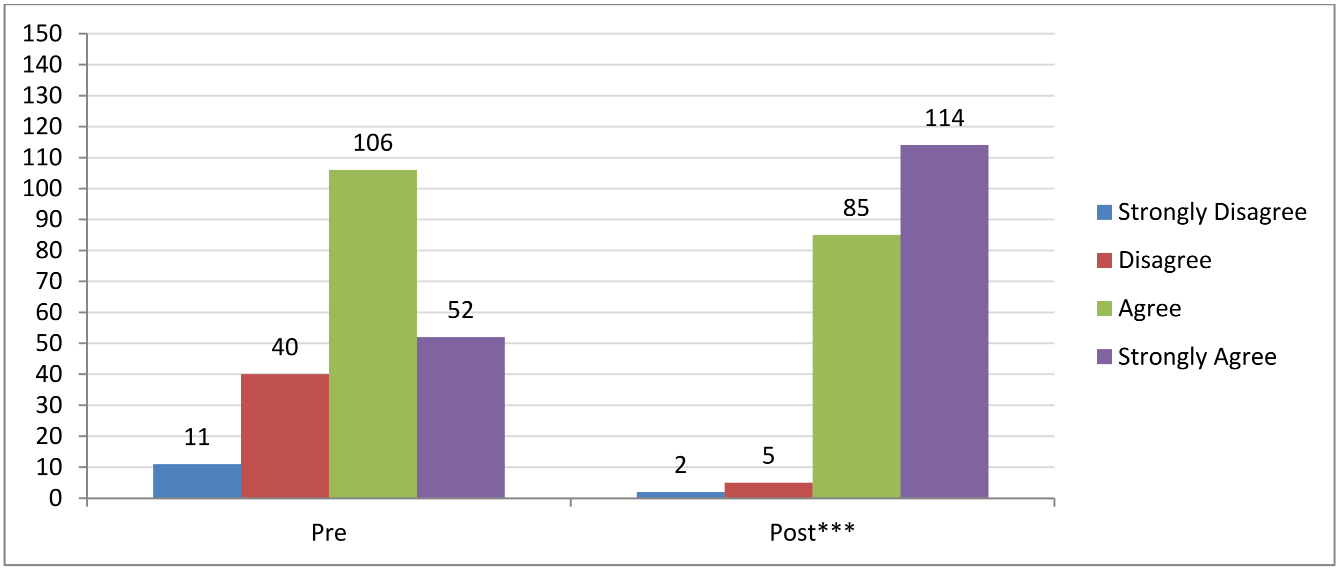
Chart 6: Take time for myself without feeling guilty. (Question 5)



***p < .001

Participants' responses regarding taking time for themselves without guilt were distributed across each of the response categories prior to the training. Post-survey responses shifted to 94.5 percent of respondents indicating that they agreed or strongly agreed with being able to take time for themselves without guilt.

Chart 7: Have confidence in my ability as a caregiver. (Question 6)



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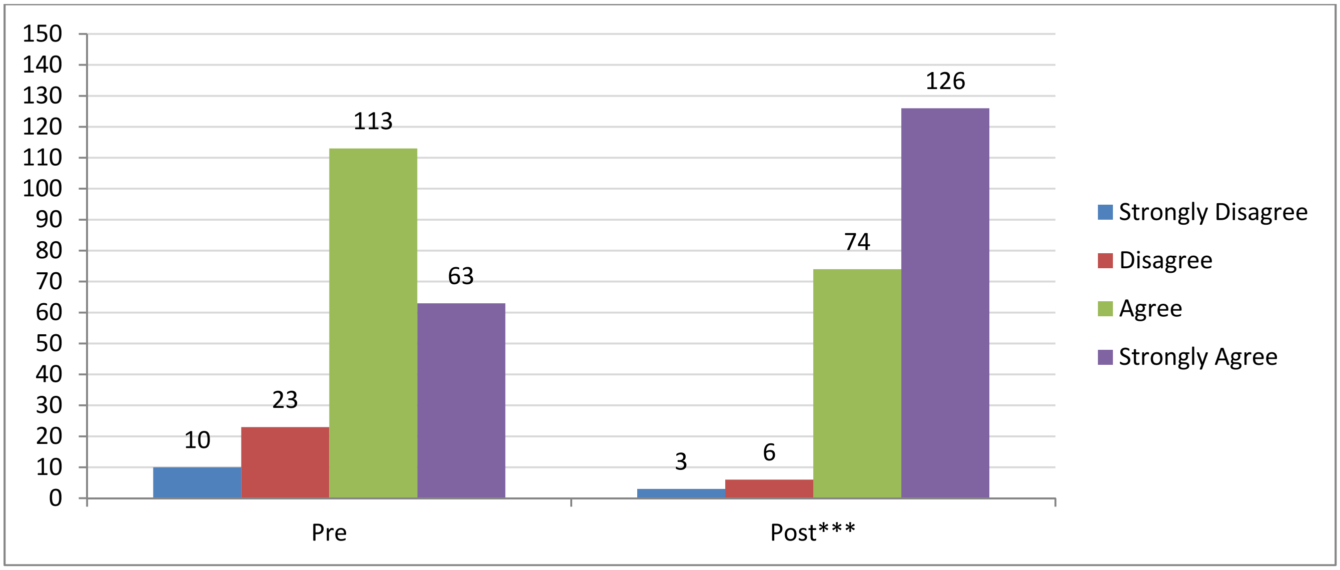
Participants' confidence in their abilities as caregivers increased from 158 who agreed or strongly agreed prior to the program to 199 after the program.

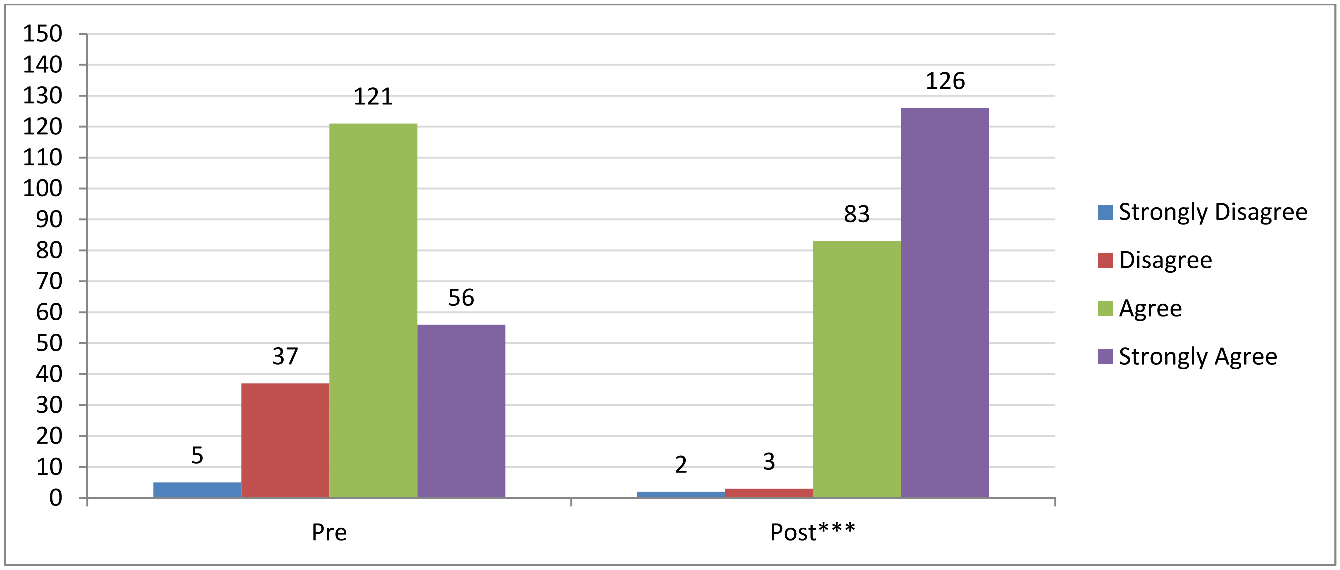
Chart 8: Have an identity outside of being a caregiver. (Question 7)



***p < .001

Prior to participating in the program, most (81.5%) participants agreed that they had an identity outside of their caregiver role. After receiving the program, the percentage rose to 92.6 percent of participants.

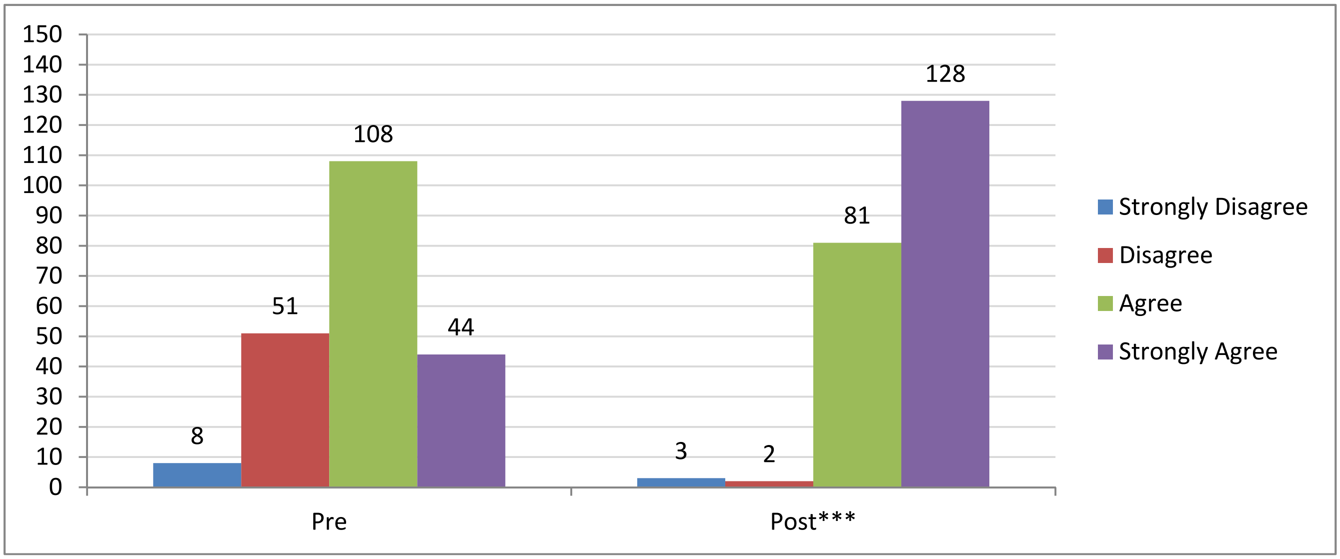
Chart 9: Do something to make myself feel better when I am feeling discouraged. (Question 8)



***p < .001

Most participants (n=177) recognized things they could do to feel better when they were discouraged prior to the program, and that number increased after the program to include all but five of the participants.

Chart 10: Find positive ways to cope with the stress of caregiving. (Question 9)



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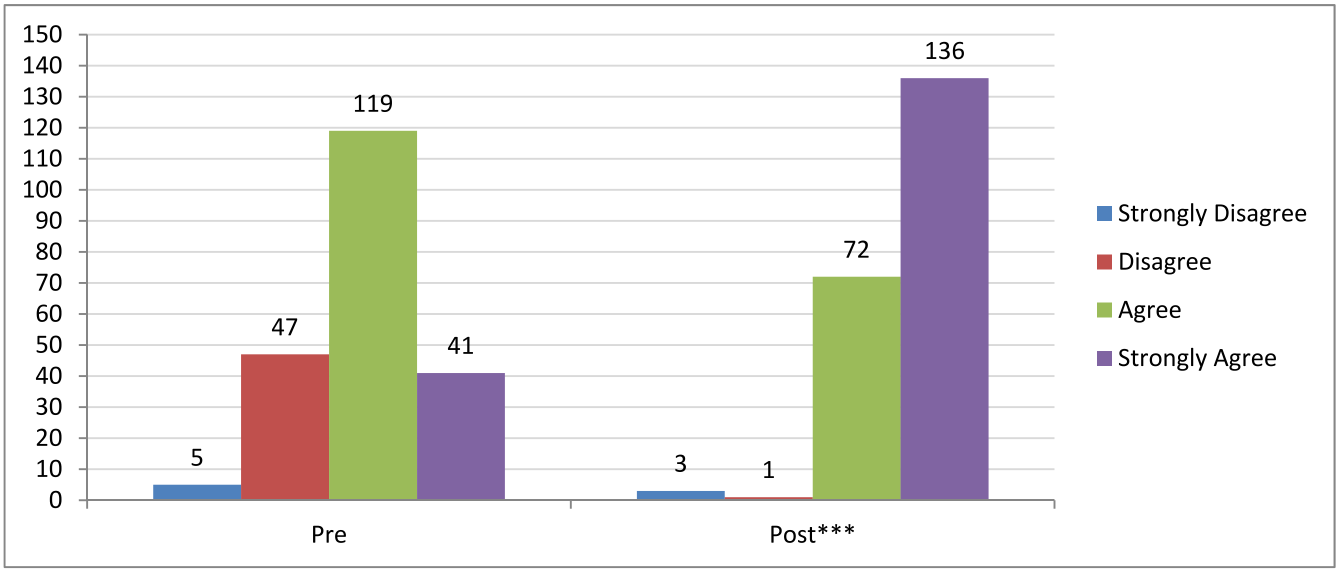
Prior to participating in the program, 27.3 percent of participants disagreed or strongly disagreed with being able to find ways to cope with the stress of caregiving. After participating in the program, five participants indicated not being able to find ways to cope with the stress. Nearly 60 percent of participants reported that they strongly agreed with the statement after the program.

Chart 11: Be more positive about my role as a caregiver. (Question 10)



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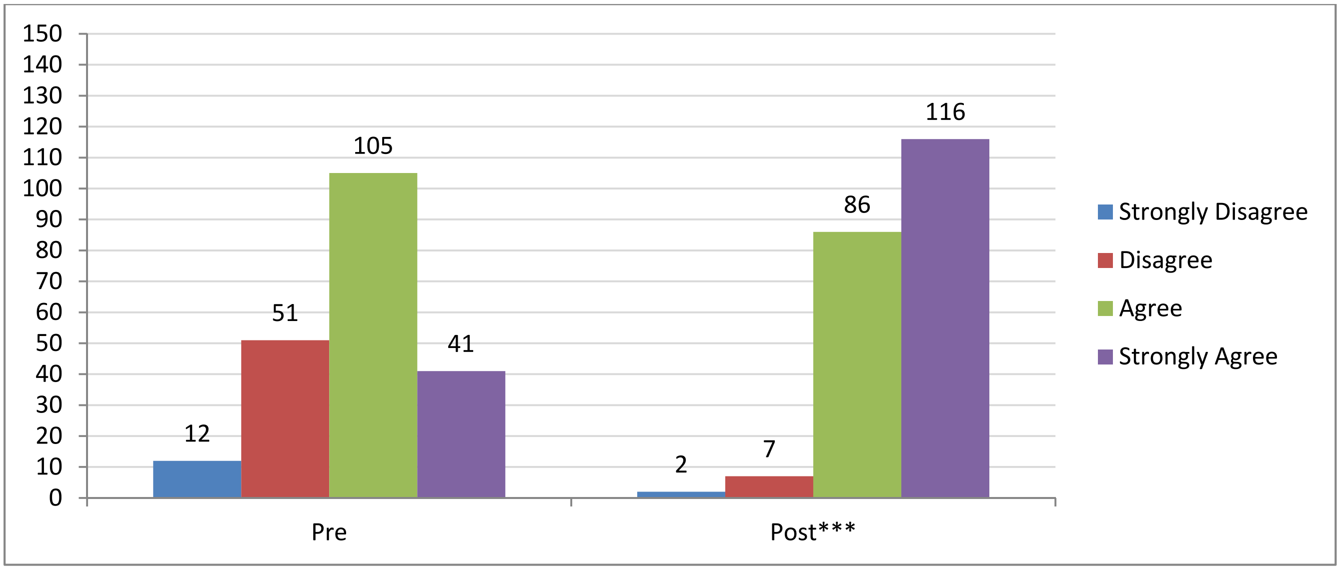
Three-quarters of participants (n=160) agreed or strongly agreed that they felt positive about their role caregivers prior to participating in the program, and that number increased to include all but four participants after the program.

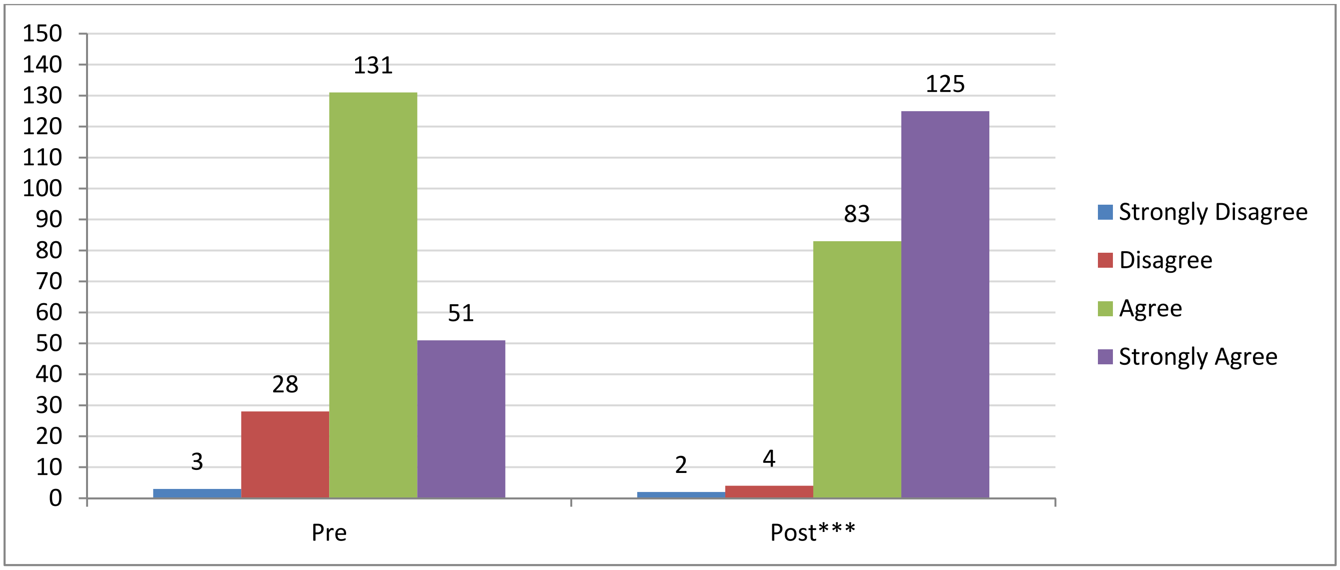
Chart 12: Find caregiving resources available in my area. (Question 11)



***p < .001

Participants reported being able to find caregiving resources in their community with mixed levels of agreement at the pre-survey, with 63 respondents disagreeing or strongly disagreeing in their ability to locate resources. After the program, 9 respondents reported disagreement in locating resources, whereas 116 strongly agreed and 86 agreed.

Chart 13: Make decisions about caregiving. (Question 12)



***p < .001

The largest proportion of participants (60.6%) indicated that they agreed with being able to make decisions about caregiving prior to receiving the program, and after the program the majority of participants strongly agreed (57.9%).

Qualitative Survey Results

A summary of narrative responses are presented below by question. At the post-survey, participants had the opportunity to provide open-ended responses to four questions.

The most important thing I have gained from participating in Powerful Tools for Caregivers is…

Responses to this question were provided by 147 participants. There were five broad categories in which the responses were grouped: development of knowledge and skills, value of the course being taught as group, assessment of current conditions, cultivation of a positive attitude, and recognition of the need for self-care.

Many participants indicated that they highly valued learning how to cope, address issues, and communicate with others. Specific tools were described as helpful resources from which participants expected to draw from in their interactions with family, the care recipient, and with others. Learning how to set goals, develop action plans, use "I" messages, maintain positive thinking, and Aikido were specific skills described as helpful by multiple participants. This theme was described by one participant who said, "I have gained the ability to better deal with my emotions, and better and more effective communication techniques."

The benefits of the course being taught in a group setting were described by many individuals. Participants commented on their realization that they are not the only ones who were caregiving and facing difficult situations and that they found relief in knowing that they "are not alone." Though participants recognized the uniqueness of each caregiver's circumstances, there was a sense of consolation and reassurance in being a part of the group. One participant reflected on this sentiment when she said, "I am not alone. These friends and teachers have encouraged and strengthened me- I can do what is needed." Peer support was an important part of the class and was mentioned by participants as valuable to their experience. The peer-to-peer idea sharing, support, comfort, and encouragement was both affirming and inspiring to participants.

Taking part in this class afforded participants the opportunity to stop, reflect, and assess their own caregiving situation. In doing so, some participants found that they were assessing their situation for the first time. Not only did participants think about how they were feeling and acting, but they also considered the perspective of the care recipient in a different way than they had before. Participants reflected on the value of this process, as exemplified by statements such as the following: "Learning about yourself," "I realized that I will not be praised all the time," "Being aware of how harshly I deal with myself and others," and "As hard as it is on me...it must be very difficult on both my mom and dad...losing their home..."freedom" and friends."

Participants shared that they felt more positive after the course. The terms used to describe this theme most often included confidence, encouragement, less stress, and less guilt. For example, one participant said, "Not feeling guilty and knowing that my best is good enough," while another reflected, "Raised my confidence level as a caregiver."

Self-care was a multifaceted theme that was illustrated in many statements made by participants. Describing the need to take care of oneself as key to providing care for another person was an important lesson for many individuals. One participant remarked, "Realizing the importance of the caregiving role and how important/vital it is to take care of myself in order to be an effective caregiver." Participants described taking care of oneself to include valuing their own needs, receiving emotional support, and the need to seek resources and/or help. Many participants had not prioritized their own needs and described understanding after the class the necessity of doing so. "As a caregiver, managing yourself is important for you and the patient" and "To thrive not just survive" were comments that demonstrated the importance of self-care.

The one thing, if anything, I would change about Powerful Tools for Caregivers is…

Approximately 100 participants offered their feedback and ideas regarding things they would change about the program. The responses were grouped into five categories: length of classes or course, format of the classes, modifications to the topics covered in the classes, class logistics, and management of group dynamics.

A large number of participants suggested that either additional time be added to each class or that additional weeks be added to the class (from six to eight or ten). Participants felt that there was a lot of information to cover, and it would be better if they had more time to cover the material.

Adding additional sharing and discussion as part of the classes was suggested by participants. Many individuals valued the information shared by peers and wanted more opportunities for this type of engagement. Participants also desired more opportunities to role play or practice the skills learned and wanted less time spent having scripted material read to them.

Participants felt that some topics needed coverage in more detail, whereas other areas could be shortened. For example, having more time to discuss guilt and resentment were suggested with less time on the information from the first and second classes.

Logistics of when and where the classes were offered were described by participants as opportunities for improvement. Some individuals desired that the classes be held later in the day or during lunch, and different/more geographic locations were desired.

Finally, participants indicated that some of the Class Leaders needed additional facilitation skills. Comments regarding this theme included, "Class Leaders need more training in how to deal with participants who don't understand the boundaries of group dynamics (limiting floor time)" and "…made it late getting out--trainers might need to control [question asking] after a point is made."

Would you recommend this course to someone else? Why or why not?

Out of the 235 participants who were included in this analysis, 229 wrote that they would recommend the program to someone else. Participants stated that they would recommend the course based on several reasons: the information and tools offered, the opportunity for peer support, the increased awareness of oneself and need for self-care, a safe and supportive environment, and the encouragement they felt after participation.

One participant explained why they would recommend the course, “I feel that the course is very beneficial for learning to deal with changing situations. The communication information was very valuable and helpful in all areas of life. I feel like the things I learned have carried over to my work and personal life with positive results.” Another participant wrote, “Yes. It would be a benefit to anyone facing becoming a caregiver or a new caregiver. They could get info and training before frustration and guilt sets in.”

A participant stated, “Caregiving is an uncertain challenge at best. The class gives us knowledge, tools, and “tool” practice that can improve our caregiving while reducing our stress. This class has been an educational support group.” Finally, one participant explained her recommendation this way, “Absolutely. It possibly saved my life. I was so tired and overwhelmed. I don’t know how long my health would have held out. This course helped me to become strong again and to take steps. I am so thankful for this course and everyone that made it possible!”

Other comments I would like to make…

Participants provided additional feedback that generally reflected on a positive part of the program experience, as well as additional suggestions. Participants reflected that the course was excellent and that they enjoyed attending and meeting the other participants and facilitators. Numerous comments described the compassionate, caring, and giving facilitators. Participants hoped that the class would continue to be offered and some felt that a follow-up or check-in would be beneficial. Participants were very appreciative of the resources it took to offer the class and were thankful for the opportunity.

Summary of Findings

During this reporting period, pre- and post-survey data could be matched for 216 individuals who participated in the PTC program. An additional 19 participants completed the modified post-survey and were included in the analysis of the open-ended questions. The participants represented 11 regions across the state. The participants were largely female and 51 years of age or older. Approximately half of the participants were White/Caucasian and 57 percent were married or living with a domestic partner. Nearly all of the participants identified one care recipient, while 41 participants indicated caring for a second person, 12 participants indicated caring for a third person, and 6 individuals indicated caring for a fourth person. Nearly one-quarter of care recipients were caregivers' mothers. The participants indicated that they had been in a caregiving role for an average of 7.5 years, and more than half of the caregivers reported providing care to someone with memory loss.

At the pre-survey, the participants reported lower levels of agreement with each statement than at the post-survey. The mean score gain was statistically significant for each of the statements. There were two statements that had particularly high levels of disagreement reported prior to participating in the program. The first was "Currently, I assert myself with others to get my needs met," which 31.5 percent of participants either strongly disagreed or disagreed with. After receiving the program, 9.3 percent of participants strongly disagreed or disagreed with the statement. The second statement was, "Currently, I take time for myself without feeling guilty." Prior to the program, 79 participants either strongly disagreed or disagreed, whereas after the program 10 were in disagreement and 204 participants were in agreement. Overall, the post-survey results indicated higher levels of agreement with each of the statements asked, indicating that the program was successful in improving participants' perception of their ability to manage the four primary goals of improving: self-care behaviors, management of emotions, self-efficacy, and awareness of community resources.

Further, the comments provided to the open-ended questions were encouraging regarding the impact of the program. The participants reflected that participation in the course provided the opportunity to learn new knowledge and skills, afforded participants the opportunity to assess current conditions, and opened their eyes to the need for better self-care. The nature of the group sessions provided participants with the recognition that others are in similar situations, which was reassuring. Many participants reported feeling more positive and reinvigorated after participation. Ninety-seven percent of the participants stated that they would recommend the program to others, and many took the time to describe the reasons why they would. One participant described her recommendation this way, "…It possibly saved my life. I was so tired and overwhelmed. I don't know how long my health would have held out. This course helped me to become strong again and to take steps. I am so thankful for this course and everyone that made it possible!" Finally, participants commented that they were grateful for the opportunity to receive the course, their gratitude to the Class Leaders, and they hoped the program would be available for others who could benefit from it.

Appendix A: Pre-Survey

Powerful Tools for Caregivers
Pre-Training Survey

We want to know how the Powerful Tools for Caregivers course may have helped you. It should take about 5 minutes to complete this survey. So that we may match and compare your answers before and after you get the training, we ask that you create a unique ID that you will write on this survey and the survey that will be provided at the end of the 6-week training. Choose an ID that is easy for you to remember. The ID should be at least 4 characters long and should include at least 2 letters. Because only you will know and use this ID, no one will know how you answered any of the questions.

Answering the questions means you have agreed to participate in this survey. Responding to any or all of these questions is your choice. If you decide not to complete the survey, it will not affect your participation in this or any future programs. Your responses will help us make this program better. If you have any questions about this survey, please contact your Class Leader or Susan McLaren at 404-413-0076.

Your ID ______________________ (example: SM55)

Currently, I:	*Check one box for each statement*			
	Strongly Disagree	**Disagree**	**Agree**	**Strongly Agree**
1. Feel confident in asking for help with the tasks I need for caregiving such as shopping, cooking, cleaning, or transportation.				
2. Understand that my emotions are a normal response to caregiving.				
3. Find ways to take care of my own health.				
4. Assert myself with others to get my needs met.				
5. Take time for myself without feeling guilty.				
6. Have confidence in my ability as a caregiver.				
7. Have an identity outside of being a caregiver.				
8. Do something to make myself feel better when I am feeling discouraged.				
9. Find positive ways to cope with the stress of caregiving.				
10. Be more positive about my role as a caregiver.				
11. Find caregiving resources available in my area.				
12. Make decisions about caregiving.				

Please continue to the other side

Please tell us a little about yourself:

1. My age falls in the following group: ______ 30 years or younger ______ 31-40 ______ 41-50 ______ 51-60 ______ 61-70 ______ 71 years or older	**2. I am:** ______ female ______ male	**3. My current home is a:** ______ rural area ______ town under 5,000 ______ city over 5,000
4. I would describe myself as: ______ African American ______ American Indian ______ Asian American ______ Hispanic ______ White/Caucasian ______ Racially mixed	**5. I am caregiving for:** ______ my female spouse ______ my male spouse ______ my female significant other ______ my male significant other ______ my mother ______ my father ______ my sister ______ my brother ______ my female friend/neighbor ______ my male friend/neighbor ______ other female ______ other male	**6. I have been a caregiver for about:** ______ years
7. I am currently: ______ married or living with a partner ______ divorced or separated ______ single or never married ______ widowed	**8. I am paid for my caregiving role.** ______ No ______ Yes	**9. I am caring for a person with memory loss.** ______ No ______ Yes

Please insert your survey in the envelope provided by your class leader. It will be mailed directly to the Evaluator. Thank you!

Appendix B: Post-Survey

Powerful Tools for Caregivers

Post-Training Survey

We want to know how the Powerful Tools for Caregivers course may have helped you. It should take about 5 minutes to complete this survey. We asked you to create an ID when you completed the first survey at the first week of training. Please enter the same ID below. Because only you will know and use this ID, no one will know how you answered any of the questions. This will be used to help us match and compare your responses from the first survey and your responses below. We ask that you complete the survey even if you don't remember the ID you used on the first survey.

Answering the questions means you have agreed to participate in this survey. Responding to any or all of these questions is your choice. If you decide not to complete the survey, it will not affect your participation in this or any future programs. Your responses will help us make this program better. If you have any questions about this survey, please contact your Class Leader or Susan McLaren at 404-413-0076.

Your ID ______________________ (i.e. SM5555)

Because of my participation in Powerful Tools for Caregivers, I was (or I am) able to:	*Check one box for each statement*			
	Strongly Disagree	**Disagree**	**Agree**	**Strongly Agree**
1. Feel confident in asking for help with the tasks I need for caregiving such as shopping, cooking, cleaning, or transportation.				
2. Understand that my emotions are a normal response to caregiving.				
3. Find ways to take care of my own health.				
4. Assert myself with others to get my needs met.				
5. Take time for myself without feeling guilty.				
6. Have confidence in my ability as a caregiver.				
7. Have an identity outside of being a caregiver.				
8. Do something to make myself feel better when I am feeling discouraged.				
9. Find positive ways to cope with the stress of caregiving.				
10. Be more positive about my role as a caregiver.				
11. Find caregiving resources available in my area.				
12. Make decisions about caregiving.				

1. The most important thing I have gained from participating in Powerful Tools for Caregivers is…

Please continue to the other side

2. The one thing, if anything, I would change about Powerful Tools for Caregivers is…

3. Would you recommend this course to someone else? Why or why not?

4. Other comments I would like to make…

Please mark all Powerful Tools for Caregivers classes you attended over the 6-week program period:
_____Week 1/Class 1: Taking Care of You
_____Week 2/Class 2: Identifying and Reducing Personal Stress
_____Week 3/Class 3: Communicating Feelings, Needs, and Concerns
_____Week 4/Class 4: Communicating in Challenging Situations
_____Week 5/Class 5: Learning from Our Emotions
_____Week 6/Class 6: Mastering Caregiving Decisions

Please insert your survey in the envelope provided by your class leader. It will be mailed directly to the Evaluator. Thank you!

Appendix C: Modified Post-Survey

Powerful Tools for Caregivers

Post-Training Survey

We want to know how the Powerful Tools for Caregivers course may have helped you. It should take about 5 minutes to complete this survey.

Answering the questions means you have agreed to participate in this survey. Responding to any or all of these questions is your choice. If you decide not to complete the survey, it will not affect your participation in this or any future programs. Your responses will help us make this program better. If you have any questions about this survey, please contact your Class Leader or Kristi Fuller at 404-413-0292.

Class Leader 1 Name:______________________ Class Leader 2 Name:______________________

First Class Date:_________________ Last Class Date:_________________

Location: ________________________________

Length of Class Session: (*circle applicable choice)* 1.5 hours 2.5 hours

1. The most important thing I have gained from participating in Powerful Tools for Caregivers is…

2. The one thing, if anything, I would change about Powerful Tools for Caregivers is…

4. Would you recommend this course to someone else? Why or why not?

4. Other comments I would like to make…

Please continue to the other side

Please mark all Powerful Tools for Caregivers classes you attended over the 6-week program period:

_____Week 1/Class 1: Taking Care of You
_____Week 2/Class 2: Identifying and Reducing Personal Stress
_____Week 3/Class 3: Communicating Feelings, Needs, and Concerns
_____Week 4/Class 4: Communicating in Challenging Situations
_____Week 5/Class 5: Learning from Our Emotions
_____Week 6/Class 6: Mastering Caregiving Decisions

Please tell us a little about yourself:

1. My age falls in the following group: _____ 30 years or younger _____ 31-40 _____ 41-50 _____ 51-60 _____ 61-70 _____ 71 years or older	**2. I am:** _____ female _____ male	**3. My current home is a:** _____ rural area _____ town under 5,000 _____ city over 5,000
4. I would describe myself as: _____ African American _____ American Indian _____ Asian American _____ Hispanic _____ White/Caucasian _____ Racially mixed	**5. I am caregiving for:** _____ my female spouse _____ my male spouse _____ my female significant other _____ my male significant other _____ my mother _____ my father _____ my sister _____ my brother _____ my female friend/neighbor _____ my male friend/neighbor _____ other female _____ other male	**6. I have been a caregiver for about:** _____ years
7. I am currently: _____ married or living with a partner _____ divorced or separated _____ single or never married _____ widowed	**10. I am paid for my caregiving role.** _____ No _____ Yes	**11. I am caring for a person with memory loss.** _____ No _____ Yes

Please insert your survey in the envelope provided and place it in the mail.

Thank you!

Appendix D: Modified Post-Survey Participant Characteristics

Participants by Region

Region	Frequency	Percentage
ARC	8	42.1
Northeast Georgia	5	26.3
SOWEGA	6	31.6

Participants by Age Group

Age Range	Frequency	Percentage
30 years or younger	1	5.3%
31 – 40	1	5.3%
41 – 50	1	5.3%
51 – 60	5	26.3%
61 – 70	4	21.1%
71 years or older	7	36.8%

Participants by Gender

Gender	Frequency	Percentage
Male	7	36.8%
Female	12	63.2%

Participants by Community Size

Community Size	Frequency	Percentage
Rural Area	1	5.3%
Town under 5,000	1	5.3%
City over 5,000	17	89.5%

Participants by Race

Race	Frequency	Percentage
Non-White	5	21.1%
White	14	73.7%
Blank	1	5.3%

Participants by Marital Status

Marital Status	Frequency	Percentage
Married or living with a partner	11	57.9%
Divorced/Separated/Single/ Widowed	8	42.1%

Relationship of the Caregiver to the Care Recipient(s)

Care Recipient	Frequency	Percentage
My mother	8	40%
Other female	2	10%
My male spouse	5	25%
My father	1	5%
Other male	2	10%
My female spouse	1	5%
My female friend/neighbor	1	5%

Length of Caregiving

Average	9.7 years
Minimum	3 months
Maximum	40 years

Care Recipient Has Memory Loss

Memory Loss	Frequency	Percentage
Yes	11	57.9%
No	8	42.1%

Paid for Caregiving

Paid	Frequency	Percentage
Yes	1	5.3%
No	18	94.7%