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A Community Education Curriculum Using Improvisational Theatre Techniques for Informal Dementia Caregivers

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ABSTRACT

This article describes a novel communications curriculum created for family dementia caregivers using improvisational theatre techniques. Family caregivers often experience tremendous caregiving burdens with little support or training. Training programs for family caregivers have increased in recent years, but such programs rarely reduce feelings of caregiving burden and depression among family members. In this article, we provide a framework for a 6-week improvisational theatre program that focus on interpersonal communication and creating meaningful connections with care recipients in a fun and playful environment. Designed by professional improvisers, a gerontology researcher, and a dementia education specialist, our proposition is that this curriculum can be tailored for use in other community settings. Preliminary research on such programs demonstrates that improv has the ability to reduce caregiver burden and depression, which as implications for future caregiving policy.

Keywords: [Improvisational theatre](#), [communication](#), [caregiving](#), [dementia](#), [adult education](#).

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1. Introduction

This article describes a novel communications curriculum created for family dementia caregivers using improvisational theatre techniques. Family caregivers often experience tremendous caregiving burdens with little support or training (Gaugler 2022). Training programs focusing on teaching evidence-based best-practices to family caregivers have increased in recent years (Chiu, Wesson, & Sadavoy 2013; Prado et al., 2022; Sousa, Sequeira, & Ferré-Grau 2020), but such programs rarely reduce feelings of caregiving burden and depression among family members. This article outlines a curriculum that uses improvisational theatre to improve communication and social caregiving situations while also reducing feelings of caregiver burden and low mood in a fun and playful environment.

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2. Brief literature review

Improvisation is an unscripted form of theatre where performers create characters, dialog, and scenes spontaneously and collaboratively with others (Lobman 2015). Improvisation (aka “improv”) often falls into two categories: long form and short form. Long form is where performers create an entire show from several short scenes that are interconnected by story, character, or theme. Short form is where performers construct short scenes from predetermined games that give guidance and structure to each scene, and where successive scenes are often unrelated to previous scenes. This paper focuses on short form improv games, hereafter referred to as “improv.”

Because improv teaches positive communication skills, effective teamwork, adaptability, and problem-solving, it can be applied to educational settings, businesses, and even psychotherapy. In fact, improvisational techniques have been used effectively for people living with dementia (also called “care recipients”), such as improvisational music therapy (Pavlicevic et al., 2015), storytelling (Bastings, 2013), poetry (Swinnen 2016), and semi-scripted dramatic improv (Zeisel et al., 2018). Previous research on the use of improv as a therapeutic intervention for people with neurological or psychiatric symptoms suggests the mechanism of action may be that positive social interactions in the improv class promote active coping, which improves mood and allows participants to positively alter their behaviors based on these newly acquired skills (Gilhooly et al., 2016; Krueger et al., 2019).

However, very few interventions use *short form improv comedy* with the explicit aim to positively affect the experiences and coping strategies of *family and informal caregivers* of a person with dementia. In fact, only one project has been found in the research literature, which has shown that improv theatre can improve caregivers’ depression symptoms and help alleviate their sense of caregiving burden (Almen & Caldwell, 2019). This study also found that although the care recipient experienced increased neuropsychiatric symptoms during the course of the program, their caregivers did not experience increased distress, likely because of the improv intervention’s positive benefits (Brunet et al., 2021). However, no published curriculum exists in the research literature for effectively using improv techniques with dementia family caregivers to improve caregiving practices and provide self-care for the caregiver.

This literature gap is problematic because approximately 11 million Americans are expected to navigate a “patchwork” of state and local community-based long-term services, supports, and other dementia programs to support people at home with complex needs (Guagler 2022). However, family caregivers are often employed full- or part-time, care for small children, and have other work and personal life burdens that can adversely affect the caregiver’s physical and mental health (Chiao, Wu & Hsiao 2015). Dementia family caregivers also have a higher prevalence of depression than caregivers for persons without dementia (Chen et al., 2020). This is partly because family and other informal dementia caregivers are rarely trained and adequately prepared for the complexities of caring for a loved one with this degenerative disease (AARP 2020). To address the gap in the research, this article details a community improv curriculum for dementia family caregivers that can improve their caregiving practices while also addressing caregiver burden and low mood.

3. Methodology

While a traditional improv curriculum might focus on teaching participants how to perform on a stage and make an audience laugh, this curriculum was tailored to the needs of family dementia caregivers. This innovative 6-week training teaches improvisational techniques and exercises in weekly 2-hour sessions to adult community members. The pilot program team consisted of a university gerontology researcher (first author Howell, a Certified Dementia Practitioner [CDP]), two undergraduate student assistants (including Piech), a dementia education specialist (Farris, CDP), and two instructors from the local improv troupe. These experienced improv teachers consisted of the artistic director who has been performing and teaching improv for over two decades (Dahl) and a troupe member who is a long-time Registered Nurse (RN) in a psychiatric facility that includes patients with dementia. The expertise of this team created a dementia-informed program held at a local community theatre that:

- 1) Teaches the basic rules of various improv games,
- 2) Has caregivers play through these exercises and practice new communication skills, and

3) Ends each session with a reflective discussion of how these skills may increase connection to the care-recipient and alleviate family caregiver burdens.

Pilot project results demonstrated program satisfaction and improvements in caregiver mood and burden, which are reported elsewhere (Howell, Piech & Wolfe 2022).

4. The program: *Improv to improve*

Each of the 6 weekly sessions began with a debrief of skills from the previous week along with some breathing and light stretching exercises to get the group mentally and physically warmed up. Below is more detail about the content of each weekly session, which ended with a “dementia debrief” discussion of how the day’s skills related to caregiving tasks at home.

Table 1.

Some terms and “rules” of improv.

General Rules	Common Terms
Say “Yes, and...”	<i>Offers</i> : Dialog or action that moves the scene along; the information added after saying “yes, and” (Poynton 2008)
Avoid blocking or denying offers	<i>Same page</i> : Understanding and accepting the offers made by others to share their reality
Avoid asking lots of questions	<i>Pantomime</i> : Expressing meaning or interacting with the space through physical gestures
Focus on the present	<i>Connection</i> : Establishing or strengthening relationships
Be specific	<i>Commitment</i> : Accepting everything your scene partner says and does (Madson 2005)
Be open to change	<i>Advancing</i> : Moving the scene/conversation forward, usually by providing offers
Focus on relationships	<i>Tune in</i> : Taking time to listen closely to people and notice more of your surroundings (Murchison 2020)

4.1 Week 1: Introducing Improv

The first week of this 6-week program sets the stage and provides basic improv theory to participants. The goals of the caregiver curriculum are less focused on rules and physical performance than traditional improv classes and instead focus more on creating connections by listening and responding affirmatively with care recipients. The first session includes a discussion of what improv is (see Table 1, above), what it means to the troupe (i.e. collaborative creation and assuming “truth” in interactions until other evidence presents itself), and how this program focuses on being present, thinking on your feet, creating positive connections with care-recipients, and to have fun while learning.

The purpose of the first session is also to get caregivers comfortable with improv by doing introductions that ask: who are you, what are your caregiving experiences, and what is improv to you? These introductions, all exercises, and most games also include demonstration and/or participation by the research team. For example, the entire group of caregivers, improv instructors, researchers, and student assistants played “5 true things,” where each person lists 5 true things about themselves as an icebreaker (see Carter 2011 for other examples). The first session also includes 6 warm-ups from participants standing in a circle (see Table 2, below, for additional improv warm-ups). Week 1 concludes with the group practicing two improv exercises, “Yes and” and “Three Line Scenes” (see Table 3 below, for more description), and a 15-minute “dementia debrief.” The dementia debriefs are a chance for the group to discuss how they may apply the day’s learning to their home caregiving situations (see below for more information).

Table 2.

Some improv warm-ups.

Warm-Up Game	Brief Instructions
<i>Name & Animal Game</i>	Everyone in the circle takes turns saying their name and an animal that begins with the same letter as the first letter in their name (e.g., Briteny the barracuda). When it gets back to the first person, they make eye contact with another player, say their own name and animal followed by

	that person's name and animal. Each person randomly goes around the circle introducing themselves and remembering everyone else's name and animal (adapted from Priestley 2014).
<i>Crazy 8s</i>	In a circle, everyone lifts their right hand, shakes it quickly, and counts to 8. They repeat this with the left hand, then the right foot (kicking it in the air while balancing on the left) and finally with the left foot. Everyone immediately repeats the pattern, this time counting up to 7. In each round, the players count up to one less number, until everyone is quickly waving their entire body at "1." Everyone commits to having their heads up, and to making eye contact with each player at least once (Gantz 2018).
<i>Torpedo</i>	In a circle, one participant is chosen to be the torpedo. They choose a target and start to move towards them like a torpedo in a straight line. Before they reach their chosen target, they must say the target's name. When they reach the target, they replace them in the circle and the target now becomes the torpedo and chooses another target....and so on (Trinity College London 2020).
<i>Energy Ball</i>	Participants pass energy across the circle in the form of an invisible ball with a specific size, shape, and weight (Gantz 2018).
<i>Word Association</i>	The starting participant says a word and the next person in the circle immediately says a word that they associate with the first one. This continues around the circle with the next participant quickly stating the first thing that comes to their head when they hear the previous word.
<i>"I Said This Because You Said That"</i>	The starting participant says a word and the next person in the circle immediately says a word that they associate with the first one. This continues around the circle with the next participant quickly stating the first thing that comes to their head when they hear the previous word. Once they have gone around the circle twice, the cycle reverses direction and each person must remember the word they contributed and the word their neighbor had contributed to the game with the statement "I said ___ because you said ___."
<i>Fail Ball</i>	In order to reframe failure and missed connections, participants in a circle toss an invisible ball to each other randomly. Each person deliberately misses catching the ball, sometimes in hilariously exaggerated ways, while other players cheer and congratulate them for missing (adapted from Bernard 2012).
<i>Whoosh</i>	With everyone standing in a circle, one person is chosen to start the whoosh. This person makes a pushing motion with both hands to the person on his or her right, who then passes the energy on to their neighbor using the same motion until it completes the circle. Variations can change the direction of the energy as it travels (by having a participant say "Whoa!") or switch up the sound and the motion, even matching the two together (Lenters & Smith, 2018).
<i>Exaggeration Circle</i>	One participant starts with a small gesture. Each successive participant accepts it and makes it a little bit bigger. The last player does the whole thing to the extreme. Participants need to stick to the original gesture and not just do their own thing (Improv Encyclopedia 2022).
<i>5 Things</i>	In small groups, one person names a category (e.g., desserts). The next participant names five things within that category as quickly as they can (e.g., cake, cookies, ice cream). This word association game encourages students to accept improv offers and commit to the group's creative goal (in this case, a category; in storytelling, generating ideas) (adapted from Lenters & Smith, 2018).
<i>Dude!</i>	Tighten the circle so the participants are almost touching shoulders. Everyone starts with their heads down, looking at the floor. The instructor

	gives a signal by shouting “Hey, dude!”! On this cue all participants look up at one other member of the circle. If two people discover themselves looking at each other they must say ‘dude!’ in their best surfer-dude voices and are both eliminated. Continue until only two people are left (Will-Harris 2021).
Zip Zap Zop	Participants stand in a circle. The first person uses their hands, body, eyes, and voice to make contact with someone across the circle and says “Zip.” The person that received the contact takes the energy and passes it immediately to someone else saying “Zap.” That person passes it on to another participant with a “Zop.” The game continues and the “Zip, Zap, Zop” sequence is repeated as the energy moves around the circle. The group challenge is to go very quickly and stay consistent in rhythm (Gantz 2018).
Ad Game	Each person is given a product (existing or non-existing) and then creates a fake commercial for that product (Improv Encyclopedia 2022).
7 Best Things That Could Happen	The first participant in the circle says something true that happened or will happen that day. The next person in the circle lists the 7 best things that could happen because of that event. Then participant 1 chooses their favorite of the 7 things. Then the third person in the circle lists the best 7 best things that could happen based on that favorite. The whole process continues around the circle ending when the first person lists 7 things.

4.2 Week 2: Practicing “Yes, And...”

Week 2 begins with a review of the fundamentals of improv, emphasizing “yes and” as the foundation of connecting to care recipients and their reality. This week focuses on committing to the shared reality (the “scene”) while listening to, and accepting, the offers provided by care recipients. Basically, improv is acting in a story at the same time in which it is being written, where caregivers should:

- Agree with their care partner's offers
- Actually say “yes and”
- Make statements rather than asking a lot of questions
- Know that there are no mistakes (Fey 2011)

This can also be summarized as (1) know it, (2) care about it, and (3) say it (Hines 2018). When communicating with a loved one with dementia, listen to what they are trying to communicate, care about it, and contribute to it rather than negating or correcting them. This discussion is followed by 5-7 warm-ups and 2 exercises that focus on the foundation of agreement, such as Build the Space, Three Line Scenes (using “yes and”), and Bus Stop followed by the dementia debrief.

4.3 Week 3: Connection and Commitment

The third week emphasizes that improv is not about constantly making things up, but rather connecting, creating, and committing to a shared reality. This is demonstrated by beginning with 5-7 warm-ups including Exaggeration Circle and Mind Meld followed by 4 exercises that focus on connection. These exercises include Pass the Ball/Emotion, Mirror Game, What's the Relationship?, and Bus Stop, followed by the dementia debrief.

Table 3.

Some improve exercises.

Exercises	Brief Instructions
“Yes and”	Two participants use the words “yes, and” to build a dialogue. One participant makes a statement such as “I am going to the zoo today,” and the other participant responds by saying, for example, “yes, and it is a beautiful day to go to the zoo. There are many animals there.” Participants should respond with more than one sentence, and they are discouraged from asking questions or saying “yes, but” (Higgins &

	Nesbitt 2021).
<i>Three Line Scenes</i>	Participants go in pairs and improvise scenes with three lines in total. Either person says the first line, then there is a response from the other person, then a response from the first person (Hoopla Impro 2022).
<i>Build the Space</i>	One by one, each participant comes out and interacts with an object in the environment. More than one person can interact with the same object. After each person has taken part in the activity, the group discusses the environment and objects they were interacting with (adapted from Scrugss & McKnight 2008).
<i>Bus Stop</i>	One participant starts seated at a bus stop, expressing themselves as a specific character. The next participant will enter the scene, interact with that person for a short while, and exit when the bus comes. The starting participant must remain in character no matter who shows up.
<i>Energy Ball</i>	Participants pass energy across the circle in the form of an invisible ball with an associated emotion that each player must exaggerate more and more as the ball goes around the room.
<i>Mirror Game</i>	Form pairs; each pair assigns person A and B. Partners face each other; their goal is to mirror one another's actions. To begin, A initiates movement and B mirrors the movement. Next, B initiates movement and A mirrors. After each partner has led, discuss strategies that helped the mirroring partner succeed (e.g. slow/predictable movements, eye contact). Allow partners to try again and remind the leader to take responsibility for the partner; it is the initiator's responsibility to help the mirror succeed (adapted from Hobson et al. 2019).
<i>What's the Relationship?</i>	One participant begins the scene, having already decided what their relationship is going to be with the next person. When the second participant enters the scene, they begin to interact and develop the scene while the second participant tries to figure out what their relationship is.
<i>Fortunately, Unfortunately</i>	The first player in the circle starts with a statement. The next player continues with any sentence beginning 'Unfortunately...' and the next player follows on with a 'Fortunately...' sentence. The pairs/groups should try to keep going for a minute or until one of them comes up with a good ending. If playing in pairs, swap around so that 'B' starts a new story and they both get a turn at 'Fortunately' and 'Unfortunately' (Farmer 2021).
<i>Crisis!</i>	Two participants approach each other with a crisis and an object unrelated to the crisis. After each participant has described their crisis, they solve the other's crisis with their own object. Replies should be quick and may be ridiculous (Improv Encyclopedia 2022).
<i>One Word Story</i>	Participants tell one story, as a group, with each person providing only one word at a time, progressing around the circle (adapted from Scrugss & McKnight 2008).
<i>Join the Scene</i>	One or more participants begin a scene. Additional participants enter the scene without knowing what is going on or who the players are. They must figure out their place in the scene and keep it going.
<i>Mind Meld</i>	In pairs, participants simultaneously shout out words that come to mind, free-associating off of the last words that were said, until both people shout out the same word at the same time (Koppett 2012).
<i>Freeze Tag</i>	Two participants start a scene and other participants are lined up facing away from the "scene" so they cannot see what is happening. The participant in the front of the line yells "freeze" at any point in the scene, turns around, tags out one of the two participants currently in

	the scene, and takes their position. The new player begins a new scene. This continues until the entire line of participants have had a chance to play (adapted from Yamamoto 2017).
Chorus of Gripes	All participants line up with one participant facing them, to act as the conductor. Each participant is given an emotion. The conductor points to a player and that player makes a statement or sound that reflects that emotion. The conductor points to players as they see fit, using gestures to mix the sounds, increase and decrease the sounds, and explore the range of the emotional sounds (Hall 2022).

4.4 Week 4: Listening and being present

By focusing on being present in the moment and listening to what is being said, week 4 teaches that there are many ways to pick up on what care recipients are trying to communicate. More than just listening to spoken language, caregivers are taught in this session to look for nonverbal and other cues, since listening is about being present in the shared reality and begins even before one tries to communicate. By paying attention to sounds, eye gaze, facial expressions, and gestures, caregivers are able to ensure their loved ones with dementia remain social for as long as possible (Ellis & Astell 2017).

Week 4 also includes teaching caregivers CROW (Characters, Relationships, Objective, and Where) so that they learn to always be thinking about who, what, why, and where as they communicate with their loved one with dementia. The 5 warm-ups and 4 exercises for this week focus on character, relationship, and space-building, such as Name and Animal Circle, Mind Meld, Crisis!, Bus Stop, and Join the Scene.

Table 4.

The CROW method to scene-building (and dementia communication)

C	Characters	Who is in the scene?
R	Relationships	What are their relationships to each other and the space they are in?
O	Objective	What is the “plot” of the scene or point to the story?
W	Where	Where is the location of the scene?

4.5 Week 5: Tell a story

The goal of week 5 is to introduce the fundamentals of storytelling as a communication technique for improv and dementia caregiving. Caregivers are instructed on the basic components of a story, such as identifying the plot, creating a story arc, and utilizing characters with specific viewpoints and goals (Karppinen et al. 2018). When care recipients maintain verbal skills, they often tell stories to which caregivers can contribute. However, even when care recipients are no longer verbal, communicating with them via storytelling can remain a powerful tool. Therefore, the focus of week 5 is to say “yes” to creating a shared story and learning to build upon it by providing “offers” of more information. Caregivers practice establishing a base reality, offering story changes, and observing how these changes resolve themselves throughout the course of the exercise (see Figure 1, below). The 4 warm-ups can include introductions to storytelling such as Torpedo and 7 Best Things That Could Happen. The 4 exercises include Mind Meld, Mirror Game, One



Figure 1. A classic story arc.

by providing “offers” of more information. Caregivers practice establishing a base reality, offering story changes, and observing how these changes resolve themselves throughout the course of the exercise (see Figure 1, below). The 4 warm-ups can include introductions to storytelling such as Torpedo and 7 Best Things That Could Happen. The 4 exercises include Mind Meld, Mirror Game, One

Word Story, and Like I Imagined It. Two ideal games for week 5 include Freeze Tag and Chorus of Gripses.

4.6 Week 6: Do a scene

Week 6 brings together all that participants have learned in order to practice constructing longer scenes. Week 6 is spent working on warm-ups and exercises that solidify “yes, and,” commitment and connection with scene partners, and constructing a shared reality. Suggested exercises include Deep Breaths, Exaggeration Circle, 7 Best Things That Could Happen, I Said This Because You Said That, and Mind Meld. Suggested games that help participants work on longer scenes include One Word Story, Build the Space, What’s the Relationship, and Freeze Tag. Week 6 also included a game called Goalie, where the first participant is the “goalie” and other participants all think of an opening line and a character for a scene. When everyone has their opening line and character, they provide these offers to the goalie, one at a time. The goalie needs to react right away to an offer, acknowledging the opening and character, quickly determine what their own character will be, and reply to the opening. Immediately after that, the next player provides their offer, continuing quickly like this for all participants. This exercise is good for teaching players to react right away, and to snap into a new character almost without thinking (Improv Encyclopedia 2022).

4.7 Ending each session: Dementia debrief

Each session ended with about 15-20 minutes left in order to summarize the day’s learning lessons in light of dementia caregiving. This allowed the participants time to share what their home caregiving experiences were like and provide suggestions and advice to others. The debriefs also asked participants to make their own connections between the communication skills learned that day and how they could apply them to their home caregiving situations. The gerontology researcher and dementia education specialist often brainstormed questions together before each session in order to keep the discussion going, which included examples such as:

1. What was challenging for you today?
2. What can you take away from today’s session to use for caregiving at home?
3. What is one word that describes your experience with today’s session?
4. Did you try any improv concepts last week with the person in your care? If so, how did it go?

These discussions often took longer than the 15 minutes allotted, so it is recommended that other researchers using this curriculum plan for at least 20 minutes at the end of each session. Participants were also not always able to see how the day’s communication skills could be used in their own caregiving situations, so it was helpful to have a professional caregiver who was also a trained improviser in the room to give specific examples of how they had used these concepts with people with dementia and how well it worked. Participants often brought challenging situations and sought advice from the group, so it was also helpful to have a dementia education specialist in the sessions to give suggestions for best-practices.

5. Discussion

Not only does this improv curriculum increase participants’ skills in listening and responding to the care recipient but provides an opportunity for the caregiver to “play” and have fun with others who have some shared experiences. Play allows people to “alleviate boredom, release tensions, prevent aggression, and symbolize workgroup membership” (Glynn and Webster 1992, p. 84), which can increase caregivers’ mood and reduces their feelings of caregiving burden. Additionally, the communication skills learned with improvisational techniques can create a more positive caregiving environment at home. As Barbara Kingsolver states, storytelling “creates empathy, and empathy opens up new ways of looking at the world” (2017). Likewise, improviser Nachmanovitch (2019, p. 21) says that “art activates empathy, and creates the opportunity for it, inviting us to see for a while through someone else’s personality and experience,” making artistic storytelling techniques an appropriate conduit for (re)creating meaningful connections between caregivers and care recipients.

However, research on the use of storytelling for improving quality of life for the care recipient is mixed. One study indicates the use of creative storytelling called TimeSlips (Basting 2009) had no statistical effect on quality of life or caregiver-care recipient relationships for those with mild-to-

moderate dementia, and even showed a decrease in quality of life and relationships for those with severe dementia during the storytelling intervention (Vigiotti et al. 2018). However, this study did demonstrate small improvements for those with mild-to-moderate dementia in interest, pleasure, self-esteem, and sustained attention but did not measure changes in caregiver experience, such as low mood, depression, or caregiving burden. A different TimeSlips study qualitatively demonstrated that future caregivers (medical students) engaging in storytelling techniques may experience improved attitudes toward persons with dementia (George et al. 2011), but the direct effect of this storytelling intervention on their care provisioning was not measured.

A recent scoping review of the literature has demonstrated the emerging use of improv for health professions education, such as might be used to train medical school students and paid caregivers (Gao et al. 2019). This review found 7 articles that fit the search criteria, which shared key design features including (a) instructors with clinical and theater experience, (b) creating a safe environment, and (c) concluding with a debrief to highlight clinical relevance. Although our program was designed for unpaid, informal family caregivers who experience very different challenges than health professionals (Alltag and Riedel-Heller 2018; Lloyd et al. 2019), our program described in this paper includes all of these key components and may provide an appropriate framework for future research into the use of improv for informal as well as paid dementia caregivers.

6. Conclusion & policy implications

This curriculum was designed by a gerontologist, a dementia education specialist, and professional improvisers utilizing short form improv techniques that focuses on listening, responding, accepting, and advancing conversation and meaningful connections between participants and their care recipient in a fun and social environment. The framework provided here can be used to further tailor educational programs in other communities based on local needs. Such programs can train family members on improved communication strategies and caregiving practices in a playful and fun environment that may reduce caregiver stress and low mood.

It is important to identify programs that can improve home caregiving situations and prevent adverse effects to caregiver's physical and mental health, however, few policies specifically address these issues. Dementia caregiving in the United States is comprised of a complex system that involves several federal, state, and local policies (Gaugler 2022). In the U.S., Long-term services and supports (LTSS) policies focus on reducing the high cost of residential long-term care by shifting the caregiving burden to unpaid informal and family caregivers. The federal Recognize, Assist, Include, Support, and Engage (RAISE) Family Care Act of 2018 and state-level Caregiver Advise, Record, Enable (CARE) Acts have begun to address some of these caregiving concerns. The RAISE Act created a Caregiving Advisory Council to provide recommendations on best-practices to support family caregivers. CARE Acts have been implemented in at least 40 states and require that healthcare providers document the names of caregivers in a patient's records and provide caregivers with discharge dates and detailed home care instructions (Dawson, Bangerter, & Splaine 2020). However, so far these policies appear to be "largely symbolic in nature" as they are only beginning to recognize the importance of integrating unpaid family caregivers as part of the healthcare team and do not alleviate their caregiving burdens (Reyes, Thunell, & Zissimopoulos 2021).

LTSS in the U.S. are expensive and not provided by Medicare, so unpaid family caregivers provide much of these services to those who are not Medicaid-eligible. Increasing access to formal LTSS may help ease the burden on unpaid family caregivers by allowing those with the greatest needs to get much-needed assistance, such as respite and access to caregiving training programs. Future federal, state, and local policies should focus on providing professional assistance and training opportunities to family caregivers, such as the curriculum provided in this article, in order to reduce caregiver burden, depression, and provide effective in-home care.

To fill the gap in the literature that exists for using improvisational theatre techniques to train family and informal caregivers of persons with dementia, this program showed promising pilot results for reducing caregiver burden and improving mood (Howell, Piech & Wolfe 2022). Most importantly, this article provides a framework for creating a tailored community education curriculum for family caregivers. Other gerontologists, researchers, and/or community educators are encouraged to team up

with local actors or improvisers to bring similar programs to their communities and continue testing the effectiveness of these promising techniques that can help caregivers “navigate our way through complex systems in the simple act and art of listening and responding” (Nachmanovitch 2019, p. 22).

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