**History of the Caregiver Thrive, Learn, & Connect Workshop**

Caregiver TLC workshop was created from the Coping with Caregiving 2.0 Suite (CWC2.0 Suite). CWC2.0 Suite is an update version of the Coping with Caregiving program developed by Dolores Gallagher-Thompson PhD, ABPP and her colleagues. The first version of the Coping with Caregiving program is an evidence-based face-to face workshop for caregivers of person living with dementia (PLWD). It is theoretically rooted in two sources: Pearlin’s model of primary and secondary stressors as sources of caregiver distress1 and Beck’s cognitive-behavioral model for treating depression2. Caregiving is a complex experience and surveys showed that 50-75% of caregivers report symptoms of depression. The original workshop was developed in 1985 and first evaluated in a pilot study in 19883. Results of the first RCT were published in 20004. Subsequently, Dr. Gallagher-Thompson was invited to participate in the first set of the REACH studies: Resources to Enhance Alzheimer’s Caregivers’ Health (REACH I). That 2nd RCT used the CWC program with Caucasian/ White and Latino/ Hispanic caregivers, with very positive results for both groups, compared to a minimal support condition5.

**Initial CWC Program (1988)**

**Length:** 12 sessions held on consecutive weeks, led by trained facilitators, 2hr duration each session

**Intervention Style:** Delivered face-to-face in a small group format: 8- 12 caregivers of PLWD who met specific criteria for acceptance of significant symptoms of depression

**Topics:** Main focus is to teach a set of cognitive –behavioral skills to improve mood. Primary were techniques to identify and add positive activities into the caregiver’s daily life, and skills for questioning unhelpful negative thoughts about caregiving and developing more adaptive ways to think about their situation. Caregivers were also taught simple skills to manage problem behaviors of their loved one (e.g., wandering or repetitive questioning).

**Materials:** Participant workbooks were provided. Leaders had their own workbook that included teaching tips and strategies for managing small group interactions effectively.

Following the success of REACH I which ran six unique interventions in six separate sites in the US, REACH II was designed incorporating the best features of the successful REACH I programs. The following CWC elements were included in the REACH II multi-component program: home practice was incorporated and was referred to as an *Action Plan*; skills such as controlled breathing were kept to reduce caregiver anxiety; and material on increasing positive activities and challenging unhelpful negative thinking were retained. New material included a Risk Appraisal at the outset to determine which topics would be most helpful to each caregiver. The Risk Appraisal included an assessment of safety in the home, adequacy of the support network, and encouragement for caregiver to take care of their health. REACH II was a 5-site multi-ethnic, multi-racial study of over 600 caregivers of PLWD, done in English and Spanish. Results indicated significant improvement for Caucasian/ White and Hispanic/ Latino caregivers on an omnibus measure of distress. African American/ Black caregivers were less responsive to the program6.

The Coping with Caregiving program was developed to meet the psychological needs of depressed family caregivers of PLWD. By offering what was essentially cognitive-behavioral therapy in an educational format, the stigma associated with help-seeking for mental health services was reduced. Caregivers were willing to say they were “distressed” and come to a workshop that encouraged them to learn skills to manage depression. It was the first psychoeducational program in the US that was carefully researched and implemented in a variety of settings, with caregivers of diverse ethnic and socio-cultural backgrounds. The original CWC was developed when few services existed that were tailored to caregivers’ specific needs. Due to a strong need for culturally appropriate services for Hispanic/ Latino caregivers in the state of California, CWC went through several iterations to adapt it for cultural relevance. Similar positive effects on depression and caregiving stress were found in RCTs where CWC was compared to other active programs4,5,7. With CWC’s success, further adaptations and appropriate modifications in language, format, and examples were developed and studied with other culturally and linguistically diverse groups including Chinese American caregivers, Vietnamese American caregivers, and Farsi-speaking Persian caregivers. There are several programs which have been developed using CWC and the program’s core components. A few of the most recent are described in the following text.

**CWC Development Timeline**

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*Note:* This timeline tracks the development of CWC. Blue titles are virtual programs. Green titles are face-to-face programs. Red titles are the initial CWC.

**Active Caregiving: Empowering Skills (ACES)**ACES is a face-to-face workshop for caregivers of persons with memory loss. In ACES, CWC was modified to include some positive psychology features. Caregivers learn about resilience, stress and stress management, behavioral activation for mood stabilization, tools for changing challenging care recipient behaviors, communication with individual with dementia, family, & providers, and tools for happiness while caregiving such as positive thinking, gratitude and forgiveness.This adaptation was based on caregiver feedback as well as advances in the field of caregiving research.

**ACES Program (2018)**

**Length:** Eight-hour workshop: divided into four 2-hr sessions, offered over a 4-wk period

**Intervention Style:** Delivered face-to-face in a small group format

**Topics:** Stress, mood, communication, & challenging behaviors

**Materials:** Participant Packet, & Handouts

**Building Resilience & Inner Strength for Caregivers of Persons with Memory Loss (BRIGHT)**BRIGHT is an interactive, online workshop for caregivers of persons with memory loss. It was developed to enhance existing coping skills, teach new ones, and acknowledge the depth and breadth of each caregiver’s inner strengths. Built using the ACES program as a base and adapted for delivery virtually using a teleconferencing technology. In BRIGHT, caregivers create a care map gaining a clearer understanding of their care network. They learn new skills for coping with stress, and practice new strategies for communicating with the family, with the person with memory loss, & with medical professionals.

**BRIGHT Program (2019)**

**Length:** Six-hour workshop: divided into four 90-minute sessions, offered over a 4-week period

**Intervention Style:** Delivered remotely via a teleconference platform

**Topics:** Resilience, stress, mood, & communication

**Materials:** Workbook, PPTs, & Handouts

**CWC2.0 Suite**

CWC2.0 is an evidence-informed module-based program that is delivered virtually. It consists of 9 modules that cover 8 topics. Each topic is designed as an independent workshop. Dependent on the needs, the modules can be combined to form short workshops.

**CWC2.0 Suite Program (2020)**

**Length:** Nine modules: 90-minutes each, can be combined into short workshops or used independently

**Intervention Style:** Delivered remotely via a teleconference platform

**Topics:** Resilience, communication, stress, frustration, isolation, mood, self-care, care-recipient challenging behaviors

**Materials:** Facilitator's Guide, PPTs, & Handouts; Companion Website with caregiver materials & resource links sorted by topics

Each module has 1 topic with 3 sub-topics; each session starts with an agenda, skills are taught through an interactive combination of information, exercises, and discussion, topic is summarized at the end of the session; and an individual Action Plan is created to integrate skills into the caregiver’s daily life.

**CaregiverTLC**

CaregiverTLC is an evidence-based workshop created using modules from the CWC2.0.  The CaregiverTLC program broaden application of the CWC2.0 from a dementia/memory loss focus to one encompassing physical chronic illness. The caregiver issues are similar – stress, frustration, depressive symptoms, lack of self-care, resilience, need for a larger support network, and issues with loneliness/isolation. The psychoeducation and skills from the CWC2.0 program were paired with new examples appropriate for both sets of caregivers – those caring for persons with memory loss and those caring for those with physical chronic illnesses. CaregiverTLC was created during the pandemic and thus followed the CWC2.0 format as a virtual program. It has been evaluated in an RCT8 compared to a waiting list control with strong positive results. Caregivers learn about stress and stress management, behavioral activation for mood stabilization, resilience and their support team, self-care, frustration and anger management, how to reduce isolation and stay socially connected while staying primarily at home. The Workshop uses CWC2.0 modules but adds a check in at the beginning of each session to review home practice of the action plan and problem-solve any obstacles encountered.

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8Kajiyama, B., Thompson, L. W., Eto-Iwase, T., Yamashita, M., Di Mario, J., Marian Tzuang, Y., & Gallagher-Thompson, D. (2013). Exploring the effectiveness of an internet-based program for reducing caregiver distress using the iCare Stress Management e-Training Program.*Aging & mental health, 17*(5), 544-554. https://doi.org/10.1080/13607863.2013.775641.