

# Tele-Savvy: A Fully On-Line Version of The Savvy Caregiver Program

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## Development and Testing Support

- Pilot Project Support:
  - VA Office of Geriatrics and Extended Care Transformational Pilot Program (T2TA-ILCA160)
  - Goizueta ADRC Pilot Grant (AG025688)
- Support for current Randomized Trial
  - Testing Tele-Savvy, an On-line Psychoeducation Program for Informal Alzheimer's Caregivers (R01AG054079 – Hepburn/Griffiths)

## The Savvy Caregiver Program

- Six-Week, In-Person Group Psychoeducation program (generally 6-12 caregivers)
  - Focused on developing knowledge, skills, outlook, and mastery for the newly acquired caregiving role
  - Targeted to help caregivers promote meaningful engagement in tasks and activities
- Evidence-Based: reductions in caregiver distress; increased caregiving mastery
- Draws on multiple disciplines
- Widely available, largely through ACL grants
  - ~ 20,000 participants nationwide over past 15 years
- **Limitation:** In-Person Attendance
  - Distance and transportation
  - Care for person living with Alzheimer's

## Tele-Savvy: A Virtual Group Program

- Deconstructed Savvy Curriculum Reconfigured
- Maintain group format
- Seven weekly on-line group sessions (75-90 minutes)
- 36 daily "video lessons" – daily emails provide links to videos on a Canvas platform

## Weekly Videoconferences

- Led by an experienced Savvy facilitator
- Focus on portions of Savvy that benefit most from interaction
  - Homework debriefing
  - Exercises
  - Key talks
    - Illness-produced erosion of strengths
    - Staging framework
    - Practicing engagement strategies
- Technical Support Provided (Navigator)

## Daily Video Lessons

- **Every day between live sessions**
- Interdisciplinary faculty
- Focus on content:
  - Dementia 101
  - Cognitive losses in dementia
  - Progressive losses of behavioral self-control
  - Models of behavior and behavior guidance
  - Caregiver self-care
  - Family Issues in caregiving
  - Strategies for decision making

# Tele-Savvy Faculty



Dr. Angela  
Amar



Dr. Carolyn  
Clevenger



Dr. Clinton  
Dye



Dr. Patricia  
Griffiths



Dr. Kenneth  
Hepburn



Dr. James  
Lah



Ms. Susan  
Peterson-Hazan



Ms. Ivory  
Shields

## Pilot Test Results

64 Participants from 14 States  
Pre-Post, No Control Design

- Significant Reductions:
  - Caregiver Burden (Zarit)
  - Caregiver Depression (CES-D)
  - Average frequency of BPSD (RMBPC)
- Significant Increase:
  - Caregiver Mastery (Pearlin)

Average Caregiver Age:	63.3 yr.
Average Care recipient Age:	70.0 yr
% Female Caregiver	91%
Caregiver Ed > H.S.	59%
% African American	33%
Attrition	11%

**Increased Caregiving  
Mastery significantly linked  
To reductions in post-program  
Caregiver Burden**

## Current Tele-Savvy Trial

- Emory Study Center
- Three collaborating ADCs (Northwestern, OHSU, Rush) – national recruitment
- Three study conditions:
  - Immediate Tele-Savvy
  - Healthy Living attention control (uses NIA Go4Life and CDC Health Promotion Materials)
  - Usual Care
- Cohorts of 10 or 15 time-matched participants randomized at a 2:2:1 ratio
- Following baseline, data gathered at 3, 6, 9, and 12 months
- Data gathered in 45 minute video calls by interviewers blind to condition
- 45 minute data gathering
- After 6 month data point, those in Healthy Living or Usual Care receive Tele-Savvy

Kovaleva, M. A., Bilsborough, E., Griffiths, P. C., Nocera, J., Higgins, M., Epps, F., Kilgore, K., Lindauer, A., Morhardt, D., Shah, R. C., & Hepburn, K. (2018). Testing Tele-Savvy: Protocol for a randomized controlled trial. *Research in Nursing & Health*. Advance on-line publication. doi: 10.1002/nur.21859

## Focus of Study Aims:

- Caregiver psychological well-being
- Caregiver mastery
- Care recipient quality of life
  
- Exploring salience across racial groups

## What We Know so Far

- We built it, and they are coming
  - Caregivers attend and participate
    - Observers and facilitators report “groupness”
    - Attrition is about 15%
- Tele-Savvy participants are “good students”
  - High rate of viewing of asynchronous video lessons
- Wide geographic distribution of participants
  - Maine to Hawaii

## Challenges

- Cohort Formation
  - Finding 15 – or even 10 – who can meet at the same time (across time zones) means some have to wait a long time to begin
    - Probably ideal for a statewide organization or a health system
- Technical Problems
  - Surprisingly few – principally linked to bandwidth or old equipment

## Still Recruiting

- Informal (family) caregivers of community-dwelling persons living with Alzheimer's or similar illnesses
  - No firm plan for institutionalization within next six months
- Averaging at least 2 hours of care per day
- Access to a computer with internet connection (can provide webcam)
- Able to participate in English

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