

Caregivers of Individuals with Dementia Receive Support From Panel of Experts at USU's Sorenson Center

09/13/2024



USU's new Dementia Caregiver Clinic is available free of charge to residents of Cache, Rich, and Box Elder counties.

For thousands of caregivers across the country who grapple with the daily emotional, physical, and psychological strain of caring for individuals with Alzheimer's disease and related dementias, knowing how to find and access available support can be daunting.

For Northern Utah caregivers and others via telehealth, a partnership between the Alzheimer's Disease and Dementia Research Center (ADRC) and the Sorenson Legacy Foundation Center for Clinical Excellence, two community-facing centers within the Emma Eccles Jones College of Education and Human Services at Utah State University, aims to ease the burden placed on caregivers.

"In Utah, the population is heavily concentrated on the Wasatch front, so it's not surprising that there is a higher concentration of supportive services in this area for people living with memory impairment or their family caregivers," explains Beth Fauth, director of the ADRC. "The goal in creating this new clinic is to ensure that people in Northern Utah and in rural areas outside of the Wasatch front have access to education, services, and support."

In August 2024, experts from the Sorenson Center and the ADRC began providing clinical services to people with dementia and their family caregivers. Funded by a grant from the Utah Department of Health and Human

Services (DHHS), USU's new Dementia Caregiver Clinic is available free of charge to residents of Cache, Rich, and Box Elder counties, and may be accessed via telehealth for caregivers living outside of these counties.

"Our goal is to reach 200 people every year," says Gretchen Peacock, director of the Sorenson Center, which is located on the USU Logan campus. "We particularly want to reach people in more rural areas, such as those living in Rich and Box Elder counties as well as other rural/remote areas of the state."

Persons interested in the clinic begin with a phone call where they discuss their needs, questions, and concerns. If they are interested primarily in education and basic information, they are provided that without a full consultation. Most caregivers seek a full consultation. They schedule an appointment and are invited to bring their loved ones with memory problems. The consultation includes an interdisciplinary team of professionals who meet with both the individual with dementia (or who is suspected of having dementia) and the individual's caregiver to evaluate each of their needs. The team includes at least one representative from each of the service areas provided in the Sorenson Center: mental health, audiology, speech and language pathology, behavior support, and financial counseling. Individuals with dementia-specific expertise representing the ADRC and the Utah chapter of the Alzheimer's Association also attend these interprofessional consultations.

Following a brief mental health screener for both the caregiver and the person with memory concerns, subsequent screenings are administered, depending on need. If a person is suspected of having dementia but has not yet received a diagnosis, a member of the interdisciplinary team will administer the Montreal Cognitive Assessment (MoCA) to screen for cognitive impairments.

"If someone scores low on this assessment, our recommendation would be to go in for a comprehensive evaluation," explains Peacock. "We are not able to provide diagnoses, but the scores on this cognitive screener are important to share with an individual's primary care physician, or with a neurologist." Hearing screenings are also typically conducted.

The interdisciplinary team will then consult with both the caregiver and care receiver to tailor resources and supports that will best fit their specific needs. "Our priority with these clinics is to give support to both individuals and to help prevent caregiver burnout," says Peacock.

Resources may include support groups in the community, transportation options, recommendations for consulting an estate planner, etc. The team shares resources for the person with memory impairment as well, including community activities, support groups, and education on what to expect in the future.

"Our recommendations are always given with the intent to respect the independence of the person with dementia as much as possible," says Fauth. "We don't talk about the person with impairment as if they are not there, or as if they pose a problem. We include them in discussions where possible and listen to their needs as much as we listen to the needs of their caregiver."

At the conclusion of the consultation, the clinical team provides initial resources and referrals, and after the meeting they compile a tailored report of recommendations, which the caregiver and care receiver receive about two weeks later. "Everyone contributes to the report, based on their areas of expertise," explains Peacock. "The results of the three screenings—hearing, anxiety and depression, and MoCA—are also included." A licensed social worker reaches out to the family after the report is provided and follow-up appointments are discussed, if needed.

"While some concerns and challenges are common in caring for someone with dementia, there are often family dynamics, dementia behaviors, and other needs that are really specific to that family," explains Fauth. "It doesn't make sense for families to talk about things not relevant to them, or to walk away thinking that a program was too generic and didn't address their personalized concerns. A goal of the ADRC has been to ensure that consultations provide research-informed education and resources in a way that is beneficial to the unique needs of each family."

As this new caregiver clinic grows and evolves, Peacock envisions taking the team on the road so they can more effectively reach the people who need the service. "We are looking at potentially building community partnerships and having a subset of our team go out to a community partner to provide several clinical appointments in a day," she says. "We haven't done it yet, but we are talking about whether we can make that work."

Members of the community who are providing care to individuals with dementia are encouraged to participate in this complimentary service. To schedule an appointment, contact the Sorenson Center at 435-797-2088, Monday-Friday, 8 am to 5 pm, or email kj.uluvave@usu.edu. Clinic appointments are currently being held on Friday mornings. There is no cost for the initial interdisciplinary

care consultation. Any Sorenson Center services that are received following the initial consultation will be billed to the client or to the client's insurance provider. For more information, visit the Sorenson Center [website](#).